The First Canadian Roundtable on Child Welfare Outcomes

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Roundtable Proceedings

March 19 & 20, 1998 · Intercontinental Hotel, Toronto

Sponsored by

- **Human Resources Development Canada/Social Development Partnerships**
- **Bell Canada**
- **Provincial and Territorial Directors of Child Welfare**

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The First Canadian Roundtable on Child Welfare Outcomes occurred as a result of the efforts of many dedicated individuals. First, the project team would like to extend their gratitude to our funders. Évariste Thériault's, Human Resources Development Canada/ Social Development Partnerships expertise and support for the *Client Outcomes in Child Welfare Project* enabled the project team to work both creatively and effectively. Bell Canada also provided funding for the Roundtable and has committed to funding an additional two Roundtables through the *Bell Canada Child Welfare Research Unit*. This collaborative funding between the corporate sector, government and academic community, serves as a model for future research partnerships.

Next, the National Advisory Committee for the *Client Outcomes in Child Welfare Project* should be commended for their vision and dedication to continuing to examine innovative ways to provide effective service to children and families.

The *Roundtable* was fortunate to attract renowned presenters who shared their experiences in measuring child welfare outcomes and contributed to the knowledge base of all those who attended.

The *Roundtable* could not have been successful without the hard work of the project team who worked tirelessly to organize a first class national conference.

Finally to the participants of the Roundtable, your expertise, interest and enthusiasm made the conference a success. We look forward to building on your contributions.

Nico Trocmé
Principal Investigator
Client Outcomes in Child Welfare Project

Introduction

The Client Outcomes in Child Welfare project was initiated by the Provincial and Territorial Directors of Child Welfare in conjunction with Human Resources Development Canada/Social Development Partnerships to support the development of a coordinated approach to assess the effectiveness of child welfare services and policies across Canada. The project developed in a context of growing public concern about the safety and well-being of children, increasing government requirements for service accountability and increasing challenges for agencies to develop better targeted and more effective services (Gove, 1995; Federal Provincial Working Group on Child and Family Services Information, 1994).

Starting in 1993, the Provincial and Territorial Directors of Child Welfare in collaboration with Human Resources Development Canada/Social Development Partnerships, developed a Research Agenda and a Call for Proposals focussing on child welfare outcomes and prevention. In 1996 ESP provided funding to three projects including the Client Outcomes in Child Welfare project.

The Client Outcomes in Child Welfare project was designed to meet two primary objectives:

1. to develop a comprehensive overview of the existing state of knowledge about outcomes measurement for child welfare in Canada and internationally

2. to initiate a consensus-building process among key stakeholders for a coordinated strategy in tracking child welfare outcome information across Canada.

In order to effectively meet these two objectives, the research team developed an iterative information collection and consensus-building process. The First Canadian Roundtable on Child Welfare Outcomes provides a critical step in this iterative process by bringing together key policy makers, information specialists, senior service providers and researchers. The purpose of the Roundtable was to share knowledge about the state of child welfare outcomes research, to generate discussion about the proposed incremental framework and to develop strategies for coordinating child welfare outcomes initiatives across Canada.

Introductory Remarks

Jeremy Berland
Ministry of Children and Families, British Columbia

I am Jeremy Berland from the Ministry of Children and Families in the Province of British Columbia, and a member of the Project Advisory Committee. On behalf of the Project Advisory Committee, I am very pleased to welcome you to *The First Canadian Roundtable on Child Welfare Outcomes*. The Roundtable comes at a key point in the evolution of child welfare services in Canada. Across the country, child welfare systems are operating under an intense level of public, political and media scrutiny. This is occurring against a backdrop of limited resources and very heightened expectations. As direct services staff, policy makers, administrators, and researchers, we need to demonstrate that we understand the effect of our services and help people to appreciate the limitations, dilemmas, and contradictions inherent in any service field.

The roundtable has three primary goals:

1. To share knowledge about the state of child welfare outcomes research.
2. To generate discussion about the proposed framework.
3. To develop strategies for coordinating child welfare outcomes initiatives across Canada.

The members of the advisory committee join me in welcoming you to what promises to be two very exciting stimulating and energizing days. On behalf of the committee, I extend our thanks to the project team to getting us all to this point, and for the enthusiasm, energy, and commitment even in the face of some challenging deadlines and competing pressures. So welcome and we hope you will go home bursting with new ideas as well as a suitcase full of paper.

Wes Shera
Dean of the Faculty of Social Work,
University of Toronto, Toronto, Ontario

On behalf of the Faculty of Social Work at the University of Toronto and the University of Toronto as a whole, I am delighted to welcome you to this First Canadian Roundtable on Child Welfare Outcomes. The Faculty has identified the area of child and family policy and practice as one of its highest priorities and we are extremely pleased to be able to participate in this important event. I am particularly impressed with the mix of participants involved in this roundtable. Federal and Provincial government personnel, Child Welfare agency personnel, academics and students all represent important stakeholder positions as we work together to develop common approaches. The focus on

Child Welfare outcomes is critical. We must be able to assess the effectiveness of the services we provide. In closing let me again state that the Faculty of Social Work is proud to be a part of this roundtable. I look forward to speaking with you more this evening and wish you well in your deliberations today.

Évariste Thériault
Human Resources Development Canada/Social Development Partnerships, Ottawa, Ontario

The provincial Child Welfare directors work hard to get these projects going, and they have selected an excellent research team which is totally engaged in tackling the challenges related to the development of a outcome framework for Child Welfare. I am very pleased indeed as an employee of Human Resources Development Canada/Social Development Partnerships to have been associated with this task, and I look forward for your active involvement during this two days and hopefully to the follow-up to this roundtable in the task of consensus building toward an outcome framework and better child welfare.

Thank-you for coming and for your involvement in building an effective Child Welfare system. Welcome. Enjoy the company.

Now I would like to introduce Pat Tremaine who is the vice president of consumer marketing for Bell Canada.

Pat Tremaine
Vice-President, Consumer Markets for Bell Canada, Toronto, Ontario

It is a pleasure to be here this morning. Bell Canada is proud to sponsor the very *First Canadian Roundtable On Child Welfare Outcomes*.

This is a unique opportunity for experts and decision makers to share knowledge about the state of child welfare research and work together on developing a much needed integrated Canadian framework.

As Bell Canada's corporate statement underlines, we want to "connect to the things that matter." This includes protecting and supporting our children. This means connecting groups to become partners and work effectively together.

The reason all of you are here today is to "connect." To talk about child welfare, to share ideas and how, together, improvements can be made for the future.

We all know the tremendous need and urgency out there to help those who have the smallest voices in our community – our children. I believe that business and the communities in which they work have a lot to offer each other and that together, we can begin to address the escalating problem of child maltreatment and abuse.

At Bell Canada, our sponsorship activities and initiatives focus on three main areas: Youth, Technology and Education. That means supporting events like this are very important to us.

This really is a pioneer event and a true example of teamwork – with representatives from across the country and across the public and private sectors. I hope we can look back on the Roundtable and look at it as a part of history. Alexander Graham Bell may have hoped for similar aspirations in his first efforts. I'm sure he could have never imagined the results they have produced.

Each and every one of you here today brings such a wealth of knowledge and experience to this session. I hope we will be able to utilize and share this "wealth" for a productive and interesting session, and most importantly to the benefit of our children and their future.

Nico Trocmé
Executive Director, Bell Canada Child Welfare Research Unit, Toronto, Ontario

I am absolutely thrilled to welcome all of you to the First Canadian Roundtable on Child Welfare outcomes. A little less than a year ago, Barbara Fallon, who is the organizer for The Roundtable, came back from the fifth annual roundtable organized by the American Human Association and was extremely enthused by the work that was being done in The United States on child welfare outcomes. We decided that a similar forum was needed here in Canada.

Within less than a year, we received the support of Human Resources Development Canada/Social Development Partnerships and Bell Canada which has made the First Canadian Roundtable on Child Welfare Outcomes possible. We are also grateful for the support we received from the provincial and territorial directors. I am amazed and pleased that in such a short period of time we have been able to get not only the financial support, but the interest from such a large and diverse group of people. I am looking forward to engaging with all of you in this important dialogue. Although we are not sitting at a roundtable, I would encourage all of you to have as much discussion and debate as possible and really start moving the outcomes agenda forward.

Evaluating Family Preservation Services: Implications for Outcomes Assessment in Child Welfare

Peter Pecora
Manager of Research,
The Casey Family Program

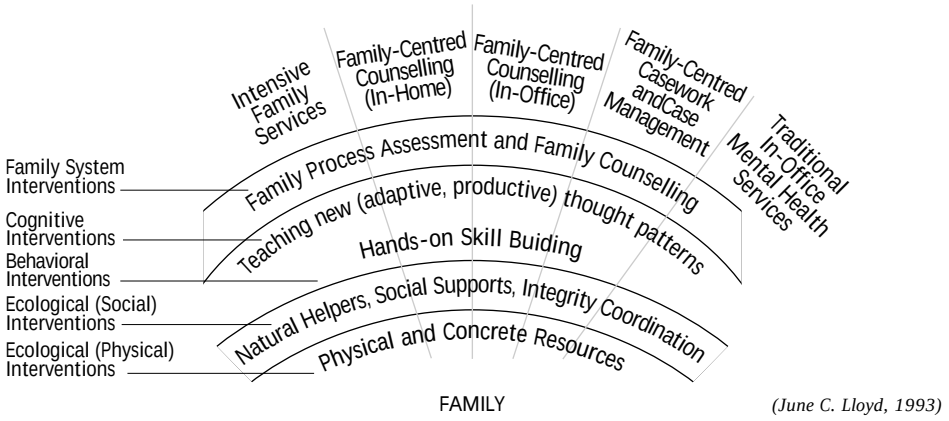
Introduction

Thanks for the invitation to speak with you today. At The Casey Family Program, about 31% of the youth we serve in 13 states are placed in kinship foster care as a form of family preservation services. The Program is beginning to stretch its technology to provide family support services in Spokane, Washington, and through a partnership with the United States Government, in 12 other communities using a mix of federal and Casey funds to promote integrated mental health, early childhood, substance abuse, and health care services (the "Starting Early Starting Smart" initiative). We have also begun a Fost-Adopt program in Honolulu. In many of these efforts, we are trying to link information about child and family characteristics, services, outcomes and cost and have funded a national effort that is similar to what your conference is focusing on. So this is a great opportunity to learn from one another. And so, like you, we are in the midst of a planning effort as well.

During these next two days, it would be good for each of us to consider alternative paradigms, with the kind of critical thinking that is so necessary for good planning. Today, I'll begin by providing some observations about family preservation services research before moving to a few concrete recommendations for assessing outcomes in child welfare derived from that research, along with some questions for us to consider. For the sake of conciseness, I will generally use the term FBS today, although it is important to be specific about the treatment and service delivery models when individual programs are being compared to each other. (See Figure 1).

Paper presented at the First Canadian Roundtable on Child Welfare Outcomes, March 19, 1998 (Toronto, Canada). Dr. Peter Pecora is Manager of Research with The Casey Family Program and Associate Professor at the School of Social Work, University of Washington. Mailing Address: The Casey Family Program, 1300 Dexter Avenue North, Suite 400 Seattle, Washington 98109-3547. Phone: (206) 270-4936 ppecora@Casey.org

Figure 1 FBS Array from Lloyd



(June C. Lloyd, 1993)

What is Success?

There are a number of issues that need to be considered when we discuss whether a particular intervention is effective. What outcomes for families and children can and should be expected from Family-Based Services (FBS) programs? Can even the best and most intensive short-term family preservation service or the multi-year family support programs be expected to solve major family problems? Or do these services help willing families make modest behavioral, attitudinal and living arrangement types of changes – some of which may have immediate impacts, and some of which have delayed or long-term impacts?

And then there are those powerful environmental factors to consider; how do poverty, neighborhood violence, racism, sexism and long-term disadvantage affect a family's ability to respond to FBS? Finally, should we be targeting families with certain characteristics rather than assuming that any family who comes to the attention of the child welfare, juvenile justice, or mental health system can benefit from FBS? These are just a few of the questions facing this field.

Early FBS Research Data

Most of the early FBS research on service outcomes focused on placement prevention, both because it seemed to be a clear and quantifiable indicator of program success, and because it had readily understandable policy and cost implications. But many reviewers have not cited the child and family functioning data that were also collected in some of the early studies. Whether this lack of recognition is due to inadequate literature review skills or the need to prove a point politically is not known; but some of the biased and incomplete reviews have hurt this field by not promoting a balanced examination of findings. While results of the early studies without control groups were promising, many of the next generation of experimental studies left doubts as to the efficacy of

FBS in preventing child placements, or to a lesser degree, improving family functioning. (See Tables 1.1 and 1.2.) What we see are small to moderate differences in placement prevention rates, an important but problematic outcome measure.

Table 1.1 (see page 22)

Table 1.2 (see page 23)

In looking at Table 1.1, it would be premature to conclude that FBS can not prevent unnecessary placement, or has nothing to offer the child welfare field in terms of valuable effects on family or child functioning. For one, there *have been* studies with positive results. Table 1.2 provides us with examples of additional indicators such as reports of child abuse and neglect, parent functioning, and delinquency reduction. These studies have found that programs focusing on older youth with more oppositional behavior problems, youth where delinquency is a major problem, and families with a child with schizophrenia or another severe mental illness are successful (for a review see Fraser, Nelson and Rivard, 1997). In fact, Henggeler and his colleagues have conducted an impressive series of experimental studies of Multi-systemic Family Preservation Services (see for example, Henggeler, Schoenwald, and Pickrel, 1995). They found significant differences in child behavior improvement, including conduct disorders and rates of child re-arrest; peer relations; parent and sibling symptomatology; and family functioning in terms of cohesion, family interaction/communication and other areas.

As part of their comprehensive review of FPS research, Fraser et al. (1997) suggest that this kind of intensive and fairly short-term service may be most appropriate for more child-related problems. And that longer and/or other types of interventions may be needed for younger children or situations involving serious child maltreatment. But policymakers and program administrators should not abandon new initiatives in this area. A number of authors such as McCroskey and Meezan (1997) have cautioned that more research is needed where the FBS or FPS intervention is well specified and implemented consistently. In examining more closely sub-groups of families, we may find that different forms of these programs are needed (e.g., Bath and Haapala, 1995).

It is these kinds of data that the program critics often overlook. Second, there are program implementation and measurement problems that need to be addressed:

A. Intervention models have not been specified well, including desired outcomes and needed interventions.

B. Intervention models were not consistently implemented.

C. Intake screening procedures were not well developed.

D. Measurement problems prevented possible child or parent changes from being documented.

Similar to the early child development studies, researchers in this area have encountered tremendous challenges in trying to conduct agency-based research. These challenges are discussed below.

A. In many of FBS research studies the intervention model was not specified well including desired outcomes and needed interventions.

Unlike some programs like Multi-systemic therapy, Homebuilders, Michigan's Families First, Oregon's, and others, it was not clear what the core interventions were and what worker behaviors were expected.

B. In some FBS research studies, the intervention model or independent variable was not consistently implemented.

For example, staff were not thoroughly trained in a particular treatment model. Intervention models in some states drifted over time when supervisors were too overloaded to reinforce key values or interventions. You started out with an apple, which migrated to an orange and ended up being an avocado. So in some cases, the programs lacked the uniformity necessary for rigorous outcome evaluation.

C. Intake screening procedures were not well developed as indicated by low placement rates in the control groups.

For some studies, the target group was supposed to be children at imminent risk of placement, but the program served a wide variety of families, many of whom had children who were *not* at risk of placement.)

D. Measurement limitations prevented possible changes from being documented.

This includes a range of problems such as choosing an assessment measure that did not match the treatment model (e.g. use of the FACES with a Homebuilders intervention). Or a study used instruments that were not appropriate to the consumer population or were not clinically sensitive to change. Some programs measured the long-term kinds of outcomes because of an inability to specify interim indicators of change that lead to those long term outcomes.

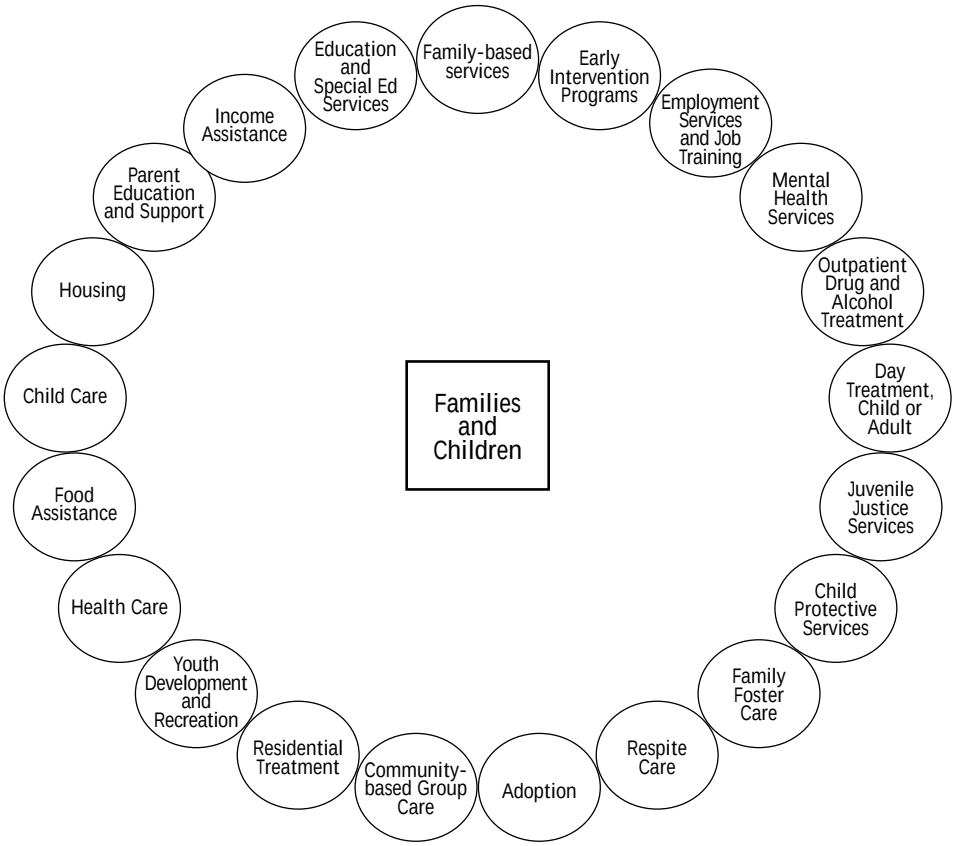
Summary of FBS Research Literature Review

We have much to learn in this field about program design, service implementation, case targeting, assessment, and the completion of rigorous quantitative and qualitative studies.

Clearly, initial claims of FBS success were overstated, but some policymakers and others ignored the early cautions of many of us that FBS were not a panacea but are just one underutilized part of a larger continuum of family support and other services. (See Figure 2.)

The use of a significantly different approach to practice that employs an intensive home and neighborhood-based, client empowering, concrete service-focused approach threatens some established interests and some traditional practitioners. And ironically, it underscores the need for more primary preventive services such as employment, housing, health care and a variety of other family support programs. Sound research can used as a voice of reason to counteract distortions about the appropriateness and effectiveness of FBS, and to push all of us as service providers and evaluators to do a better job.

Figure 2. An Array of Child and Family Supports



Source: Pecora, P.J., Fraser, M.W., Nelson, K., McCroskey, J., and Meezan, W., (1995). *Evaluating Family -Based Services*. New York: Aldine de Gruyter, p. xxii.

So What are the Lessons Learned for Outcomes Measurement?

In examining this area, what are some of the lessons we can learn for outcomes measurement in child welfare?

1. Use logic models to specify outcomes and to understand the process of change. (i.e. what do we want to happen and how will we achieve that?)

2. Target a manageable variety of outcome domains

3. Specify mini-indicators of change or progress that can be linked to more long-term outcomes.

4. Pay attention to the fundamentals of program implementation

5. Collect cost effectiveness data (and if possible benefit-cost data)

1. Use Logic and Theory of Change Models.

We need to base our programs on practice wisdom, research, and theory. This is often documented through a program-snapshot summary and a logic model. I have included two examples of these logic models as Figures 3, 4 and 5. These logic models specify the needs of the population being served and how those needs can be addressed by achieving specific short-term, intermediate, and long-term outcomes using a specific intervention.

As program developers and researchers we have often failed to articulate a "change model" that describes how and why a particular set of interventions will meet the child or family needs and produce certain outcomes. Logic models help us specify these theories of change. We don't have time to explain this approach in detail, but an excellent example of how to do this kind of work is described in a chapter by Sue Ann Savas of Boysville of Michigan (Savas, 1996). We also need to be clear about the kinds of terms we are using. (See Table 3.)

Figure 3. Major Program Logic Model Components

Who Are We Serving And What Are the Needs And Problems?	Short-Term, Intermediate, and Long-Term Outcomes	Service Delivery Model and Theory of Change	What are the Costs of These Services?[b]
Risk factors (e.g., family history, poverty) Social problems or mental illness (e.g., severity, chronicity, co-morbidity) Family strengths and tolerance for stress Social supports Skills of each family member regarding how to mediate the service delivery system Ability and motivation of parents and youth to implement intervention methods	Program Outcomes/ Case Statuses Individual Outcomes such as development or demonstration of skills and competencies Stakeholder Satisfaction Aspects of quality service linked to positive outcomes such as worker engagement of parents or children in services	Kinds of interventions Modality of service (e.g. theoretical orientation, mode of service delivery, such as individual, group or family therapy) Intensity, frequency, and duration of services Location of services (e.g., office, in-home, neighborhood) Variety and sequencing of services (e.g., Is there a critical sequence of what services precede others?) Integrity of services (e.g., How much consistency is there to the service, adherence to treatment model or protocols, program "drift," treatment "fidelity?")	Per Child Service Cost Per Family Cost Cost-Effectiveness Data Benefit Cost Data

a Adapted from Hernandez and Hodges (1996) and Savas (1996) by Pecora, Adams, Le Prohn, Paddock, and Wolf (1998).

b Considering its importance to the well-being of children, there is an appalling lack of benefit-cost and cost-effectiveness data about various program interventions in child welfare. This stems in part, from a lack of well-specified interventions that have been validated through rigorous outcome research. *Benefit – cost analysis* is an important evaluative approach because of the importance of funding social programs with the largest net benefits (benefits minus costs) (Plotnick, 1994).

Casey logic model Figure 4.

One Type of a "Logic" Planning Model for Child and Family Services

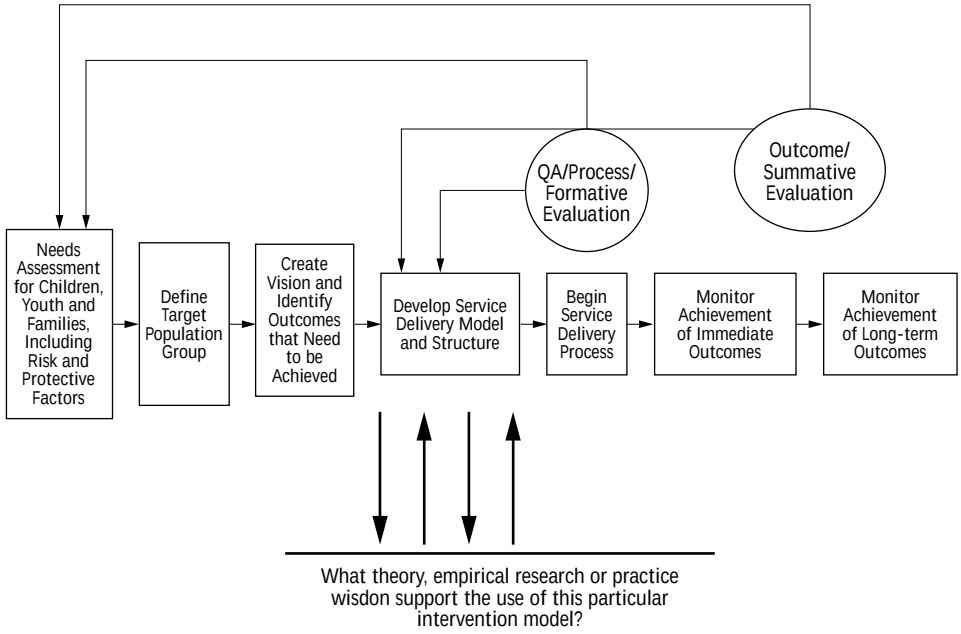


Figure 5. Stages and Issues in the Transition to Management by Client Outcomes

	1	2	3	4	5	6	7	8	9	10	11
Stages	Identify and engage key actors and leaders whose commitment and support will be needed for a transition to management and account-ability based on client outcomes.	Key actors and leaders: commit to establish a client outcomes approach. Understand principles, purposes, and implications of change.	Conceptualize client outcomes Select outcome indicators. Set targets.	Design data collection system. Finalize methods. Pilot system. Establish baselines.	Implement data collection. Train staff and managers for data collection and use.	Analyze results: Compare results to baseline and targets.	Prepare for use: Deter-mine manage-ment uses, potential actions, deci-sion options and para-meters, and account-ability report format.	Involve key stakeholders in processing the findings.	Judge perfor-mance and effectiveness.	Make management decisions. Report results.	Review and evaluate the outcome-based manage-ment system.
Issues	Who are the key actors and leaders who must buy in? How wide-spread should initial involve-ment be?	What level of commitment and under-standing is needed? By who? How to distinguish real commitment from repeating rhetoric.	What target groups? How many out-comes? What are the really important bottom line outcomes?	What can be done with existing data? What new data will be needed? How can the system be integrated?	What resources will be available to support data collection? How will validity and reliability be addressed?	Who will do the analysis? What addi-tional data are needed to interpret the outcome results (e.g., demo-graphics)?	What incen-tives exist for managers to participate? How will mana-gers be brought along? Trained? Rewarded? Who determines accountability reporting approaches?	How do you keep key stakeholders engaged?	How clear are the data to support solid judgements?	What are the links between internal and external uses and audiences?	What should the system accomplish? Who deter-mines success?
Activites	Establish leadership group.	Leadership group makes strategic decision about how best to proceed and who to involve.	Work team to determine outcomes. Involve advisory groups and key leaders to bring outcomes along.	Work team to make design decisions.	Collect data. Pilot test. Monitor data collection.	Data analysis. Graphics preparation.	Training and management team sessions based on data use simulations and mock scenarios.	Facilitate meeting of key stakeholders.	Facilitate key stakeholders in judging and interpreting.	Report writing data presentation. Facilitate management decision making.	Assemble a review team of users and key stakeholders.

Source: Minnesota Department of Human Services. (1996). *Focus on client outcomes: A guidebook for results-oriented human services*. St. Paul, MN: Author, pp. 22-23. Author, pp. 22-23.

Table 3. Outcome Framework Terminology

Term	Definition		Examples
System of Intervention Services	The set of programs, services and resources that are the focus of the outcome monitoring effort.		Child Welfare Services, Mental Health
Service or Intervention Process	Worker actions on behalf of children, youth, and families or provision of services.		Child Protective Investigations, Child Welfare In-Home Services.
System of Intervention Philosophical Principles	The basic principles of child welfare that address the goals of the service system[1].		Child Safety, Permanency, Child Well-Being.
Outcome Measurement View	A particular way of organizing outcomes information to make it available to a particular audience.		System level outcomes, agency or program-related outcomes, individual client outcomes.
Outcome Domain	Major areas or a category of outcomes for which there is more than one indicator of results. (Sometimes thought of as program goals.)		Child safety, child functioning, parent/caregiver functioning, family functioning, parenting skills, family resources satisfaction.
Outcome Indicator	Events or benchmarks, which help describe the degree of achievement of an outcome for which data are available.		Protection of a child from neglect, increase in a parent's ability to provide encouragement to a child, improved child-parent communi-cation, demonstrated parenting competencies, ability to locate public resources.
Outcome Indicator Type	Indicator types distinguish sets of indicators that describe the achievement of results for individuals or systems. Some indicators fall into more than one type. The types are defined below:		
	Performance Outcomes	These focus on results that are desired by the management of the system of intervention and typically are concerned with efficiency and cost.	Reduce the length of time in out-of-home placement.
	Individual Outcomes	The results of service for the recipients maltreatment, which are meaningful to the recipient. Individual outcomes can be improved combined or aggregated to form program outcomes (see below).	No future recurrence of recipients increased skills in problem-solving, prevention of child neglect, usually school performance.
	Program Outcomes	The unit or program level, "status" results or outputs of certain services members, children adopted. that impact service recipients and are meaningful to the system of intervention, but may or may not be meaningful to the service recipient.	Children reunited with birth family
Outcome Measurement Methods	How the outcomes or process data that represent an indicator are collected. (This may also include the frequency and level of detail of data collection.)		Worker observation, school report cards, standardized assessment instruments, medical reports, records of child abuse reports, juvenile arrest records.

Table 3. Outcome Framework Terminology *(continued)*

Term	Definition	Examples
Focus of Measurement	The type of individual or group of individuals, who is the recipient of service and that an indicator is measured in relation to.	Child, caregiver, family.
Data Aggregation Level	Some measures are meaningful at the recipient level and when they are summed, averaged or described as rates (aggregated). Others are meaningful only at the aggregation level.	Performance measures like reducing the cost of placements are usually meaningful when aggregated across children.
Program Performance Targets	Criteria for program success, which could be individual or program outcomes.	Percentage of children attending school; reunification.

[1] Adapted from The Casey Outcomes and Decision Making Project (See Fluke et al., 1998 at http://www.caseyoutcomes.org). Note that outcome domains are often thought of as program goals. Special thanks to Trina Osher of the Federation of Families, SAMHSA Outcomes Roundtable for Children, and the Project Advisory Committee of The Casey Outcomes and Decision Making Project for consultation regarding this terminology. Adapted from the following sources:

- Center for the Study of Social Policy. (December, 1994). *Results based decision making and budgeting*. Washington, D.C.: Fiscal Policy Studies Institute, Center for the Study of Social Policy (Mimeograph), p. 2.
- Pecora, P.J. (1997). Emerging trends in child welfare and challenges related to outcome measurement. In the *Proceedings of the Fifth Annual Roundtable on Outcome Measures in Child Welfare Services*, April 17, 1997. Englewood, CO: American Humane Association.
- Thompson, R. (1997). *How to prepare and present outcomes reports to external payers and regulators*. Boystown, NB: Father Flanagan's Boys Home, National Resource and Training Center.

[2] Key principles are described in NAPCWA Guidelines and more extensively discussed in other resources. (See for example, Winterfeld et al., 1998 at http://www.caseyoutcomes.org). Note that the principles can also be considered outcome domains.

2. Target a variety of manageable outcome domains.

Specifying reasonable outcomes is one of the key challenges to program planning using a logic model and other approaches. A set of outcome criteria beyond prevention of unnecessary placement and shortening lengths of stay should be considered. (See Table 4.) Outcome indicators that are important for program monitoring and service refinement may not be the exact same ones needed for more formal research. Even measurement tools may vary.

But there are some key outcomes we *all* want for children and parents – for example, Dr. Abram Rosenblatt quotes parents in California who said they wanted their children to be in home, at school and out of trouble. Abram adds physically and mentally healthy to this short list. (See, for example, Rosenblatt and Attkison, 1993.) So if you target some key functional outcomes like these, there is a great likelihood that those indicators will be important for *all three* major types of uses. In this regard the outcomes framework that was prepared for this conference by the Canadian Outcomes Project was very helpful.

Table 4. Selected Outcome Domains and a Sub-Set of Sample Indicators that may be Applicable to Child Welfare

Outcome Domains:	Sample Indicators
I. Program or System Outcomes	
A. Continuity of Care	• Length of stay once a child is placed in foster care • Number of placements • Number of disruptions (unplanned placement changes, including foster care and adoption placement disruptions) • Number of sibling groups separated • Distance from siblings (for sibling groups placed separately) • Distance from birth parents
B. System responsiveness	• Days to set case goals • Days from intake until a "long-term living arrangement" is arranged • Percentage of youth placed who are: a. Reunified b. Adopted c. In long-term non-relative foster care with guardianship d. In long-term kinship foster care with guardianship
II. Child Functioning	
A. Child Safety	• Percentage of child welfare cases with a subsequent (a) referral and (b) substantiated report of child maltreatment for any child in the home: a. within a given time frame following an initial substantiated report b. while open for child welfare services c. for families involved in prior unsubstantiated cases of CA/N d. within a specified period of time following case closure • Level of severity of CA/N (e.g., no. of injuries, no. of deaths) • Children severely injured and hospitalized by caregivers
B. School achievement	• School attendance • Participation in extracurricular activities • Grade level performance in reading, math, and science • School behavior, including number of suspensions
C. Emotional functioning	• Behavior at home and in the community, including child strengths and contact with law enforcement • Cultural identity • Ability to form and sustain relationships • Child-parent attachment • Child self-injurious behavior (e.g., suicide attempts) • Child positive and violent behavior towards others
D. Physical health	• Dental, vision and hearing functioning • Level of functioning regarding physical health • Examinations and inoculations meet the recommended national schedule for medical, dental, vision and hearing exams • Drug, alcohol and tobacco use • Risk-taking behaviors (e.g., unprotected sexual activity, driving without a seatbelt)
E. Self-Sufficiency	• Volunteer experience • Employment experience • Ability to problem-solve and make decisions • Financial skills for daily living (e.g. managing a checkbook, budgeting for housing, meals and other expenses)

III. Parent Functioning	
A. Child rearing skills	• Establishment of a functional routine in terms of bedtime and meals so that children are well-rested • Use of acceptable child discipline techniques • Parental stress levels • Knowledge of child development; age-appropriate expectations
B. Household maintenance	• Stability of housing arrangements • Household is safe • Household is reasonably clean • Utilities are maintained so that at least a minimally adequate level of heat, lighting and other utilities are available
C. Nutrition	• Child nutrition needs being met
D. Emotional Health	• Levels of anxiety and/or depression • Use of drugs or alcohol
E. Physical health	• Dental, vision and hearing functioning • Level of functioning regarding physical health • Examinations and inoculations meet the recommended national schedule for medical, dental, vision and hearing exams • Drug, alcohol and tobacco use • Risk-taking behaviors (e.g., unprotected sexual activity, driving without a seatbelt)
IV. Family Functioning	
A. Ability to manage conflict	• Incidence of family violence reports
B. Communication	• Communication patterns and skills
C. Social supports	• Degree and nature of family social supports

Sources: Revised 3-24-98.Adapted from:

- American Association for Protecting Children and National Association of Public Child Welfare Administrators. (1996). *Matrices of indicators*. Prepared for the Fourth Annual Roundtable on Outcome Measures in Child Welfare Services, May 16-18, 1996, San Antonio, Texas.
- Pecora, P. J., Adams, B., Le Prohn, N. and Paddock, G. and Wolf, M. (1998). *Assessing Casey Youth Outcomes: A Working Paper and List of Indicators*. Seattle, WA: The Casey Family Program.

For a more complete listing, see Fluke et al. (1998) at http://www.caseyoutcomes.org

Conclusion

I will end by suggesting some key questions that it would be useful to address at this conference and in our future work:

1. Will you imbed outcomes assessment as part of a larger organizational commitment to continuous quality improvement?
2. What key outcome domains and indicators will be focused upon?
3. What data should our MIS systems collect?
4. When is it so essential in our program evaluation work that we use more rigorous research designs?

5. Can you maximize use of functional outcomes and strategically use assessment scales?

6. Do you want to consider joining or forming inexpensive data collaboratives?

7. Can we move our consumer satisfaction measures away from just being process-focused surveys with poor response rates?

8. How quickly can we begin obtaining a powerful combination of data about child, parent, family and community characteristics, services, outcomes and costs?

In conclusion, many of us argue that it is time for child and family social services program administrators, researchers and university faculty members to make a renewed commitment to careful process and outcome evaluation in this field. Like Head Start, we need to pursue a rigorous long-term agenda of research. This long-term agenda should seek to document how well implemented programs with theory-based interventions have meaningful effects with specific populations of children and families.

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Table 1.1 Placement Prevention Rates of Selected FBS Evaluation Studies Using Experimental or Quasi-Experimental Designs[a]

Site and source	*Service intensity[b] (hours per month)*	*Placement prevention rates (%)[c]*	
		Control or Experimental group	*Comparison group*
California	High[d]	82[d]	83 [d]
Unit of analysis: children			
(Yuan et al., 1990)	(26.8)	(n = 356)	(n = 357)
Families First (not available)	74	45**	
(Wood et al., 1988)		(n = 26)	(n = 24)
Hennepin County, MN	Low	49	47
Unit of Analysis:	(3.3)	(n = 66)	(n = 72)
Families (Hennepin County, 1980) [d]			
Children (Nelson, 1984)	Low	77	55
	(3–6)	(n = 34)	(n = 40)
Illinois	High overall but	Probability of	Probability of
(Schuerman et al., 1993,	with large site	placement:	placement:
pp. 94, 113)variation	.06	.07	
	(median = 23.2)		
12-month follow-up:		.28	.20
Michigan	High (2–3 cases		
Unit of analysis:	Served over a		
children (Bergquist, Szwejda,	4–6 week period)		
and Pope, 1992)			
3-month follow-up:			
12-month follow-up:		92.9	87.6
(Used a matched sample comparison		73.4	64.9**
group for the 3-, 6-, and 12-month		(n = 225)	(n = 225)
follow-up study of placement prevention)			
Nebraska	Medium [e]	96	89
Unit of analysis: families	(4 – 8)	(n = 80)	(n = 73)
(Rosenberg et al., 1982)			
New Jersey	Low[f]	76	82
Unit of analysis: families	(2.1)	(n = 45)	(n = 45)
(Willems and DeRubeis, 1981)			
New Jersey	High	94	83.5*
Unit of analysis: children	(27.2 face-to-face	(n – 117)	(n = 97)
(Feldman, 1991a)	hours)		
6-month follow-up:		73.5	50.5**
12-month follow-up:		57.3	43.3*
New York	Low[g]	72	61**
Unit of analysis: children (Jones et al., 1976)	(6.8 contacts)	(n = 662)	(n = 329)
5—6-month follow-up:	78	60**	
5-year follow-up[h]:	66	54*	
	(n = 175)	(n = 68)	
New York City	Low[i]	96	83***
Unit of analysis: children	(3–6 hours)	(n = 156)	(n = 130)
(Halper and Jones, 1981)			
Oregon	Medium (15–25		
Unit of analysis: children	hours per case)		
(Szykula and Fleischman, 1985)			
Less difficult cases:		`92	62**
		(n = 13)	(n = 13)
More difficult cases:		36	55
		(n = 11)	(n = 11)
South CarolinaMedium		*Arrest rates (no. of arrests)*	
Unit of analysis: children	(33 hours in	42% (.87)	62% (1.52)*
(Henggeler et al., 1992)	13.4 weeks)		
59 weeks postreferral		*Incarceration rates (no. of weeks)*	
more difficult cases:		20% (5.8)	68% (16.2)
		Rearrest Prevention Rate at 2.4 years postreferral	
		39%	20%
		(n = 43)	(n = 41)
Utah	High	55.6	14.8[j]
Placement prevention	(18.4)	(n = 27)	(n = 27)
Unit of analysis: children (Fraser et al., 1991)			
Family reunification	High	*Family reunification rates at 6 months*[k]	
Unit of analysis: children	(3 visits per week)	70.2%	41.5%
(Walton et al., 1993)		*Reunification rates at 12 months*[k]	
		75.4%	49%
		(n = 62)	(n = 58)
Washington	High	76%	0%[l]
Unit of analysis: children	(36.8 hours)	(n = 25)	(n = 5)
(Kinney and Haapala, 1984;			
Kinney et al., 1991, p. 54)			

* $p \leq 0.05$. ** $p \leq .01$. *** $p \leq .001$.

a *Source:* Adapted from P.J. Pecora (1991a). Family preservation and home-based services: A select literature review. Pp. 23–24 in *Families in crisis: Findings from the family-based intensive treatment project,* edited by M.W. Fraser, P.J. Pecora, and D.A. Haapala. Hawthorne, NY: Aldine de Gruyter.

b Service intensity is defined by the number of hours of in-person and telephone/client contact per month: low, 1–7 hours per month; medium, 8–12 hours per month; high, 13 or more hours per month.

c The unit of analysis and sample size (n) used for calculating placement prevention rates is noted for each study. Data were collected at the point of case termination unless noted in the table or separately.

d Placement rates based on an 18-month follow-up.

e First-year criteria excluded families with prior foster care placement or prior CPS referrals. Families received, on average, 4 contacts per month, with some families receiving much more service. Placement rates are underestimated due to a variety of factors, including difficulties in system monitoring and no tracking of relative and other privately funded placements (see Rosenberg et al., 1932, Appendix A, pp. 9–11).

f The client contact statistic does not include the services provided by the therapists as part of a variety of group activities that were offered (see Magura and deRubeis, 1980, pp.41–42). For example the adolescent group met weekly for approximately 2 hours (Willems and DeRubeis, 1981, pp.12–13). Thus for those families participating in one or more group activities, client contact as at least at the medium level and possibly higher.

g The client contact figure was calculated using unduplicated family statistics (see Jones et al., 1976, pp. 54–56). Sample included children living at home and in placement at a time of intake. Children living with friends of in an adoptive home were counted as being "at home" (Jones et al., 1976, p.81).

h Original sample was reduced from 549 families to 142 families (243 children) by including only those families in the New York sites with at least one "at-risk" child who was at home at the start of the study (Jones, 1985, pp. 46–47).

i Families were seen by workers, on average, 2.9 times per month, with 43% of the contacts lasting over one hour (see Halper and Jones, 1981, 00.97–100).

j Children in the comparison group formed through a case overflow design were matched on a variety of characteristics with children from the IFPS treatment group. Follow-up period is 12 months past intake (Pecora, Bartlmoe, Magana, and Sperry, 1991, pp.20–24).

k Children were randomly assigned to either the treatment or control group.

l A case overflow comparison group was formed for this study, which was designed to prevent psychiatric hospitalization of children.

Table 1.2 Additional FBS Outcome Criteria and Findings From Selected Studies[a]

Days in Placement and Case Closure

- Children in the IFPS treatment group spent significantly fewer days in placement than comparison group children (e.g., AuClaire and Schwartz, 1986, pp. 39–40^{+}; Nelson, 1984^{+}; Yuan et al., 1990, p. v^{+}).
- The likelihood of case closing for the FBS cases was 46% greater than for the control group cases (Littell and Fong, 1992; as cited in Rzepnicki, Schuerman, Littell, Chak, and Lopez, 1994, p. 61^{+}).
- There is some evidence that FBS may shorten the placement time of those children served by the program. In one study in Connecticut, more than half of the children placed were home within 12 months compared to the state-wide average placement duration of 31 months (Wheeler, Reuter, Struckman-Johnson, and Yuan, 1992, p. 5.10).

Changes in Placement Rate

- In Michigan counties where IFPS programs were established using a "staging approach" where some counties who did not yet have the service were used as comparison sites, out-of-home placement rates grew more slowly in the counties with IFPS than those in non-served counties. In those counties where IFPS programs were implemented later, placement rates also appeared to slow as a consequence of the service. Considerable costs were saved by the governmental agencies in those counties as a result of the placement trend decrease (Visser, 1991 as cited in Bath and Haapala, in press).

Restrictiveness of Placement

- Treatment group used a larger proportion of shelter care days compared to other forms of placement (e.g., Yuan et al., 1990^{+})
- Children in the FBS treatment group used "less restrictive" placement options (e.g., Kinney and Haapala, 1984^{+}; Willems and DeRubeis, 1981, pp. 16–25^{+}).

Further Reports of Child Maltreatment

- Treatment group children (n= 52) from chronically neglecting families had fewer subsequent reports of child maltreatment compared to control group children (n=19) (Littell et al., 1992, pp. 8 and 16^{+}).

Improving Child, Parent, and Family Functioning

- Improvements in child and family functioning were found, with the treatment group being rated as better in several areas compared to the control group (Feldman, 1991a, pp. 30–33^{+}). In some studies the differences in improvement found at about seven months after FBS services began, however, did lesson over time, with few

differences reported by parents at a 16 month follow-up (Rzepnicki, Schuerman, Littell, Chak, and Lopez, 1994, pp. 67–68^{+}).

- In a quasi-experimental study, ratings by workers and clients indicated improvement in caretaker parenting skills, verbal discipline, knowledge of child care, child's school adjustment, child oppositional or delinquent behavior, and child's oppositional behavior in the home (Spaid, Fraser and Lewis, 1991, pp. 139–156).
- In the Los Angeles study of two IFPS programs, there were improvements in the following areas of family functioning: Parent-child interactions, living conditions of the families, financial conditions of the families, supports available to families and developmental stimulation of children (Personal Communication, J. McCroskey and W. Meezan, January 4, 1994^{+}).
- Parental use of new skills at six month follow-up was higher in a recent family reunification study using an experimental design (E = 62, C = 58) (Walton, 1991, pp. 113–114; Walton et al., 1993^{+}).

Family Reunification

- Stein, Gambrill, and Wiltse (1978^{+}) emphasized behaviorally-specific case planning to achieve more permanent plans for children in family foster care. They found that more experimental group cases were closed (50%) than comparison group cases (29%), and a greater number of experimental group children were returned to their birth families.
- Lahti (1982, p.558^{+}) found that 66% of the treatment group children either returned home or were adopted, as compared to 45% of the comparison group children, when special efforts were made to provide services to birth families.
- A recent experimental study of IFPS focused on serving children who were in foster care for more than 30 days and who were randomly assigned to receive a three month IFPS intervention. These children were reunited more quickly, in higher numbers, and remained in the home for a greater number of days during a 12-month follow-up period than the control group youth (Walton et al., 1993).

Consumer Satisfaction

- Primary caretakers have reported relatively high satisfaction levels with most aspects of the FBS service (e.g., Hayes and Joseph, 1985; Magura and Moses, 1984, p.103), including studies that involved comparison of the FBS-served parent ratings with those of parents receiving traditional child welfare services (McCroskey and Meezan, 1993, p. 6; Rzepnicki, Schuerman, Littell, Chak, and Lopez, 1994, p. 77^{+}).
- Primary caretakers mentioned as positive the ability of the worker to establish a good rapport with them, as well as the teaching of communication, problem-solving and chore chart/reward systems (Pecora et al., 1991).
- In a recent family reunification study using an experimental design (E = 62, C = 258) consumer satisfaction ratings in a number of areas were significantly higher for the experimental group families (Walton, 1991, pp. 106–109^{+}). (Also see Walton et al., 1993.)

Juvenile Delinquency Reduction

- In a quasi-experimental study of a home-based service program, based on Alexander's behavioral systems family therapy (Alexander and Parsons, 1973), the FBS treatment group participants were assigned based on the need to prevent placement or reunify, and high likelihood of re-committing a delinquent offense within one year. Recidivism in juvenile delinquency differed between the FBS and comparison groups (11.1% treatment, 66.7% comparison group**). When the recidivism rates were adjusted for different follow-up periods, the differences were maintained (5%, 25%). (See Gordon et al., 1988, p. 250^{+}.)
- A home-based FBS program using the Multi-Systemic Treatment (MST) model was used as the treatment for 43 youth (an additional 41 youth were in the control group) to reduce rates of institutionalizing young juvenile offenders. At 59 weeks post-referral, youth who received MST had statistically significant lower arrest rates, had an average 73 fewer days of incarceration, and had less self-reported delinquency (Henggeler, Melton, and Smith, 1992^{+}).

Footnotes

[a] Source: Adapted from Pecora, P. J. (in press). Assessing the impact of family-based services. In B. Galaway and J. Hudson (Eds.) *Research on the Canadian Child Welfare System.* Toronto, CN: Thompson Educational Publishing.

*p_ .05. **p_ .01. ***p_ .001.

$^{+}$=An experimental or case overflow research design was used in these studies.

Panel 1

State of Knowledge: Child Welfare Outcomes in Canada

Rationale for Roundtable Structure

The First Canadian Roundtable on Child Welfare Outcomes *was divided into four panels: Client Outcomes in Child Welfare Project Findings and Recommendations; Indicators for Program Management; Clinical Measures for Case Management and Ecological and Intervention Outcomes Research. The decision to structure the Roundtable in this fashion was based on the recognition that front-line workers managers and researchers approach outcome assessment from very different perspectives. Front-line workers need sensitive measures of individual client progress in many different areas. Managers need a limited number of key indicators that monitor client progress in specific programs in an aggregated way. Researchers require sensitive measures applied by independent evaluators, using well-controlled designs. These different information needs must be considered in developing consensus for a common outcomes framework.*

Overview of Project Findings

State of Knowledge: Child Welfare Outcomes in Canada

The first panel at the Roundtable was comprised of Project team members and presented the Client Outcomes in Child Welfare Project team's findings, including a proposed framework for child welfare designed to provide a common child welfare outcomes framework and measurement development strategy to help provinces and territories develop coordinated outcomes tracking systems.

Jacqueline Oxman-Martinez is a sociologist at the Centre for Applied Family Studies, School of Social Work, McGill University, specializing in evaluating interventions in the child and youth protection field. Jacqueline presented a summary of the key informant interviews conducted for the Client Outcomes in Child Welfare Project.

Nico Trocmé is an Associate Professor at the Faculty of Social Work, University of Toronto and the Executive Director of the Bell Canada Child Welfare Research Unit. Nico presented the child welfare outcomes framework which was intended to orient Roundtable participants to the overall structure of the Roundtable.

Wendy Warren is the Research Coordinator of the Social Program Evaluation Group at Queen's University and the Project Director for the Client Outcomes in Child Welfare Project. She presented a review of the provincial and territorial child welfare information systems conducted for the Project.

Barbara Fallon is a Research Associate for the Client Outcomes in Child Welfare Project and presented the findings of the initial literature review conducted for the Client Outcomes in Child Welfare Project.

Client Outcomes in Child Welfare Key Informant Interviews

Jacqueline Oxman-Martinez
Co-Investigator, Client Outcomes in Child Welfare

(NOTE: This is a summary of the paper submitted to Human Resources Development Canada/Social Development Partnerships.)

A major problem in Canadian child welfare is the inability of the system to properly evaluate the effectiveness of the various policies and services that exist nationwide. Although concern regarding this issue is growing, little or no consensus exists about how to address it. A myriad of specific issues could be cited, but the basic dilemma is how to strike the proper balance between the purely clinical aspects of the system with the purely administrative. The barriers hindering the realization of this goal, however, are daunting, since such a consensus must challenge the competing institutional perspectives within the system itself. Different groups of stakeholders (practitioners, managers, policy makers and researchers) all have their own specific objectives to consider. The individual perspective of each of these stakeholders creates distinct sets of priorities that often come into conflict. A successful consensus building process, therefore, must be able to accommodate the specific needs of the key groups within the system and to mediate their competing perspectives regarding how it should all be governed. In order to begin this process, the provincial/territorial Directors of Child Welfare initiated the Client Outcomes in Child Welfare project with Human Resources Development Canada/Social Development Partnerships. The goal of this program is to develop a comprehensive understanding of the evaluation issue so as to build a consensus for a nationwide coordinated strategy.

National Study

Our contributions to this effort was an analysis of cross-Canada interviews completed with 62 key informants, who are main stakeholders in child welfare agencies, governments, universities, research institutions and others. Potential informants received a letter explaining the purpose of the study and requesting their participation. Most of the interviews were conducted by telephone, except in Quebec where they were conducted in person. Informants were asked to identify the objectives and outcome indicators used by their agencies and to assess the appropriateness of their use. In an effort to identify the extent of consensus among key informants about outcome indicators, three questions guided the interview and the data analysis: 1) the level of agreement between stated child welfare objectives and the outcome indicators actually in use or desired 2) the level of agreement between those outcomes indicators that reflect the concerns of stakeholders

and those that are the subject of published research and legislation 3) the level of agreement across child welfare agencies in different regions of the country. The results were then divided regionally on the basis of belonging to Western Canada, Ontario, Quebec, the Maritimes or the Yukon and Northwest Territories.

Findings and Discussion

Important gaps were discovered between the relative importance of certain objectives and outcomes indicators, revealing that the outcomes measures presently in use do not reflect the stated priorities established by stakeholders and government officials. The most serious of these disparities indicates that child welfare agencies are not giving adequate priority to measuring whether or not they are meeting their basic legal mandate of child protection since it is ranked as their first priority but only fourth in terms of its actual use as an outcome indicator. Significantly, organizational and administrative indicators were reported as the most important outcome indicator used. This suggests that financial and organizational accountability take priority over accountability for clinical client outcomes. Another significant set of discrepancies existed between the concerns of the stakeholders and those of the researchers. This is illustrated by the relative importance attached to indicators of child well being which are heavily used in the literature but was hardly mentioned by the informants. The outcomes indicators most used by the informants generally indicated organizational, administrative and process results. This variance might reflect that either organizational needs are determining the outcome indicators used or that the researchers are not responsive to the needs of the actual child welfare situation. Finally, differences were noticed across the provinces, particularly between Western Canada and the other regions. Respect for community identity as an outcome indicator was a dominant issue in Western Canada, but of low priority outside of this region. This might be related to the difficult historical relationship between child welfare and the First Nations. In a region with a high aboriginal population, this issue would become accentuated and several key informants did cite the aboriginal issue as a specific concern. The other region, which has its own set of distinct concerns, was Québec. The objective to promote cross-sectional services was selected by most Québec respondents, but few did so from other provinces. This may be due to the high level of integration of the health and social services in Québec.

Conclusions

The data collected from the interviews suggest that pressure is being placed on child welfare agencies to be more accountable for the effectiveness of their services. In order to meet this demand easily quantifiable administrative outcome indicators are being promoted at the expense of more complicated clinical ones. The reason for this is that clinical indicators such as those related to child development, for example, require in depth study by specifically trained workers which is not possible at the moment due to a lack of financial and material resources. The shift away from clinical outcome indicators is beginning to seriously effect the efficacy of the system since its highest

priority, child protection, is being overshadowed by the administrative concerns regarding system efficiency. Another consequence of this trend, is that some very important outcome indicators of child protection such as recurrence and case reopening seem to have lost their clinical meaning. Although these indicators are very prominent the literature, they were only reported as key outcome indicators by one quarter of the informants. One explanation for this phenomenon could be that case status is seen as an aspect of the administrative process rather than as the important clinical indicator it is. This attention on process rather than outcomes seems to be largely driven by the increasing fiscal pressure of welfare cutbacks. There now exists a growing need to justify and protect existing funding levels. This pressure may explain why child placement was considered to be the least favourable objective, but was in fact the second most important outcome indicator; behind rather significantly, administrative outcome indicators. Placements receive much more attention because they conveniently reflect both clinical outcomes and legal mandates. This creates good numbers in terms of institutional efficiency, thereby bolstering funding justification. A rise in the number of placements however is not necessarily negative, but it does increase the risk of over-use if it is motivated by administrative rather than clinical considerations. The current debate over the needs of family preservation versus the best interests of the child may be viewed as a manifestation of this dilemma. In terms of the national consensus, community identity is intimately linked to both the social well-being of the family and the personal well-being of the child which that family is fostering. A future consensus on a national coordinated strategy for child welfare, therefore, must understand the social complexity and cultural diversity it wishes to encompass.

Canadian Child Welfare Multi-Dimensional Outcomes Framework and Incremental Measurement Development Strategy

Nico Trocmé
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(NOTE: This submission has been revised since it was first presented at the Roundtable)

Introduction

This paper was initially prepared for Provincial and Territorial Directors of Child Welfare and other participants in the First Canadian Roundtable on Child Welfare Outcomes in March of 1998. The paper is designed to provide a common child welfare outcomes framework and measurement development strategy to help provinces and territories develop coordinated outcomes tracking systems. The proposed approach was developed in response to a number of issues identified by the reviews and interviews conducted by the Client Outcomes in Child Welfare Project (COCW) project. The Multi-Dimensional Outcomes Framework is designed to address the overlapping but occasionally competing objectives driving child welfare services and policies. The suggested Incremental Measurement Development Strategy proposes an approach for developing and selecting outcome measures that respect the differing needs of front-line workers, managers and researchers.

Outcomes in Child Welfare

The first section of this paper brings together common themes about the challenges of outcome evaluation in child welfare identified in the literature and in the project reviews and interviews. This section begins with an overview of research on the effectiveness of child welfare interventions. It is followed by a discussion of the historical and policy context in which differing views about outcome measurement have evolved. Within this context the tensions between competing objectives in the child welfare system are described, which were identified in both the interviews and reviews of the literature, legislation and major policy documents. We also discuss some of the definitional issues that have hampered the evolution of outcome based measurement. We describe two strategies that have been successfully used to develop commonly accepted child welfare outcome measures.

Effectiveness of Child Welfare Interventions

In 1976, following a systematic review of research and policies on foster home and institutional care, Sheila Kammerman and Alfred Kahn noted that:

Remarkably few systematic data are available to support the various extremist positions on child care. In fact most policies and practice decisions are still based primarily on value judgements and assumptions. Until more conclusive data are available ... it seems likely that the question of what forms of care have what effects on what types of children under what circumstances will continue to be a major issue (as quoted in Kadushin, 1978).

Treatment programs

While some progress has been made over the last twenty years, Kammerman and Kahn's assessment of the state of knowledge in child welfare probably still holds true for many of the policy and service decisions that face the child welfare system (National Research Council, 1993). The current emphasis on accountability and outcomes starts from the recognition that we need to develop a broader knowledge base for effective planning and decision-making.

The paucity of well designed outcomes research has been noted at all levels of child welfare intervention: from treatment programs designed to reduce the risk of recurrence of maltreatment, to broad based primary prevention programs; from out-of-home care interventions designed to provide children with a stable and caring alternative living environment to family preservation programs designed to prevent out-of-home placement. The high rates of re-occurrence of maltreatment and case re-openings remain one of the most persistent indications of the difficulties inherent in serving maltreated children and their families (Farmer, 1997; Inkelas and Halfon, 1997). Deborah Daro and Anne Cohn conducted one of the first studies that attempted to systematically assess the effectiveness of child welfare treatment services (Cohn and Daro, 1987; Daro, 1988). After tracking a dozen intervention programs from across the United States the authors found that the effectiveness of treatment was relatively low throughout the actual treatment period and had very limited effect on preventing the re-occurrence of maltreatment. Wolfe and Wekerle's (1993) recent review of the child maltreatment treatment research found that while certain behaviourally based parent training and behaviour management programs appeared to be successful, there was far less evidence of treatment effectiveness for programs addressing more complex issues surrounding family functioning, parental relationships, socioeconomic stress, family disadvantage and substance abuse. In their review of sexual abuse treatment programs, Beutler, Williams and Zetzer (1994) conclude that "there is little evidence to conclude that these unstructured and well-meaning programs are systematically effective."

Prevention programs

The limited documented effectiveness of treatment programs has drawn increasing attention to prevention programs targeting families at risk of maltreatment. A number of reviews of prevention programs conclude that early prevention programs that utilize intensive home visitation can significantly reduce the risk of child maltreatment (MacMillan, MacMillan et al., 1994; Guterman, 1997). A 15 year follow-up study of mothers who had received two years of postnatal services found that, compared to

mothers in the control group, the nurse home-visited mothers were reported for significantly fewer instances of maltreatment, had fewer pregnancies, relied less on welfare, and were less likely to engage in criminal activities (Olds, Eckenrode et al., 1997). The effectiveness of this type of intervention with families where maltreatment has already occurred is being examined in a randomly controlled trial in Hamilton, Dr. MacMillan presents the study in a subsequent chapter of the proceedings.

The potential impact of sexual abuse prevention programs has also drawn much interest. While many of these prevention programs have been shown to provide good early detection and screening functions there is no evidence that they actually reduce the risk of sexual abuse (Daro, 1994; Finkelhor and Dziuba-Leatherman, 1995).

Out-of home care

Research on the ameliorative effects of home placements has generally yielded disappointing results. Children in foster care display an alarming rate of social, emotional, cognitive and health problems. (Klee and Halfon, 1987; Chernoff, Combs-Orme et al., 1994; Rosenfield, Pilowsky et al., 1997) In a Canadian sample of foster children, Thompson and Fuhr (1992) found that 72% of children in the care of the child welfare system were considered emotionally disturbed by their social workers. Wald, Carlsmith and Leiderman's (1988) comparative longitudinal study of maltreated children receiving home based and out-of-home services found that while the children in foster care did marginally better than children left at home, both groups of children had poor outcomes when compared to non-maltreated children from similar socioeconomic backgrounds. While these studies indicate that out-of-home care is not a panacea, the lack of well controlled studies limits our ability to draw any definitive conclusions about the relative merits of out-of-home interventions compared to home-based interventions (Rosenfield, Pilowsky et al., 1997).

Research on alternatives to out-of-home placements have yielded some promising findings with respect to the use of intensive crisis response interventions (Maluccio and Whittaker, 1997), although their effectiveness in reducing admissions to care and reducing the re-occurrence of maltreatment has not been demonstrated (Littell and Schuerman, 1995; Heneghan, Horwitz et al., 1996). The disappointing results from a number of high profile randomly controlled trials has drawn attention to the complexity of conducting outcome effectiveness research in child welfare (Bath and Haapala, 1994; Blythe, Patterson-Salley et al., 1994).[1]

Risk assessment

At the front end of the child welfare system, service providers and policy makers have become increasingly interested in the potential benefits of risk assessment tools that could help target services more effectively (Pecora, 1996). While the shift to risk assessment is an

1 Peter Pecora's lunch time keynote address on March 19th will address some of the lessons learned from family preservation research.

important development, there currently is little empirical evidence that these tools can accurately predict risk of serious maltreatment (Lyons, Doueck et al., 1996). However, a (need transition to this sentence) recent study reported by Chris Baird at the 1996 AHA National Roundtable on Child Welfare Outcomes indicates that an actuarial risk assessment model attached to a set intervention protocol was associated with better targeted services and a decrease in re-occurrence of maltreatment (Baird, Wagner et al., 1996).

Several important conclusions can be drawn from the generally disappointing results of much of the child welfare outcome effectiveness research that has been conducted to date. First and foremost, the effectiveness of child welfare interventions cannot be taken for granted. The complex and chronic needs of the children and families served by the child welfare system are unlikely to be effectively met by any single intervention, but are likely to require an array of interventions at different levels of the formal service delivery system as well as support from the broader community[2]. A second and related conclusion is that research on the effectiveness of child welfare interventions requires far more sophisticated research designs than have been typically used. It is possible that disappointing research findings may be just as much a reflection of poor research design as they are evidence of limited intervention effectiveness. These conclusions clearly point to a third critical conclusion: there is a pressing need to develop a more systematic and sophisticated research culture in child welfare. The promising results of some of the better designed interventions and studies provides a positive impetus for ensuring greater reliance on outcomes research.

Historical and Political Context

The current push to measure outcomes in child welfare has taken place in a complex political and historical context that has made it difficult to develop coordinated outcomes measurement systems. Three factors explain the lack of consensus in this area:

- a history of providing child welfare service on the basis of detected need;
- a decentralized service delivery system; and
- funding uncertainty in the face of fiscal restraint.

Needs-driven Service System

Unlike many other service delivery sectors, there has been a very limited tradition of outcome evaluation in child welfare. The urgency of the need to help maltreated children has overshadowed the question of whether interventions are effective. Child welfare policy, legislation and services have focused primarily on detecting and reporting maltreatment and removing the child from the situation. Less attention has been paid to long-term

2 At the level of the community it should be noted that income support programs are likely to be the most effective prevention strategy, given that child poverty is the most significant risk factor for child abuse and neglect (Pelton, 1989; Wharf, 1993; Garbarino, 1992)

outcomes and the effectiveness of interventions (Parton, 1985; Pecora, Whittaker et al., 1992; Lindsey, 1994). Traditionally, funders have not required accountability based on outcomes, but have focused on trying to respond to increasing caseloads[3].

Although there now is much stronger support for outcomes-based management, research on intervention effectiveness is still considered by many to be a secondary priority. Some have argued that in the current fiscal context, research is an unaffordable luxury for an overburdened child welfare system. Shifting to an outcome based approach to delivering child welfare services will require a significant shift in our service culture.

Decentralized Service Delivery System

The move away from a needs-based approach to child welfare management has been complicated by the decentralized nature of the Canadian child welfare system. Child welfare is a provincial responsibility in Canada, and some provinces have opted for even more decentralized community-based approaches. The United States also has a decentralized service delivery system, although several national organizations, such as the American Humane Association, the National Association of Public Child Welfare Administrators, the National Center for the Prevention of Child Abuse and Neglect, and the Children's Bureau, gather national statistics on child welfare services. Moreover, the American federal government has also shaped national policy through legislation that directs funding to states that adopt specific policies and programs. By contrast, Canada does not have an extensive network of national service organizations and the Canadian federal government has been very reluctant to interfere with provincial and territorial policies in child welfare matters[4]. The development of national and even provincial standards for evaluating child welfare services has also been limited by a dearth of basic service statistics[5].

Fears of Funding Cutbacks

The development of an outcome-based approach has been further complicated by the fact that in a time of fiscal restraint, service providers are keenly aware that funding will be determined by the types of outcomes that are measured. Service providers, from front-line staff to senior managers, worry that the measures that are selected will not document the impact of the services they provide. The principle of "what gets measured gets done" can be interpreted to mean "what gets measured gets funded" (Grasso, 1988;

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3 The caseload approach to funding has been identified as one of the obstacles to the development of in home and prevention services. Funding based on number of children in care is seen as disincentive to providing less costly in home services.

4 The Child Welfare League of Canada has helped focus national policy and service delivery issues. However, it does not have the funding to carry out large-scale data collection. The Federal-Provincial Working Group on Child Welfare Data Systems has started to make some important inroads, although their first publication of provincial child welfare statistics dramatically illustrates the difficulties inherent in collecting and comparing the most basic child welfare statistics.

5 Our review of provincial information systems found that most provinces are unable to track even the most basic outcome measure, i.e. recurrence of maltreatment. In some provinces service providers cannot even agree on how to count cases.

Traglia et al., 1996). As a result the introduction of outcome measures has led some service providers to fear a loss of clinical independence. Provincial and territorial funders, on the other hand, are concerned that the information collected by an outcome tracking system will simply put them under pressure to provide more resources. The process of choosing outcome measures can therefore bring out previously unresolved debates about critical service priorities.

Greater Accountability – A Recognized Necessity

Despite these factors, there is a strong push at all levels of the child welfare system to move to an outcome-based approach. Front-line workers are increasingly concerned that the decisions they must make are driven more by short-term considerations than by a desire to find the best long-term outcome for the child. Managers want information that will allow them to target resources to services that are most likely to have a positive impact on children and families. Policy makers need more information about program and policy outcomes to set intervention and prevention priorities.

Recent public scrutiny by the media and special inquests has also helped propel the movement for greater accountability. This scrutiny is particularly intense following the death of a child under the care or supervision of a child welfare agency. Media reports of these cases have largely shaped the public's view, highlighting the need for the child welfare system to explain the effectiveness of the services offered to children and families. If no explanation is forthcoming, there is a serious risk that service and policy decisions will be driven by a reactive response to individual high-profile cases. The development of child welfare outcome measurement systems would help to ensure a closer fit between public expectations and service priorities.

Although there is consensus about the need for outcome-based accountability, the COCW Project has documented many different views about which outcomes should be tracked and how they should be measured. The COCW Project provided a much-needed opportunity to examine divergent views about the objectives and priorities of the child welfare system and to develop strategies for tracking outcomes that meet the needs of service providers, researchers, and policy makers.

Balancing Competing Principles

Historical and political factors only partly explain the failure to develop a common approach to outcomes measurement. The competing principles at the heart of child welfare have also served as a barrier to consensus. Our reviews of legislation and policy, of the evaluation literature, and of the measurement literature, as well as the key informant interviews, revealed many different ideas and assumptions about the objectives of child welfare. Some informants spoke of the tension between family preservation and child protection. Others focused on the difference between child well-being and child protection. Our review of legislation and policy even found different definitions for key objectives. The concept of least-intrusiveness, for example, can be

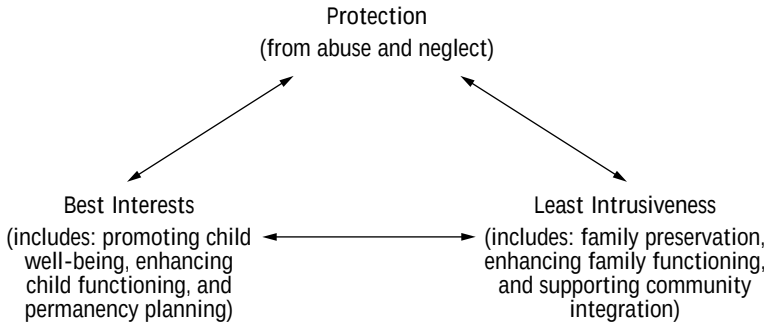
understood as a parent-rights principle or as a child-focused extension of the Hippocratic oath of "do no harm."

The competing objectives documented in different sections of this report can be viewed in terms of three fundamental principles that have guided child welfare policy and practice (see Figure 1):

- the primacy of child protection,
- the need to ensure that the best interests of children are met, and
- the importance of providing the least intrusive form of intervention.

The principle of protection is to prevent children from being abused or neglected. The principle of best-interests is to find the best possible permanent home environment for a child. This principle broadens the intervention mandate to include the concept of child well-being in addition to protection, and requires that interventions be organized around the concept of permanency planning. The principle of least intrusiveness is to attempt, wherever possible, to serve children in their family and community. This approach is closely associated with family preservation and an emphasis on voluntary services and parental rights.

Figure 1: The Competing Principles of Child Welfare



While the typology of three fundamental principles may oversimplify the objectives that drive child welfare practice and policy, it provides a useful model for understanding the difficult balance that child welfare seeks to maintain. The tensions between these competing principles have been emphasized in various ways in all the reviews and interviews conducted for the COCW Project.

Protection vs. Least-intrusiveness

The tension between providing protection and keeping intrusion to a minimum is the fundamental challenge of child welfare. The conflict arises whenever a family refuses to accept the help offered by a child welfare service provider. The power to provide non-voluntary interventions, including removing children from their families, requires child welfare service providers to determine at what point the risk to a child's safety requires

intrusiveness. This power requires child welfare professionals to maintain dual roles as helpers and protectors. The power to protect children comes with an expectation of success. After all, if a service provider imposes an intervention on a family, one would expect at the very least that the child would be better off than he or she would have been without the intervention. Non-voluntary and intrusive interventions are warranted only if a less intrusive intervention would leave a child at unacceptable risk. In practice, however, these principles are difficult to balance because the ability to predict risk of harm is limited (Browne, Davies et al., 1988; Lyons, Doueck et al., 1996).

The issue of balancing protection and intrusiveness arose in all our interviews and was a dominant theme in the policy and legislative reviews. For instance, New Brunswick's legislation requires that children be removed only when "all other measures are inappropriate." (New Brunswick Family Services Act, RSO. 1992, c. C2, s.1) Over half of the key informants suggested that family preservation or family functioning were key objectives for child welfare, and many people stressed the importance of maintaining a balance between preserving the family and protecting the child. In our literature review we found that many of the early family preservation evaluations have been criticized for focusing too narrowly on the principle of preservation and not paying enough attention to whether children who had been "successfully" kept at home were re-abused or neglected as a result.

Protection vs. Best-interests

To a lesser extent, the principle of child protection can also be at odds with the principle of acting in the child's best interests. This may seem paradoxical. One would assume that the principle of best interests requires first and foremost that a child is protected from harm. Indeed the terms are used interchangeably in some provincial legislation. In Ontario, for example, the first principle of the Child and Family Services Act states that a child's "protection and best interests are paramount." (Ontario Child and Family Services Act, RSO.1984, c. C1, s.a) However, some child welfare critics argue that child welfare policy and legislation has focused far too much on protection and not enough on the broader concepts of child well-being (Pelton, 1989; Lindsey, 1994; Wharf, 1993). Putting too great an emphasis on protection may exclude broader family support and community development activities. Given the scarcity of resources, service providers are going to be faced with increasingly difficult choices between expanding protection mandates versus developing prevention programs. Some reformers argue that the mandate to protect children has diverted child welfare from its original purpose, and that child welfare agencies should leave protection to the police and re-focus on the welfare of children(Wharf, 1993; Lindsey and Regehr, 1993). Others, however, see the tension between protection and well-being as a defining characteristic of child welfare (Maidman, 1984; Hutchinson, 1987; McDonald, 1994; Savoury and Kufeldt, 1997)

The question of the best interests of children in out-of-home care is particularly significant. Although children in care are generally at far less risk of being maltreated than

they would have been at home, the success of foster care and residential placements must be evaluated in terms of more than just protection. Much of the push towards family preservation originated from studies showing that children in care were not doing as well as expected (Fanshel and Shinn, 1978; Klee and Halfon, 1987). Although foster care does not seem to put children at additional risk of doing poorly, it has not yet been shown to improve children's lives (Wald, Carlsmith et al., 1988; Pecora, Whittaker et al., 1992).

The lack of differentiation between child protection and the broader principle of best-interests is evident in the key informant interviews. Although key informants ranked child protection as the first objective of the child welfare system, it was ranked only fourth as an outcome indicator. This discrepancy may belie a failure to differentiate between protection and well-being, which minimizes the tension between the two. Our policy and legislation review also highlighted ways in which the two principles may be at odds. For instance, Ontario's CFSA does not make a clear distinction between best interests and protection. The paramount objective of the CFSA is to "promote the best interests, protection and well-being of children" (Ontario Child and Family Services Act, RSO. 1984, c. C1, s.a).

The tension between the principle of protection and that of best-interests are most evident in two areas. First, in setting the scope of the child welfare mandate, a narrow focus on protection leads to a very different service system compared to one that focuses on best interests and well-being. Second, the two principles must be weighed for children in long-term, out-of-home care to ensure that their socio-emotional and cognitive needs are met.

Best-interests vs. Least-intrusiveness

A third source of tension arises from trying to achieve a balance between the principle of best-interest and that of least-intrusiveness. The critical importance of balancing these two principles was first highlighted in Goldstein, Freud and Solnit's (1979) landmark book Beyond the Best Interests of the Child. Goldstein and his colleagues argued that the best-interest principle sets an idealized standard against which biological families are measured. In aiming for this standard, the effects of intervention can be obscured. They introduced the idea of the "less detrimental alternative" which they felt provided a much more balanced principle for intervention by forcing decision makers to weigh the effects of intervention against the idealized standard of the child's best interests. The Child and Family Services Act of Ontario, introduced in 1984, dramatically reflects the shift from the principle of best-interests to that of least intrusiveness, by limiting non-voluntary interventions to situations in which there is evidence that less intrusive interventions have been attempted without success or are not feasible (Barnhorst and Walters, 1990; Trocmé, 1991).

Although the principle of least-intrusiveness is routinely used to set limits on non-voluntary intervention, some critics argue that it now supersedes the best-interest principle (Lindsey, 1994; Gove, 1995; Gelles, 1996). Programs designed to keep children at

home are criticized when they delay the removal of children from dangerous home environments that showed little likelihood of improvement. Taken to extremes, the principle of least intrusiveness has been interpreted to mean that an array of less intrusive interventions must be attempted before a child can be removed. For children who end up being permanently removed, especially young children who could easily be adopted, a more decisive approach may be required (Steinhauer, 1991). The tension between best interests and least intrusiveness is heightened for children who have been in care for extended periods of time and have developed strong ties with their foster parents. If their family situation has improved, the principle of least-intrusiveness requires agencies to return them to their biological families. The children's best interests, however, may require leaving them in the foster home to which they have become attached.

There is no simple resolution to any of these dilemmas. Service providers must constantly seek to balance a child's immediate need for protection, a child's long-term needs for a nurturing and stable home, and the family's potential for growth. Likewise, an effective outcome measurement system must find a balanced way of tracking outcomes associated with each of the three principles.

Definitional Issues

Amorphous Client and Program Definitions

The contradictions inherent in trying to balance the three principles outlined above are well known to front-line workers, judges and other decision-makers who need to find the best possible solutions for children and families in difficult circumstances. Outcome evaluation projects are also faced with similar dilemmas when they try to identify the key outcomes that need to be tracked. Many evaluation projects have avoided controversy by making use of loose definitions and confusing taxonomies.

Indeed, most reviewers conclude that the development of child welfare research and evaluation has been seriously hampered by confusion over definitions (Giovannoni, 1989; Starr, Dubowitz et al., 1990; Hutchinson, 1994). Our interviews and reviews found that the tensions between competing objectives were usually understated and that even when these tensions were apparent, their impact on outcome evaluation was not specified. Key informants often mentioned indicators that were not clearly linked to the objectives that they had identified. As a result, the contradictions between the objectives they stated and the objectives that could be measured using the indicators were obscured. For instance, placement rates ranked second as the most commonly used indicator, but they were the lowest ranked objective. Thus, while the stated objectives focus on child well-being and safety, in practice it appears that more weight is put on monitoring placement rates, presumably with a view to reducing placements. The disparity between stated objectives and measured objectives blurs the conflict between the principle of protection and that of least intrusiveness.

The research review also found that client populations were not adequately specified. Rapp and Poertner (1988) observe that because client problems are not clearly described, it is often hard to tell whether the outcomes that were evaluated were linked to their needs. Some studies fail to distinguish between types of maltreatment such as sexual abuse, physical abuse or neglect, each of which requires a different treatment approach because of its particular causes and complications (Daro, 1988). Others fail to distinguish between suspected maltreatment and substantiated maltreatment. Our review of provincial and territorial information systems found that most systems did not include a systematic method for tracking rates of re-occurrence of maltreatment. Even the simple question of defining the client unit is problematic. Most child welfare information systems collect information by family when dealing with home-based services, whereas they collect information on individual children once children are admitted to care.

Just as client problems are inconsistently and vaguely defined, Courtney (1993) notes that the programs being evaluated are often so poorly described that the program objectives are unclear. Furthermore, even when a program is found to be effective, the lack of detailed program description makes it difficult to replicate. This amorphous approach to describing child welfare clients and services has not only led to confusing evaluations but it has also left unresolved the critical issue of specifying the core objectives of the child welfare system.

The complex problems faced by child welfare clients also make it hard to assess the effectiveness of specific child welfare interventions. Many families are involved with an assortment of educational, criminal, mental health, and income support programs. Poverty, lack of social supports, and the numerous crises faced by families living in toxic environments further complicate attempts to isolate the effects of specific child welfare interventions (Cameron and Vanderwoerd, 1997). In order to control for the complexity of child welfare situations, studies using randomly allocated treatment and control groups must be included as part of any long-term strategy to assess child welfare service outcome effectiveness (Wolfe and Werkele, 1993).

Confusing Process and Outcome

One of the most persistent definitional confusions plaguing child welfare evaluations is the failure to distinguish clearly between process and outcome measures. There is a natural tendency in any service delivery system to see the provision of services as an end in itself. This focus on process, is an issue at all levels of the child welfare system, from the front line worker who has become narrowly focused on trying to obtain a scarce service, to policy makers and researchers who confuse outcome measures with process measures. Many permanency planning and family preservation initiatives, for example, have been criticized for treating placement status as the critical outcome measure and failing to assess program effectiveness as measured by child safety and well-being (Littell and Schuerman, 1995; Pelton, 1997). Using placement prevention as the sole measure of success for a family preservation program is no different than using rates of admission to care to evaluate the effectiveness of foster care.

While singular process measures should not be relied upon to measure program outcomes, our review of systems based indicators found that an array of carefully selected process measures can be used as proxy outcome measures.

Multiple Purposes of Outcome Assessment

Further confusion is created by the different ways in which the purpose of outcome measurement is understood. In our review of the literature and of other child welfare outcomes projects, we found that many different groups are proposing the assessment of outcomes for different purposes. For some, the purpose of outcomes measurement is to guide intervention in individual cases. Others see it as a quality assurance monitoring device. Still others see outcome assessment as a way to evaluate intervention effectiveness. To confuse matters even further, instruments designed to assess outcomes have at times been used to assess risk, and risk assessment tools have been suggested as outcome measures (Wald and Woolverton, 1990). McCroskey (1997), argues that much of the confusion over outcome measurement rises from a failure to distinguish between the needs of different users (also see Parker, Ward et al., 1991). Table 1 below, illustrates some of the key differences between potential users of outcome information.

Table 1: Purpose and use of outcome assessment

Area of Use	Purpose	Level of Analysis	Primary source of data	Primary User
Case Management	Track indicators of client progress	Individual clients	Direct client measures	Front-line workers
Program Management	Monitor and evaluate programs	Service population	Systems level indicators	Administrators and policy makers
Treatment Outcome Research	Determine intervention effectiveness controlling for confounders	Sampled clients	Direct client measures and systems indicators	Independent Researchers

1 Clinically Meaningful Outcomes

The distinction between the use of outcome measurement for clinical purposes and outcome assessment for program evaluation is a critical one (McCroskey, 1997; Unrau and Gabor, 1997). At the clinical level, child welfare workers need to know how well individual clients are doing. Has a child's self-esteem improved? Is a parent better able to control his or her aggressive impulses? Are there more effective community supports in place to help a family? The specific outcomes that interest child welfare workers relate to the treatment plan developed to meet the specific circumstances of the child and family being served. Social workers need to be able to choose from a broad array of clinically significant measures. These measures must be sensitive to small changes that provide meaningful feedback to front-line workers (Grinnell, Williams et al., 1997).

Different sets of measures will be appropriate for different clients. For instance, a depression inventory is appropriate for an adolescent who is showing depressive symptoms but not in a case where lack of infant stimulation is the reason for service.

2 Outcomes as Management Tools

Managers and policy makers require different levels and types of information (Rubin and Babbie, 1997). They need aggregate data that lets them know how well a program is serving a client population. They are interested in outcomes that are common to all clients, that reflect program and service goals, and that are meaningful to funders. In some instances, instruments used to assess individual client outcomes can be aggregated across a client population. Using clinical instruments to assess program effectiveness can, however, be problematic. The accuracy of measurements based on clinical judgments made by child welfare workers can be compromised if the measurement instruments are being simultaneously used for other purposes – for example, if a worker's performance evaluation or program funding are tied to improved client outcomes. For program evaluation, systems-based indicators are a more reliable source of data, because they are easily linked to program objectives, can generate meaningful baselines, and are not vulnerable to reporting bias.

3 Research Use of Outcome Measures

It is important to separate the evaluation efforts of managers from those of independent researchers, who use more complex research designs that provide better control for measurement bias and for confounding explanations. Whereas managers are primarily concerned with demonstrating that clients' outcomes have improved, researchers struggle to show that changes can be attributed to the intervention rather than to a co-occurring event or other factors (Gibbs, 1991). By using comparison group designs, clinical researchers seek to identify client changes that can be attributed to child welfare interventions (Wolfe and Wekerle, 1993). Ecological researchers focus their analyses on the relationship between child welfare indicators, such as rates of reported maltreatment, and other social indicators, such as rates of poverty and unemployment (Zuravin, 1989). In turn, front-line workers, managers and policy makers make use of research to inform their practices and policies.

In summary, front-line workers, managers and researchers approach outcome assessment from very different perspectives. Front-line workers need sensitive measures of individual client progress in many different areas. Managers need a limited number of key indicators that monitor client progress in specific programs in an aggregated way. Researchers require sensitive measures applied by independent evaluators, using well-controlled designs. These different information needs must be considered in developing consensus for a common outcomes framework.

4 Two Outcome Framework Development Alternatives

The importance of defining what one means by child welfare outcomes is well illustrated by contrasting two measurement systems developed using very different outcome

models: the clinically driven, British Looking after Children (LAC) model (Parker, Ward et al., 1991; Ward, 1995) and the information-management driven American State Automated Child Welfare Information Systems (SACWIS). (Courtney and Collins, 1994)

The LAC instruments were developed to help improve case management by monitoring the progress of children in foster care and in group homes. The lengthy instruments rely primarily on qualitative measures that were developed using the literature on optimal child development and on the effects of growing up in care (Parker, Ward et al., 1991). The qualitative components of the instruments cannot be easily summarized into scores that can be aggregated on a program basis. LAC does, however, include some quantitative measures that are currently being evaluated to determine their potential use as part of a program outcome evaluation system (Ward, 1995).

In contrast, SACWIS was designed to generate information that could be used to evaluate program effectiveness (Courtney and Collins, 1994). It uses systems-based indicators organized under outcome domains delineated by the American Humane Association's outcomes framework. Although the SACWIS is useful for management purposes, it does not include assessment tools that could assist in clinical decision-making.

In addition to providing examples of two different outcome tracking systems, the LAC and SACWIS systems also point to the importance of developing outcome measures within a well-defined framework. The framework articulates the objectives of child welfare intervention and guides the development and selection of measures. Both the British and the American frameworks are the products of extensive national consultation and coordination efforts that took place over several years. Both required comprehensive testing and both are still being developed. The COCW Project is the first step in developing a Canadian framework.

Summary

Findings from research on the effectiveness of child welfare services show that it cannot be taken for granted that children and families who receive child welfare services will benefit from these services. While the need for accountability and evidence of service effectiveness is one of the factors behind the push for outcome based management in child welfare, the benefits of this shift in service and management principles is likely to have important benefits at all levels of the child welfare system.

At the clinical assessment and intervention level the shift to an outcomes focused orientation is seen as a critical step (Ward, 1995; Farmer 1997). At the individual case level an outcome-oriented approach is critical in setting service goals and monitoring case progress (Traglia, et al. 1996). Child welfare services are criticized for being process driven rather than outcome focused (Parker and Ward, 1991; Ward, 1995). In a process driven approach returning a child home, obtaining treatment, or closing a case become ends in themselves rather means to achieving better outcomes for children. A case planning approach driven by client outcomes is far more likely to avoid the pitfalls of system needs taking precedence over client needs (Grasso and Epstein,1988).

The systematic collection of outcome information will also provide administrators, policy makers, and the general public with critical information to assist in long-term planning (Downing, Wells, and Fluke, 1990). The failure to systematically collect outcome data has made it impossible to set benchmarks for service planning and policy development. While we know that children involved with the child welfare system are doing poorly (Klee and Halfon, 1987; Chernoff, Combs-Orme et al., 1994; Rosenfield, Pilowsky et al., 1997), we are not in a position to assess whether these children are relatively better off or worse off than in the past. Without access to good outcome indicators, administrators, policy makers, and the public are left with trying to make sense of potentially misleading indicators – number of children in care, number of case openings and number of deaths (Lindsey, 1994; Trocmé and Lindsey, 1996; Pelton, 1997). The systematic collection of outcome information will provide the information needed to set clear benchmarks against which services can be evaluated.

Finally, systematically collected outcome data will provide a critical base for research. Without valid and reliable outcome measures, researchers are not in a position to investigate critical intervention questions (Ayoub, Willet and Robinson, 1992). Outcome data are essential for researchers interested in accurately identifying high-risk populations and for providing a basis for targeting services (Rzepnicki, Schuerman and Littell, 1991). Risk assessment research has been hampered by the lack of good outcome data (Wald and Woolverton, 1990). Indeed, one cannot answer the question of "risk of what?" without first defining what is meant by a good or bad outcome. As noted earlier in this paper, research on intervention effectiveness has been seriously hampered by a lack of good outcome data.

The shift from a needs driven approach to providing child welfare services to an outcome based approach is critical at all levels of the child welfare system. From assessment and case planning, to program evaluation, to policy making, it is no longer enough to point to the needs of abused and neglected children; we must also demonstrate that we can help these children achieve better outcomes.

A Multi-dimensional Outcomes Framework

The greatest challenge in developing a coordinated approach to measuring outcomes in child welfare is finding a framework that integrates and balances the principles of protection, best interests of the child, and least-intrusiveness. The selection of specific objectives and related outcome indicators is not a neutral technical exercise but reflects fundamental views about the objectives of child welfare. The rapid expansion of placement prevention programs, for example, was strongly influenced by a focus on placement rates (Pelton, 1997). The current emphasis on monitoring child safety has been criticized by those who feel that it pushes child welfare agencies away from their traditional child and family support roles towards a system focused primarily on investigation and removal (Pelton, 1989; Wharf, 1993). There is increasing evidence that in order to be effective interventions must be multi-systemic, addressing the child,

parent and community level factors that put children at risk of maltreatment (Belsky, 1993; Wolfe, 1993). A uni-dimensional outcome measurement system that fails to recognize the complex nature of child welfare runs the risk of supporting simplistic cure-all initiatives that fail to meet the diverse needs of maltreated children (Parker, Ward et al., 1991; Gibbons, 1997).

The framework developed by the American Humane Association Outcomes Roundtables provides a good example of a multi-dimensional approach to defining the scope of child welfare. The framework uses four overlapping outcome domains (1) child safety, (2) child functioning, (3) family functioning, and (4) family preservation. These domains are viewed in terms of three levels of intervention: (a) child, (b) family and (c) community. The Canadian Outcomes framework presented at the March 1998 Canadian Roundtable included the first three of these domains, but replaced the domain of "family preservation" with the more child focused domain of "continuity and permanence." While family preservation has become a central focus of child welfare practice in the United States (Gelles, 1996; Pelton, 1997), the focus in Canada appears to be more on minimizing disruptions for children and providing them with a permanent home in the tradition of permanency planning (Fein, 1984; Trocmé, 1995; Steinhauer, 1991). The distinction between these two concepts is critical both in terms of their underlying principles and the associated outcomes. Family preservation reflects in part a family rights philosophy where preservation is sought partially for the sake of the family, not just the child. As a result keeping the child at home is a key outcome measure. In contrast, permanence focuses on the child's need for a family, rather than the parents' right to the child. While in many instances the outcome is the same – keeping children with their families of origin – it also includes adoption and long-term foster care as alternative arrangements. Continuity stresses the importance of minimizing disruptions and maintaining family ties where appropriate.

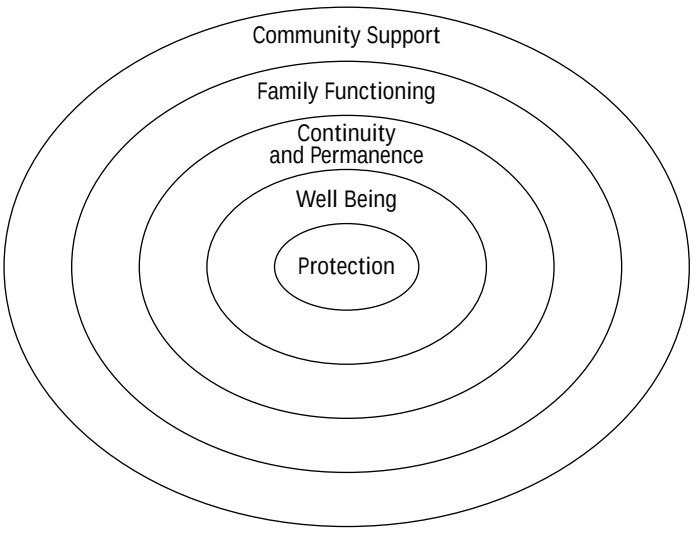
The model used by the British developers of the LAC project focuses on three domains: (1) protection, (2) child physical, emotional and intellectual development and (3) family functioning (Farmer, 1997). The British focus on "physical, emotional, and intellectual development" appears to be somewhat broader than the AHA focus on "child functioning." Indeed, the LAC initiative emerged from concern that child welfare services have focused too narrowly on protection and have not paid sufficient attention to the emotional and cognitive developmental needs of children. Following discussions during the First Canadian Roundtable about the importance of this broader conceptualization, we have replaced the "child functioning" domain with the broader "child well-being" domain. We also selected the term "well-being" because it is used in several of the provincial and territorial child welfare statutes.

The framework presented at the First Canadian Roundtable was also seen as problematic because it did not include a community level domain. Many Canadian child welfare statutes emphasize the importance of community preservation. In Alberta, for example, a child's "cultural, social and religious heritage" (Alberta Child and Family Services Act, RSO. 1984, c. C.8, s.1) must be considered before making a decision about removal. The service delivery

principles in British Columbia state that "the community should be involved, if possible and appropriate, in the planning and delivery of services to families and children" (British Columbia Child, Family and Community Service Act, RSO. 1996, c. C46, s.2) Ontario requires that in cases involving native children the band be treated as one of the parties in any legal proceedings (Ontario Child and Family Services Act, RSO. 1984, c. C39, s. 39). Community is also a focus of advocacy work done by many child protection workers. At the case level, workers help families secure better housing and help them develop more extensive support networks. There also is a strong Canadian tradition of child welfare community development and advocacy addressing issues such as housing, poverty and community capacity building (Lugtig, 1992; Hughes, 1995; Cohen-Schlanger, 1995).

The AHA framework has included community level interventions by placing their four domains in a three level intervention matrix (child, family and community). The framework presented at the First Canadian Roundtable used a similar matrix, mapped, however, onto points of intervention (intake, home-based services, and out-of-home services) rather than level of intervention. Further consideration of these frameworks raised concerns that they may prove too unwieldy to serve as outcomes frameworks. This AHA framework requires one to distinguish between, for example, child level interventions focusing on the family functioning domain, and family level interventions focusing on the child functioning domain. We propose, therefore, to move to a simpler framework[6] using a series of nested domains which reflect broadening levels of objectives from child-safety to community support (see Figure 2).

Figure 2: Multi Dimensional Outcomes Framework



6 The version of the framework presented at the Roundtable included a discussion of the relative importance of each domain at different stages of intervention. We have shifted that more detailed analysis to our presentation of the Outcome Indicator Matrix.

This multi-dimensional framework takes into account the child's immediate need for protection, the child's long-term needs for a nurturing and stable home, and the family's potential for growth within a supportive community environment. When families break down the balance between these objectives can be difficult to achieve (see "The Competing Principles of Child Welfare", p.36). While Figure 2 implies a hierarchy of objectives starting with child protection, the complex situations facing child welfare workers and policy makers rarely allow for such simple analysis. There will always be situations where the competing objectives of child welfare cannot be reconciled, where protection takes precedence over family support, or where a child's stable placement in a foster home keeps her away from her community of origin. Success can therefore only be assessed by using multiple measures that will reflect these nested but occasionally competing objectives.

A Multi-Level Incremental Outcomes Development Strategy

The second major component to the outcomes measurement approach presented at the First Canadian Roundtable was the development of an incremental outcomes measurement development strategy. The strategy takes into consideration the historical and political context of outcome assessment in Canadian child welfare, the balance that must be achieved between competing objectives, and the many definitional issues that have yet to be resolved. A multi-level strategy allows separate but complementary strategies to meet the needs of practitioners, policy makers and managers, and the independent contributions of researchers. An incremental approach builds on the types of information systems and instruments that are currently being used (see Figure 3: Multi-Level Incremental Outcomes Strategy).

Figure 3: Multi-Level Incremental Outcomes Strategy

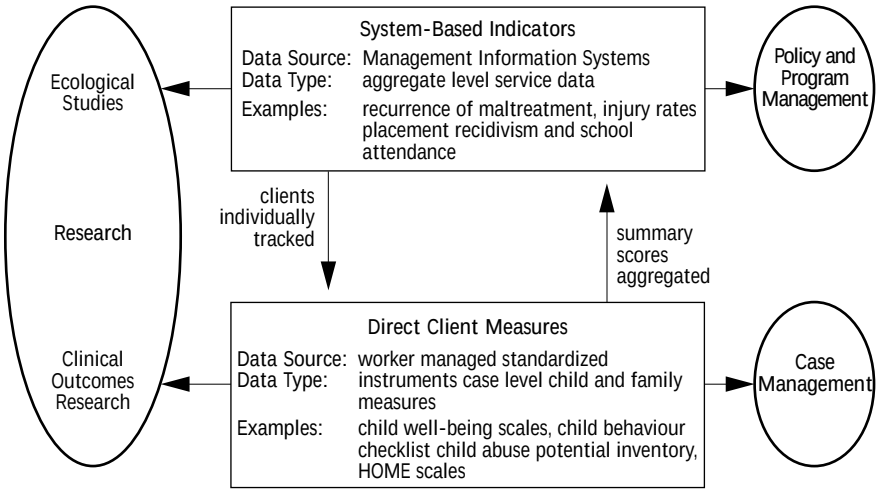


Figure 3, distinguishes between two primary sources of data ("systems-based indicators" and "direct client measures") and three types of use of outcomes data ("case management", "policy and program management" and "research"). The strategy separates out the needs of these three groups to allow each group to develop an outcome measurement strategy that best meets its needs (see: Table 1: Purpose and use of outcome assessment). At this early stage of development, there is a risk that the proper use of clinical outcome measures, for example, could be contaminated by the requirements of program managers. Caseworkers may be tempted to judge client progress more generously if they are aware that their ratings will be used to evaluate the performance of their program. Likewise, the commitment to outcome measurement may be easier to secure if the people who collect the outcome information are the ones who make use of it. The incremental multi-level strategy avoids the GIGO phenomenon (Garbage In, Garbage Out (Rossi, 1993) by encouraging caseworkers to select client outcome measures that suit their assessment and monitoring needs, while program managers design streamlined management information systems that meet their needs[7].

For policy making and program management purposes, we recommend making use of simple indicators that can be tracked through Client Information Systems without requiring the use of clinical measurement instruments. Our review of these systems based indicators (MacLaurin and Trocmé, 1998) found that interpreted with caution and with multiple indicators, they could provide rich outcome information. Systems based indicators have the advantages of being easily collected, relatively objective, and are meaningful to the general public. The fact that these data are readily available and that historical data can be produced is certainly a major advantage. However, systems based indicators are only proxy measures of systems events (e.g. case reopening due to a new incident of maltreatment) that are assumed to reflect positive or negative events for clients. As the use of standardized clinical instruments evolves, management information systems will have the capacity to integrate aggregated information derived from direct client measures. All provincial and territorial child welfare information systems currently have the capacity to track some key indicators, and could be relatively easily adjusted to track an even larger array of key indicators (see Warren and King, 1998 for a review of child welfare management information systems).

A less centralized strategy is recommended for developing outcome based case-management tools. Our review of Canadian outcomes projects indicates that a number of promising projects are under way (MacLaurin, 1998). Better information sharing between projects will enrich them without losing the momentum set by each project. An outcomes-based case-management model requires a strategy that nurtures the commitment of front-line workers who may need to significantly shift their (see Traglia, Massinga, Pecora and Paddock (1996) for a good overview of this issue).

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7 Client Information Systems become unwieldy when they are designed to meet multiple needs. The suggested Outcome Indicator Matrix has met with strong support from managers because of its relative simplicity.

The proposed multi-level incremental strategy also draws attention to the need to coordinate, track, and disseminate independent research initiatives more systematically. Clinical outcome studies using well-controlled designs are an essential component of an effective outcomes framework. Although these studies can be relatively costly, they provide essential information on evaluation that is not otherwise available. Well-developed programs should be subjected to this level of empirical scrutiny.

Ecological research should also be used to examine the relationship between child welfare indicators and other population level statistics. Community "report card" projects fall into this category of research. More effective use of child welfare indicators will help to ensure a more accurate portrayal of child welfare services in studies and community initiatives examining indicators across service sectors.

While our suggested approach separates the outcomes development strategies used in research, case management and program management, the interplay between the three strategies will also play a significant role in ensuring that outcomes are comprehensively assessed. The links between systems-based indicators and direct client measures will become better defined as each source of data is strengthened. For example, the rapid development of risk assessment tools across Canada could soon provide standardized measures of family functioning that could be aggregated for program evaluation. Moreover, front-line workers are far more likely to commit to outcomes-oriented case-management instruments if managers have already made the shift to outcomes-based management.

Research, case management, and program management strategies must be developed within a common overall outcomes framework. Although the appeal of the proposed multi-level strategy is that it allows clinicians, program, managers policy makers and researchers to develop outcome measurement systems that best suit their needs, the danger is that these initiatives will lead to approaches that are not complementary and cannot eventually be integrated. The sector-specific outcome initiatives we are proposing must be viewed in the context of a broader arena where consensus is being developed around a common outcomes framework.

Next Steps

The outcomes framework presented at the First Canadian Roundtable met with strong support from over 80 participants from across Canada. The changes made in this revised version reflect some of the discussions that occurred during the Roundtable. Other concerns were raised during the Roundtable. Some participants felt that cultural issues were not sufficiently addressed. Other noted that many key stakeholders were either underrepresented or not represented. There were no representatives from youth, parent and foster parent groups. Issues specific to Aboriginal child welfare authorities were not examined. The greatest concern raised, however, was that the momentum created by the Roundtable be maintained. While the multi-dimensional outcomes framework was seen as a good starting point – one that reflected the unique focus on Canadian child

welfare programs and policies – the message from participants was clear: we need outcome data as soon as possible. The incremental strategy was strongly endorsed because it offers a pragmatic strategy that builds on information that is readily available. Further refinement of conceptual frameworks and the development of more sophisticated outcome tracking systems will emerge out of the interpretation debates that will naturally occur from this process. However, these debates should not impede moving from talk about the importance of outcome measurement to systematically collecting and reporting outcome data.

The next steps are clear. Provincial and territorial child welfare authorities must be prepared to start presenting data that can serve as a baseline for assessing client outcomes. An Outcome Indicator Matrix has been developed by the COCW project team to serve as a first step in operationalizing the Outcomes Framework. The Matrix is designed to make use of readily available indicators that can be relatively easily incorporated in provincial client information systems. (see Trocmé, MacLaurin and Fallon, 1998). Several provinces are moving towards implementation of the Matrix. In Ontario, the Matrix is being integrated with a new province-wide information system. A provincial working group has been established and is coordinating further operationalization and collection of pilot data. British Columbia and Nova Scotia are also examining the potential implementation of the Matrix, and several other jurisdictions are showing increasing interest in using a format that could provide a basis for meaningful interprovincial analyses. A booklet describing the Matrix is being prepared and will be available for distribution from the Bell Canada Child Welfare Research Unit in the Spring 1999.

The service driven outcome initiatives that are emerging across Canada should also continue to be supported, and new developments shared with interested parties. The Bell Canada Child Welfare Research Unit will continue to track these projects and identify new ones. Please visit our Website – http://cwr.fsw.utoronto – for an updated list of these projects.

Finally, there is strong support for holding a Second Canadian Roundtable, hopefully by March 2000. Outcome measurement is rapidly becoming a standard expectation for Canadian child welfare services. The next Roundtable promises to be one where presentations will have moved from arguments for collecting outcome data, to debates about the interpretation of this newly collected outcome data.

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Child Welfare Information Systems of Canada: A Review for the Client Outcomes in Child Welfare Project

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(NOTE: This submission has been revised since it was first presented at the Roundtable)

A. Introduction

This presentation is based on the report of an analysis of the management information systems used for Child Welfare in each province[1]. The larger report of the analysis of Child Welfare Information Systems will be circulated for verification to the Directors of Child Welfare or representatives before the draft is finalized for distribution. The purposes of the report are: (1) to describe the status of Child Welfare information systems; and (2) to examine their potential for tracking systems-based indicators which will contribute towards measuring outcomes within each province. The report is not designed to discuss the issues surrounding the definition of suitable indicators for measuring child outcomes; those discussions can be found in other papers generated from this project and should be read in conjunction with this presentation.

The analysis of Child Welfare information systems was conducted as part of the Client Outcomes in Child Welfare project which was sponsored between January, 1997, and June, 1998 by each provincial government's child welfare department and funded mainly by Human Resources Development Canada/Social Development Partnerships. Each provincial/territorial government donated funds to help defray costs of the First Canadian Roundtable on Child Welfare and of producing the Roundtable Proceedings. One of the aims of the project was to develop a conceptual framework which would help guide the identification of appropriate indicators to measure client outcomes, whether directly or indirectly. Some of the data collected by management information systems are useful to measure them indirectly.

Establishing a conceptual framework that was commonly accepted was seen not only as a useful device for each province and the territories, but also as a way of moving them towards possibly collecting outcomes in a relatively standardized way, to the

1 The larger report of the analysis of Child Welfare Information Systems will be circulated for verification to the Directors of Child Welfare or representatives before the draft is finalized for distribution. Some interpretation of the data received was necessary and some changes may have been instituted since their initial collection.

extent possible. Because child welfare is a provincial jurisdiction and, in most instances, data elements in the information systems are directly linked to the provincial legislation, terminology differs and the means and circumstances of data collection vary. Standardization across all provinces and territories is likely to be impossible.

As a general note, the project team members authoring this paper used two main sources of information: (1) interviews with individuals at the provincial/territorial government level who are responsible for managing the information systems, and with selected users of the systems in a few provinces; and, (2) documentation which details the systems in each province. Some of the documentation describes system functions, data, and some capabilities that are not yet operable, or that are not used as a matter of course because of impracticality in their original conception.

1. Definitions and Background

Information systems are computerized mechanisms which provide delivery and management personnel with data to document and monitor the pathways that clients follow through the Child Welfare system. These are often referred to as management information systems or MIS, but we will refer to them in this report as a *Child Welfare Information Systems or CWIS*, unless the reference is to a particular provincial system, in which case the provincial system will be named. Davis (1984) described two essential functions of MISs: (1) information management – storing, retrieving and reporting the data in a format for convenient use; and, (2) data quantification – reducing and analytically manipulating large amounts of data into a few useful, extracted indicators.

Usually, data are entered online by frontline workers (social workers) within agencies. The data are used by government departments and agencies' management to monitor the services, resource needs, and case management of records and events related to children and families under investigation and receiving services. (We explain more about the CWIS below.) The statistical reports generated from an information system can provide ongoing monitoring of service delivery data (e.g., staff caseloads and client status) and of efficiency and effectiveness assessments which contribute to senior management decision making about accountability and funding.

2. Report Organization

In the report, we begin by describing the overall characteristics of information systems for child welfare across Canada. Then we provide a description of each provincial system, plans for development of the system, and its potential for use in outcomes reporting. Third, we outline the reports produced and reviews conducted, some of which use information systems data to monitor the Child Welfare system in each province. The final section of the report summarizes the existing potential in Canada for utilizing systems-based indicators in reporting client outcomes. In this presentation, we provide an overview of CWIS characteristics and descriptions of the provincial and territorial systems.

B. Characteristics of Canadian Child Welfare Information Systems

At the present time across Canada, CWIS essentially exist for three main functions: (1) as a client record system; (2) as a case management system; and (3) as a resource management system. The first is the simplest function; the second, complex; and the third is a function that is most of the time found within the other systems.

1. A client record system

This system is characterized as non-interactive in contrast to a case management system. Client information is entered in some provinces by the front-line worker (i.e., social worker) or clerical personnel from forms and is stored for later reference and

administrative purposes. In this system, the main use of the data by the front-line worker is to check if a client involved in a new case is involved in another active case(s) or has had previous contact with the child welfare system. In some jurisdictions the social worker must request a contact check from central database management personnel, and in others they have a direct link with the database to make a check themselves.

2. A case management system

This system is characterized as interactive. Case information (including aspects of the case plan) is stored on computer and the computerized database is used as a tool of the front-line worker to manage the services provided in the case. A main feature of this type of system is that important events and dates relative to the case are in the database, either entered by a user, or generated by the system through a program that evaluates the information entered. The information system generates reminders to the front-line worker of upcoming dates and case events that require action on the part of the worker. These reminders are referred to in some provinces as "bring, or brought forwards." The case management system generally contains most, if not all, of the information of a worker's paper files and in many ways can eliminate the need for relying on the conventional paper files. It has the capacity to generate hard copy for most of the social workers' recording needs. Generally the amount of detail provided on cases is greater in the case management system than in the client record system.

3. Resource management

Resource management is a component of some information systems which deals with the administration of resources to support the service needs of the child welfare agency/department.

Information on resources is maintained and used by the agency/department. In some jurisdictions, a resource management capability provides social workers with access to online resource inventory for the pertinent information to facilitate the use of external support services. The social worker can locate available services by service types. The resource inventory can have information describing the types of services being

provided, client eligibility, associated costs, spaces available, and types of personnel. It may also include assessment information on the performance of service providers. Examples of resources that would be included in the inventory are: adoption homes, child placement facilities, day care facilities, and providers of counselling services.

Table 1 describes in general terms the type of CWIS used to manage Child Welfare information in each province. All provinces employ or expect to implement a case management system in the near future. The level of sophistication varies somewhat from system to system.

Table 1: Information Systems

Province	Centralized Information System	Client Records Systems	Interactive Case Management System
YK	X	X	
BC	X*		X
AB	X		X
SK	X	X	
MB	X		X
ON			X
QC	X		X
NB	X*		X
NS	X		X
PEI	X*	X	
NF	X	X	

*Part of a cross-sectoral information system; the remaining systems are self-contained.

All provinces have a centralized information system, with the exceptions of the Northwest Territories and Ontario which is currently having one developed. In Ontario, the first stage of implementation is underway with each agency being asked to incorporate a standard set of 20 data elements into their existing CWIS and a means of communicating the information to a central location. In three provinces (Prince Edward Island, New Brunswick and British Columbia) the CWIS system is part of a cross-sectoral system; for example, the Ministry of Health maintains the larger system. Four of the 12 provinces and territories have relatively limited client record systems: Newfoundland, Prince Edward Island, Saskatchewan and the Yukon. Six interactive case management systems exist – in Nova Scotia, New Brunswick, Quebec, Manitoba, Alberta and British Columbia. Most Ontario agencies have interactive case management systems.

Most of the provinces are modifying existing CWIS, or developing, implementing or considering new CWIS. Contacts from the Northwest Territories and Prince Edward Island indicated they were considering their options for implementing case management systems (CMS). Manitoba, Saskatchewan and the Yukon are in the planning stages of implementing new CMS. Quebec and Ontario are in the process of implementing new

CMS. British Columbia is in the latter stages of a major overhaul of their system. Our contact from Newfoundland indicated they were hoping to expand on their system, putting case management functions in place. New Brunswick is enhancing their system. The remaining two provinces, Nova Scotia and Alberta, though not currently undergoing modifications, can be described as quite responsive to changing information needs.

4. Purposes of CWIS: Process vs. Outcomes Evaluation

Information systems are designed for use by senior management and government policy makers for the purpose of process evaluation – to the end of monitoring the provision of services and service delivery, mostly for fiscal accountability, as opposed to outcomes evaluation – to the end of evaluating programs to ensure that individual clients are well served by the child welfare system which aims to protect them and maintain their well being. The two purposes are often confused. Some of the limitations as well as advantages of information systems to generate data on child welfare outcomes have been documented by Courtney and Collins (1994); Grasso and Epstein (1993); Overstreet, Grasso and Epstein; Mordock (1996). Also, see Trocmé (1988: Background Document, pp. 30 and 31) who discusses the main issues surrounding the use of systems-based indicators as proxy client outcomes. Later in this paper, we summarize the availability of particular systems-based indicators in the information systems across Canada.

The form of process evaluation for which information systems are commonly used is quality assurance. Through quality assurance, the Child Welfare system in a province is assessed on a continuing basis in terms of the sequence of activities by which services are delivered to the clients, and operational aspects of the program are executed according to the accepted standards of practice. Quality assurance involves procedures to ensure the appropriate collection, analysis and reporting of information. Thus, a practical CWIS which is able to provide information on a routine basis on aspects of service delivery, such as current client status and staff workloads, serves some of the exigencies of quality assurance.

C. Multi-Indicator Strategy for Measuring Outcomes

A principal product of our project was the development of a multi-indicator strategy for using systems-based outcomes as part of an incremental approach to measuring outcomes (see Trocmé et al, 1998, the Background Document for the First Canadian Roundtable on Child Welfare Outcomes, also summarized in this proceeding). As a first step in implementing this proposed strategy, emphasis is placed on systems-based indicators for outcomes reporting since many already exist in a reasonably standardized, objective way in provincial information systems, and they would be meaningful to the public. While it is true that individual indicators (such as, child injury or placement stability) do not directly measure client outcomes, limitations can be somewhat overcome by using a matrix of multiple indicators (see Trocmé and MacLaurin, 1988: Canadian Child Welfare "Top Ten" Outcomes Indicator Matrix; MacLaurin and Trocmé, 1988: A Review of Systems Based Child Welfare Indicators Background Paper).

We have endeavoured to determine in which provinces the proposed "Top Ten" system-based indicators that can serve as outcome indicators currently exist in some form on the CWIS employed. Tables 2a and 2b give a breakdown by province of this analysis. Though information is collected for the whole of the NWT, currently no MIS is employed there to manage the data electronically.

Due to the decentralized nature of the child welfare system in Ontario, for this province the information in the table refers to the system of one specific Eastern Ontario agency. Many of the data elements that exist in this agency's CWIS may not be part of other agencies' systems, and data elements absent from this system are included in other Ontario systems.

In Quebec, there is some degree of centralization. There is a set of data elements that all regions of the province must maintain and provide to the central database. However, individual regional offices have in-house systems that include additional data elements. For the subsequent summary, the data only refer to the subset that comprises the provincial database.

Table 2a: Existing System-based Indicators on Canadian CWIS

Outcome/ Province	Recurrence of Abuse		Child Injury	School Functioning	Grad'n Rates	Community Functioning
	Case Reopenings	*Reopenings Due to New Incidents*				
YK	X					X
BC	X	X	Optional			
AB	X		text only			
SK	X					X
MB	X	X	Optional			
ON	X					
QC	X					
NB	X		X			X
NS	X	X	X	X for those who got into care	X for those who got into care	
PEI	X					
NF	X					

1. Recurrence of abuse

Case Reopenings

This outcome indicator is defined as the number of family case reopenings by total of family case openings.

All provinces are able to determine for a given time period the rate of recurrence of abuse as defined by case reopenings.

Case Reopenings Due to New Incidents of Substantiated Maltreatment

This outcome indicator is defined as the number of family case reopenings due to new incidents of substantiated maltreatment by total of family case openings.

Perhaps the most important indicator of program or service effectiveness is recurrence of child maltreatment. There are two time periods to consider with respect to recurrence of maltreatment; incidents of abuse and neglect that occur while a family is involved in an active case and incidents that occur outside of an active case that result in a case opening or reopening.

Though incidents of abuse or neglect that occur in active cases are sometimes included in text or coded format as case events, there is little capacity to provide summary data on these recurrences of abuse in summary format on existing CWIS.

Two key data elements are necessary to provide information on whether a case reopening involves a recurrence of substantiated maltreatment. The specific type(s) of abuse or neglect must be indicated in dedicated coded data fields with the provision to enter multiple types of abuse or neglect should they apply. And a verification/ substantiation code must exist that is clearly defined and consistently applied. Several CWIS have the capacity to determine if a case is a reopened case of some type of substantiated but non-specified abuse or neglect. However, the intent of this indicator is to determine if a particular case reopening indicates a recurrence of substantiated abuse or neglect of a specific nature (e.g., sexual abuse). To fit the criteria of a recurrence, the nature of the maltreatment must be the same for both case openings and the incident must be classified as substantiated for both. Only the three provinces, British Columbia, Manitoba and Nova Scotia, have the data elements necessary to provide summary information on this indicator. There are, however, limitations on comparability across provinces due to relative differences in the categorization of types of maltreatment and the criteria employed to determine substantiation.

2. Child Injury

This outcome indicator is defined as the number of children identified with injuries associated with new incidents of maltreatment in reopened cases (or new cases) divided by total family openings.

Cross-jurisdiction comparisons of injury data are highly dependent on the definition of what constitutes an injury and the method of determining if an injury has occurred. For a reliable comparison to be made these definitions and methods of inquiry need to be examined along with each province's summary data on injury rates.

Child injury data elements are available for coding on the Manitoba and BC systems, but their use has been described as optional. Alberta has injury information on the system, but only in text format. Although they include injury information, these three provinces are unable to provide meaningful summary data in an outcome format at the present time.

Nova Scotia and New Brunswick have data elements in coded format to record injuries. In the event that these elements are used consistently, these two provinces would be able to provide meaningful summary data for reporting injuries as outcomes.

3. School functioning

This outcome indicator is defined as the average number of school days missed per year.

This information is absent from all information systems, with the exception of the Nova Scotia CWIS where absenteeism data are included for children in care.

4. Graduation Rates

This set of outcome indicators is defined as the proportions of youth who graduate from public, junior high school and senior high school.

This information, although seemingly easy to incorporate is absent from all information systems. The exception is the Nova Scotia CWIS where graduation rate data are included for children in care.

5. Community functioning

This outcome indicator is defined as the number of youth charged under the YOA divided by the total number of children served.

Children charged under the Young Offenders Act are identified in the CWIS of Yukon, Saskatchewan and New Brunswick.

Table 2b: Existing System-based Indicators on Canadian CWIS

Outcome/ Province	Placement Rate	Placement Stability	Permanence Rate	Family Risk Level	Environmental Stability
YK	X*	X	X		
BC	X	X	X		
AB	X	X	X		
SK	X	X	X		
MB	X	X	X		
ON	X	X	X		
QC	X	X	X		
NB	X	X	X		
NS	X	X	X	X	
PEI	X	X	X		
NF	X	X	X		

*Placement rates are kept in a separate information system dedicated to foster care

6. Placement rate

This outcome indicator is defined as the proportion of children investigated who are admitted to care.

The ability to provide this information in summary form is entirely dependent on whether or not information on a child/family is retained on the CWIS when no service is provided (the case is transferred or judged as requiring no action/unsubstantiated) and on what is considered an investigation. In most cases the investigation is considered to take place after the intake has occurred and it has been determined that a case should be opened and a detailed investigation is required.

All jurisdictions have the data to determine the proportion of children whose families received services (had an open case file) that were admitted to care. However, some provinces do not retain information on referrals or brief investigations that do not become active cases or are not substantiated. Quebec and Manitoba do not retain all referrals that are not substantiated, while the remaining jurisdictions do. The Yukon maintains this information on an MIS dedicated solely to maintaining foster care records and not as part of their Client Index.

7. Placement stability

This outcome indicator is defined as the average number of placement changes (for all discharged children).

All provinces have the data elements necessary to provide this summary information. The Yukon maintains this information on an MIS dedicated solely to maintaining foster care records and not as part of their Client Index.

8. Permanence Rate

This outcome indicator is defined as the proportion of children who are admitted to care who are returned home or adopted.

All provinces have the data elements necessary to provide this summary information. The Yukon maintains this information on an MIS dedicated solely to maintaining foster care records and not as part of their Client Index.

9. Family Risk Level

This outcome indicator is defined as the risk rating on risk assessment forms.

Nova Scotia is the only province that has this data element though most others indicated they intended to add some form of risk assessment data to their CWIS.

10. Environmental stability

This outcome indicator is defined as the number of times a family changes residence.

In all jurisdictions the address of family/guardians of the abused or neglected child is recorded and address changes are entered. In no jurisdiction is there an effort made to maintain a history of address changes or record the number of address changes. In most cases the new address simply replaces the old with no facility for saving the old.

The disruptions in families receiving child welfare services adds a great deal of complexity into the equation with mothers and fathers and other family members sometimes juggling guardianship. Though on the surface the indicator – number of family moves – seems to lend itself to being easily documented, what constitutes a "family" and a "family move" need to be clearly defined taking into account the variety of disruptions and permutations of the family group that can take place.

D. Summary

In summary, the strengths of Canadian CWIS for reporting system-based outcome indicators lie in the areas where emphasis has been historically placed: child protection as it relates to recurrence of abuse and permanence/placement recording to accommodate the need to track financial resources. Most system-based indicators related to child placement exist as a combination of data elements that are carefully and consistently maintained. In jurisdictions where it has been necessary to prioritize data elements and establish a subset of required data elements from the total set built into the system, these have been deemed necessary.

The data elements used to determine recurrence of abuse are less consistently employed across the country and the detail included varies considerably. Some provinces provide a great deal of detail on the type of maltreatment and indicate multiple concerns while others can provide only the information that there has been an instance of substantiated/verified abuse or neglect.

Child functioning and family functioning indicators are generally absent from Canadian CWIS. The recognition of the usefulness of standard outcome indicators for child and family functioning is a more recent occurrence. Child welfare administrators are beginning to recognize the possible application of tools to measure child and family functioning. These indicators could be integrated into the systems of some provinces where plans to incorporate specifically useful data elements are implemented as such elements are identified.

The CWIS across Canada are generally in a changing state. At a time when many provinces are currently in the development or planning stages of new CWIS and those who are not are often making adjustments to their system, there is a great opportunity to pursue the inclusion of many system-based outcome indicators which would enable clearer and more standardized reporting of key proxy outcomes of child welfare.

Outcomes Literature Survey: A Preliminary Review for the Client Outcomes in Child Welfare Project

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Introduction

The literature survey was conducted at the outset of the Client Outcomes in Child Welfare project to provide the research team with an initial framework for analyzing the information collected through the multiple reviews and interviews conducted for the project (for a description of the overall project see Trocmé, Oxman-Martinez, Moreau, Fallon, MacLaurin, Schumaker and Warren, 1998). The survey was undertaken to describe the indicators most commonly used in the child welfare outcome evaluation literature, to generate an inventory of clinical instruments to be reviewed further by the University of Montreal team (see Moreau and Gratton, 1998), and to describe the major themes in the child welfare outcomes literature.

The present paper starts with a brief overview of the literature on the evidence of effectiveness of child welfare interventions. We then present an inventory of the key indicators used in the English language child welfare outcome evaluation literature. The indicators used in the French language literature will be incorporated in the final version of this paper. Finally, we discuss some of the key themes that have emerged from the literature on outcomes.

Effectiveness of Child Welfare Interventions

In 1976, following a systematic review of research and policies on foster home and institutional care, Sheila Kammerman and Alfred Kahn noted that: Remarkably few systematic data are available to support the various extremist positions on child care. In fact most policies and practice decisions are still based primarily on value judgements and assumptions. Until more conclusive data are available ... it seems likely that the question of what forms of care have what effects on what types of children under what circumstances will continue to be a major issue. (as quoted in Kadushin, 1978).

While some progress has been made over the last twenty years, Kammerman and Kahn's assessment of the state of knowledge in child welfare probably still holds true for many of the policy and service decisions that face the child welfare system (National Research Council, 1993). The current emphasis on accountability and outcomes starts

from the recognition that we need to develop a broader knowledge base for effective planning and decision-making.

The paucity of well defined outcomes research has been noted at all levels of child welfare intervention: from treatment programs designed to reduce the risk of recurrence of maltreatment, to broad based primary prevention programs; from out-of-home care interventions designed to provide children with a stable and caring alternative living environment to family preservation programs designed to prevent out-of-home placement. The high rates of re-occurrence of maltreatment and case re-openings remain one of the most persistent indications of the difficulties inherent in serving maltreated children and their families (Farmer, 1997; Inkelas and Halfon, 1997) Deborah Daro and Anne Cohn conducted one of the first studies that attempted to systematically assess the effectiveness of child welfare treatment services. (Cohn and Daro, 1987; Daro, 1988) After tracking a dozen intervention programs from across the United States the authors found that the effectiveness of treatment was relatively low throughout the actual treatment period and had very limited effect on preventing the re-occurrence of maltreatment. Wolfe and Wekerle's (1993) recent review of the child maltreatment treatment research found little evidence that treatment programs addressing issues surrounding family functioning, parental relationships, socioeconomic stress, family disadvantage and substance abuse were effective at reducing the re-occurrence of maltreatment. In their review of sexual abuse treatment programs, Beutler, Williams and Zetzer (1994) conclude that "there is little evidence to conclude that these unstructured and well-meaning programs are systematically effective."

The limited documented effectiveness of treatment programs has drawn increasing attention to prevention programs targeting families at risk of maltreatment. A number of reviews of prevention programs conclude that early prevention programs that utilize intensive home visitation can significantly reduce the risk of child maltreatment (MacMillan, MacMillan et al., 1994; Guterman, 1997). A 15 year follow-up study of mothers who had received two years of postnatal services found that, compared to mothers in the control group, the nurse home visited mothers were reported for significantly fewer instances of maltreatment, had fewer pregnancies, relied less on welfare, and were less likely to engage in criminal activities (Olds, Eckenrode et al., 1997). The effectiveness of this type of intervention with families where maltreatment has already occurred is being examined in a randomly controlled trial in Hamilton[1] one of the outcomes studies tracked by our project (MacMillan and Thomas, 1993). The potential impact of sexual abuse prevention programs has also drawn much interest. While many of these prevention programs have been shown to provide good early detection and

1 The Hamilton study is one of the outcome initiatives tracked by our project. Harriet MacMillan will be discussing the methodological challenges involved in conducting such a study during the March 20th research panel.

screening functions there is no evidence that they actually reduce the risk of sexual abuse (Daro, 1994; Finkelhor and Dziuba-Leatherman, 1995).

Research on the ameliorative effects of home placements has generally yielded disappointing results. Children in foster care display an alarming rate of social, emotional, cognitive and health problems. (Klee and Halfon, 1987; Chernoff, Combs-Orme et al., 1994; Rosenfield, Pilowsky et al., 1997) In a Canadian sample of foster children, Thompson and Fuhr (1992) found that 72% of children in the care of the child welfare system were considered emotionally disturbed by their social workers. Wald, Carlsmith and Leiderman's (1988) comparative longitudinal study of maltreated children receiving home based and out-of-home services found that while the children in foster care did marginally better than children left at home, both groups of children had poor outcomes when compared to non-maltreated children from similar socioeconomic backgrounds. While these studies indicate that out-of-home care is not a panacea, the lack of well controlled studies limits our ability to draw any definitive conclusions about the relative merits of out-of-home interventions compared to home-based interventions (Rosenfield, Pilowsky et al., 1997).

Research on alternatives to out-of-home placements have yielded some promising findings with respect to the use of intensive crisis response interventions (Maluccio and Whittaker, 1997), although their effectiveness in reducing admissions to care and reducing the re-occurrence of maltreatment has not been demonstrated (Littell and Schuerman, 1995; Heneghan, Horwitz et al., 1996). The disappointing results from a number of high profile randomly controlled trials has drawn attention to the complexity of conducting outcome effectiveness research in child welfare (Bath and Haapala, 1994; Blythe, Patterson-Salley et al., 1994).[2]

At the front end of the child welfare system, service providers and policy makers have become increasingly interested in the potential benefits of risk assessment tools that could help target services more effectively (Pecora, 1996). While the shift to risk assessment is an important development, there currently is little empirical evidence that these tools can accurately predict risk of serious maltreatment (Lyons, Doueck et al., 1996). A recent study reported by Chris Baird at the 1996 AHA National Roundtable on Child Welfare Outcomes indicates that an actuarial risk assessment model attached to a set intervention protocol was associated with better targeted services and a decrease in re-occurrence of maltreatment (Baird, Wagner et al., 1996).

Several important conclusions can be drawn from the generally disappointing results of much of the child welfare outcome effectiveness research that has been conducted to date. First and foremost, the effectiveness of child welfare interventions cannot be taken for granted.

The complex and chronic needs of the children and families served by the child welfare system are unlikely to be effectively met by any single intervention, but are

2 Peter Pecora's lunch time keynote address on March 19th will address some of the lessons learned from family preservation research.

likely to require an array of interventions at different levels of the formal service delivery system as well as support from the broader community[3]. A second and related conclusion is that research on the effectiveness of child welfare interventions requires far more sophisticated research designs than have been typically used. It is possible that disappointing research findings may be just as much a reflection of poor research design as they are evidence of limited intervention effectiveness. These conclusions clearly point to a third critical conclusion: there is a pressing need to develop a more systematic and sophisticated research culture in child welfare system, both in terms of using and contributing to the intervention effectiveness knowledge base. The promising results of some of the better designed interventions and studies provides a positive impetus for ensuring greater reliance on outcome research.

English Literature Survey – Client Outcomes in Child Welfare

A survey of the literature was undertaken for the *Client Outcomes in Child Welfare Project*. The purpose of the literature review was to:

- describe and quantify outcome indicators found in a survey of the literature;
- identify instruments; (Appendix A) identify major issues in outcome development

The findings of the literature review are intended to contribute to the project's overall review of the state of knowledge of child welfare outcome development and measurement. The literature was surveyed using a systematic approach.

Methodology

Three computer databases, Medline, Psychlit, and Sociofile were searched. The databases were searched using on-line facilities. All searches covered the years 1985–1997. The databases were searched using the key words to obtain those articles which pertained to the outcome field in the area of child welfare. Searches were limited to English language references. A separate search of each database was conducted to identify French language citations.

The choice of the terms to generate the citation was adjusted according to the index of key words for each database. Citation databases are normally searched using those key words ascribed by reviewers and found in a particular field of the database. Therefore, these key words may differ for each database. However, every effort was taken to ensure that consistency of meaning among the key words selected.

3 At the level of the community it should be noted that income support programs are likely to be the most effective prevention strategy, given that child poverty is the most significant risk factor for child abuse and neglect (Pelton, 1989; Wharf, 1993; Garbarino, 1992)

Table 1- Methodology

Database	Years Searched	Keywords	Search Result	Inclusion
Medline	1985–1997	child welfare, evaluation, outcomes, indicators	68	17*
Psychlit	1985–1997	child welfare, outcomes, indicators, evaluation, measurement	55	37
Sociofile	1985–1997	child welfare, outcomes, indicators	64	58
		Total	187	107

* Includes 5 articles found in searches of Psychlit and Sociofile databases

The total number of articles obtained from the database searches was 107. Articles were excluded from the review using the following criteria:

- references from South American countries
- references not pertaining to child protection services
- references pertaining to custody issues

In addition to the articles obtained through a search of these databases, articles were reviewed based on expert opinion of their importance. Articles were also included from the *Selected Annotated Readings on Outcome Measurement in Child Welfare,* published by the American Humane Association. Conference papers from the Fifth National Roundtable on Outcome Measures in Child Welfare Services were included when relevant.

Two child welfare service points, prevention and intake were not well represented in the original search of the literature conducted. Therefore, an additional search of the Psychlit database was performed using the key words “risk” or “risk assessment.” The search yielded 217 references. Therefore, 15 articles on risk assessment were included in the literature survey based on expert opinion.

A separate search of the prevention literature was not conducted. Five articles on prevention were included based on expert opinion.

The number of articles included based on expert opinion was 57. The total number of references included in the literature survey is 169.

Summary

Table 2 – Categories of Outcome Indicators

Outcome Indicator Category	Articles Reviewed	Service and Program Articles
Abuse	47	32
Adoption	2	2
Case Status Measures	8	5
Child Functioning	18	9
Child Safety	4	3
Client Satisfaction	4	4
Family Preservation	19	15
Family Functioning	5	4
Family Reunification	8	8
Foster Care Recidivism	5	5
Neglect	2	1
Parent Functioning	5	4
Permanency	8	7
Reabuse	9	8
Service Effectiveness	10	8
Worker Competency	3	3
No Primary Indicator	8	0
Total	169	117

Table 2 refers to the primary outcome the article assessed. Outcome indicators described in the literature were categorized under the following headings: abuse, adoption, case status measures, child functioning, child safety, client satisfaction, family preservation, family functioning, family reunification, foster care recidivism, neglect, parent functioning, permanency, reabuse, service effectiveness, and worker competency. Eight articles were impossible to categorize under a primary indicator as they assessed a wide range of indicators (e.g. the American Humane Association's Roundtable Proceedings).

Child safety, abuse, neglect and reabuse were cited as outcome indicators in 62 instances, representing the largest focus in the literature. Child functioning (18 citations) included measures of physical, mental, cultural and social health, as well as child development indicators. Family preservation was cited as the primary indicator in 18 instances. Family functioning and parent functioning were used as outcome indicators 10 times.

The outcomes framework proposed and developed by the American Humane Association reflects the findings of the literature surveyed. The American Humane Association describes four domains: child safety, child functioning, family functioning and family preservation/continuity. Domains are further defined through the use of an ecological model (the child, the family and the community) defining the focus of change.

It is possible to further subsume the outcome indicator categories described in the literature survey within the four outcome domains.

Table 3 – Outcome Domains

Domain	Outcome Indicator Category
Child Safety	abuse, reabuse, neglect, foster care, recidivism
Child Functioning	
Family Functioning	parent functioning, family reunification, foster care recidivism
Family Preservation/Continuity	family reunification

Abuse, reabuse and neglect are directly related to the safety of a child. Foster Care recidivism can be subsumed under the either the child safety domain or the family functioning domain depending on the reason for the recidivism. The child may return to foster care because of a concern for their safety or due to a break down in appropriate family functioning. Family reunification has the same intent as family preservation or continuity – the child remaining in the care of the family of origin.

Remaining Categories

There are several remaining categories of outcome indicators that warrant further discussion before they are subsumed using the American Humane Association outcomes framework.

Service Effectiveness

Service effectiveness is not well described in the literature. In five of the articles reviewed, it is used to describe the cost/benefit ratio of services. In two instances the term is used to describe program characteristics (e.g. effective harm-free environments for out-of-home care). Implicit to this concept is that the child or family achieve the goal of the service or program. When the goal of the service or program is clearly articulated, it is probable that it could be categorized using one of the four outcome domains.

Case Status Measures, Adoption and Worker Competency

Many of the remaining categories of outcome indicators should be considered as process indicators, input indicators or output indicators although they are generally not distinguished from true outcome indicators in the literature. Input indicators are indicators of child protection service resources such as caseload size, worker competency or the agency budget. Process indicators count the occurrences of events during an intervention such as the number of contacts with the family or the number of referrals. Output indicators categorize and count the number of children and families at points along the service continuum. Case status measures are used as true outcome indicators in 8 instances in the literature. In 7 instances, authors use rates of foster care and adoption as direct client outcomes.

Client Satisfaction

Three articles use client satisfaction as a variable to consider when assessing program effectiveness. However, it is also used as an outcome indicator measuring a stated goal of the service or program in the remaining 3 articles. Client satisfaction is difficult to further categorize when it is used as an outcome indicator. One author argues that client satisfaction should be considered as a desirable and necessary outcome because it must occur for meaningful client change to take place (Patti, 1987). Its placement within the four domains described by the American Humane Association is debatable.

Permanency

Similarly, permanency may represent a separate domain. It is an underlying concept in the child functioning, family functioning and family preservation/continuity domains. It is also used as a separate measure and is identified in 8 instances as a goal of the child protection system. Achieving a permanent, safe environment for children is an implicit goal or outcome in a significant portion of the literature reviewed.

Program Evaluation and Service Evaluation References

Program and service evaluation references represented 67% of the literature surveyed. A distinction between program articles and service articles was made in categorizing the literature. Program articles were those articles that focused on the evaluation of a particular program with clearly articulated objectives and time frame. Service articles described more general service aspects of the child protection system, or outcomes for points in the continuum of services.

Family preservation programs and services (19 citations) and family reunification programs and services (8 citations) are distinguished separately in the literature. Family preservation programs and services are utilized if the child is able to stay in the home, and the family receives intensive services with the goal of preserving the family unit. Family reunification programs and services are utilized when the child is in the care of the state, but the case goal is to reunite the child with the family of origin.

Ten articles focused on the improvement of family and parenting skills. The screening of service and program articles reveal that child functioning is only cited 9 times versus the 18 instances it is cited when articles categorized as describing methods or measurement are included. Only 50% of the articles on child functioning actually used a measure of child functioning in evaluating the effectiveness of a service or a program.

Table 4 – Program Articles

Outcome Indicator Category	Number of Citations
Abuse	10
Adoption	0
Case Status Measures	3
Child Functioning	2
Child Safety	2
Family Preservation	3
Family Reunification	4
Neglect	1
Parent Functioning	3
Reabuse	3
Service Effectiveness	1

An analysis of the program articles only, also reveals that the family as the focus of change is a significant area. It would appear that child functioning is discussed on a conceptual level in the literature, but is not measured during program evaluations.

Sexual Abuse

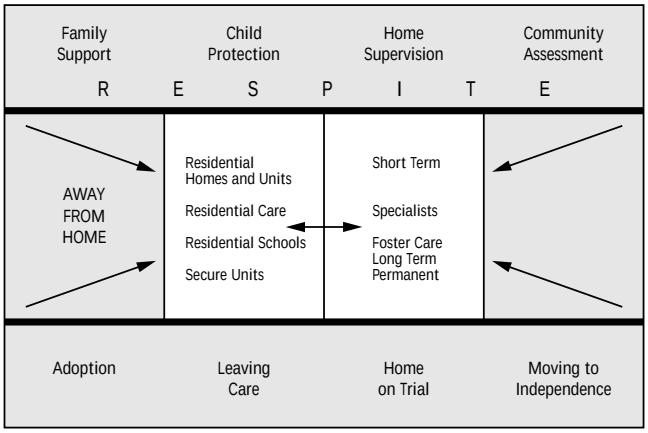
Three articles (Beutler, Williams and Zetzer, 1994; Keller, Cicchinelli and Gardner, 1989; Williams and Hudson, 1991) addressed the issues of efficacy in the treatment of child sexual abuse. The treatment of sexual abuse often involves the treatment of both the perpetrator and the child. Keller et al (1989) conducted a national survey in the United States of 2,258 sexual abuse treatment programs. The programs reviewed were then categorized under the headings: hotlines and community referrals, individual counselling, family counselling, client assessment, crisis intervention, group therapy, dyad counselling, marital counselling, support groups, drug and alcohol counselling and other treatments. Various approaches combine treatment modalities using different sequentiae depending on the family situation, age, gender and developmental level of the victim. The treatment approach is largely dependent on the therapist. Beutler et al. (1994) states that there are no published outcome studies in which sexually abused child patients have been assigned to treatments in ways that minimize the likelihood of bias and that include adequate control or comparison groups to draw conclusions about the nature of treatment for children and their family members. In contract, descriptive data, nonrepresentative treatments and correlation studies of mixed and non-standardized treatments are the design of most studies published in this area. Recently there has been a emphasis on random control trial studies of sexual abuse treatment with well defined treatment models. Achieving outcome measurement in this area will have important implications for child welfare practice while building on an empirical knowledge base.

Table 5 – Total # References Outcome Indicators

Outcome Indicator Category	Number of Citations
Abuse	39
Adoption	7
Case Status Measures	19
Child Functioning	35
Family Functioning	12
Child Safety	15
Family Preservation	27
Family Reunification	14
Neglect	11
Parent Functioning	23
Reabuse	20
Reentry into Care	6
School Performance	4
Worker Competency	4
Service Effectiveness	4

Outcome indicators were also recorded if the author made reference to an outcome although it was not the primary focus of the article (Table 5). Child safety, abuse, neglect and reabuse were referenced 85 times, again representing the largest aspect of the literature. Child functioning was used as an indicator in 35 instances, parent and family functioning were cited an identical 35 times. Similarly, family preservation and reunification represented a significant aspect of the literature and were used as outcome indicators in 41 instances. Measuring the behaviours and knowledge of the parent and/or family is more of a focus in the literature than measuring changes and outcomes in the child.

Figure 1 – Service Continuum



Source: Child Welfare Services (Hill and Aldgate, 1996)

Service Continuum

The service continuum was not well represented by the literature reviewed. No articles that addressed the efficacy of prevention programs were found in the systematic review of the literature. Five articles were therefore included based on expert opinion. This occurrence reflects the focus of the child welfare system. Services and programs are generally provided to families after an occurrence of abuse or neglect.

No program evaluation articles or service articles addressed outcomes for the intake or initial assessment and investigation points on the service continuum. The methodology of the literature review did not include risk or risk assessment as keywords when searching the databases that may partially explain the absence of this service dimension. This absence was compensated by a subsequent review of the literature and the inclusion of fifteen articles on assessing risk at the point of intake.

Prevention

Prevention programs seek to prevent the occurrence of physical abuse and neglect by altering potential problematic patterns in parent-child interactions (Guterman, 1997). Examining outcomes at this point on the service continuum is particularly compelling given that desirable outcomes can reduce the burden of suffering on children and families and have considerable impact on the delivery of child protection programs. The Hawaiian “Healthy Start” program which has been successful in preventing child abuse and neglect has been replicated in 28 states since 1994 (Guterman, 1997).

Early intervention programs occur before a problem has been identified, secondary prevention programs are targeted at populations which exhibit key risk factors for the occurrence of physical abuse and neglect. Primary prevention programs use a universal approach and seek to influence the whole population.

Guterman (1997) in his review of early prevention programs reports on the findings of 18 random control trial studies which evaluated the effectiveness of preventing child abuse and neglect, reports mixed yet promising results for early prevention programs. The studies vary greatly with respect to length of intervention, intensity of intervention, follow-up time (when success is measured), personnel, timing of service initiation and whether they use a universal approach or target risk populations. Methodological limitations in the studies prevent some of the findings from informing future prevention program design. Guterman (1997) cites small sample sizes, brief follow-up periods, problematic outcome indicators and infrequent use of alternate treatment conditions as limiting the contribution made to an empirical knowledge base.

Intake

Nine of the fifteen on risk assessment articles addressed the empirical evidence of existing risk assessment measures. The remaining conceptual articles reviewed the strengths and limitations of implementing and utilizing a risk assessment tool. Primarily, risk assessment instruments are utilized during the intake point on the service continuum. Pecora (1991) states the using a risk assessment tool can significantly strengthen the practices of a child welfare agency. Pecora outlines seven critical areas: focusing a worker's attention on the most critical risk factors; structuring worker documentation and decision making; reducing bias in decision-making; encouraging careful documentation; helping eliminate the overemphasis upon the severity of maltreatment; helping workers assess risk throughout the life of a case and focusing on family strengths as well as weaknesses. Pecora (1991) and Murphy-Berman (1994) also caution child welfare agencies about the limitations of risk assessment tools including: incorrect use by the system, minimizing child neglect; and inadequate analysis of complex cases.

Post Substantiation of Abuse

The majority of articles reviewed (35 citations) concentrated on family preservation, family reunification and permanency as points in the service continuum. Two articles addressed adoption outcomes and five addressed issues in foster care. Two articles evaluated residential care programs.

Key Themes From the Outcome Measurement Literature

The following summary of key themes in the outcome development and measurement represents 35 articles that addressed concepts or methods. The major themes are interrelated. Thirty of the citations reviewed distinguished between a true client outcome and a process or case status outcome. This distinction was not evident in the program and service articles.

Roundtables on Child Welfare Outcome Measurement

Four conference proceedings' documents were reviewed. The Roundtables have been sponsored by the American Humane Association (AHA) and the National Association of Public Welfare Administrators (NAPCWA) which is an affiliate of the American Public Association. The four conference proceedings are a collection of the conference presentations. The presentations include reports of various child welfare outcome research initiatives, system applications and theoretical discussions of the key dimensions in outcomes measurement.

In 1993 AHA and NAPCWA committed to sponsoring five roundtables on outcome measurement in child welfare. The need to collectively address the issues associated with the design, implementation and utilization of meaningful outcome focused measures of service effectiveness and had been identified at the NAPCWA conference on Outcome Measurement in 1991. The purpose was to foster the sharing of knowledge

and information and to develop a common agenda on outcomes being addressed in child welfare and their measurement. Policy analysts, senior management, legislators and researchers were invited to attend. In an effort to ensure a dynamic process, the number of participants was limited to 80. Subsequently, due to interest in the roundtables, the number has grown to 125 participants.

The First National Roundtable on Outcome Measures in Child Welfare Services was intended to produce a consensus on key national outcome measures for child welfare services. In contrast, the first roundtable illustrated the vast array of opinions concerning the key *objectives* of child welfare. The discussion centred around the continuum of child welfare services from protecting children from harm and ensuring their safety to being accountable for their well-being and scholastic achievements. It also highlighted that the field lacked a common nomenclature. The term "outcome indicators" was used interchangeably to describe client outcomes, program outcomes, system outcomes, process outcomes and administrative outcomes. How to measure and monitor outcomes was also a central theme at the *First Roundtable*.

The Second National Roundtable on Outcome Measures in Child Welfare Services produced a framework for which participants achieved consensus. Four outcome domains were identified: child safety, child functioning, family functioning and family preservation and continuity. The domains are further divided be describing the focus of change (child, family and community). Users of the framework are able to develop outcome indicators utilizing these broad categories. Indicators can be further divided by describing inputs (child and family characteristics; economic, environmental, and behavioural factors; agency and community resources impacting outcomes); processes (child, family, agency and community activities presumably linked to achievement of target outcomes) and outcome indicators (indicators of progress toward achieving target outcomes). This framework has been the foundation for state, regional and agency initiatives in developing outcome indicators for each of these domains.

Table 6

Domain	Child Family	Community
Child Safety		
Child Functioning		
Family Functioning		
Family Continuity Preservation		

The Third National Roundtable on Outcome Measures in Child Welfare Services sought to reaffirm the outcomes framework developed at the previous roundtable; discuss the processes for building agency and community consensus for key outcomes for children

in the child protection services; build on previous experience in defining and measuring key outcomes for children and families and to begin to discuss how to utilize outcome information to inform policy and practice.

The Fourth National Roundtable on Outcome Measures in Child Welfare Services continued to: examine the relationship between child welfare management, practice and outcomes; identify measurement tools and the application and utilization of outcome data and to discuss the implications of outcome-focused service delivery in a changing welfare environment. *The Fifth National Roundtable on Outcome Measures in Child Welfare Services* continued to explore these various themes. The success of the roundtables have warranted a commitment from the two sponsoring agencies to continue the process. The proceedings reviewed represent an up-to-date inventory of the state-of-knowledge of outcome development and measurement. The proceedings also provide a useful process guide for the similar initiative begun in Canada by the *Client Outcomes in Child Welfare Project*.

Table 7- Summary Key Themes in the Literature

Theme	Number of References
Accountability	15
Utilization	10
Measurement a) Use of indicators as outcome measures b) Methodological Consideration/ Information Systems/Instrumentation	25
Organizational Change/Capacity	9
Lack of Program/Service Description	10
Lack of Client Problem Definition	8

Accountability

Six citations (Usher et al., 1995; Patti, 1987; Grasso and Epstein, 1988; Reid, 1988; Rapp and Poertner, 1988; and Berlin, 1992) focus on the need for child welfare to be held accountable for the services they provide to children and families. The complexity of the caseloads and the environment in which the child welfare system operates has facilitated a natural reluctance for the system to be held accountable for the outcomes of its clients. Many external influences and services to the child welfare system impact on children and families. The children and families who are served by child welfare agencies are usually those with complex socio-economic problems. These complexities necessitate the involvement of the families with other services such as welfare, the juvenile justice system and health. Poverty and a pervasive lack of resources and social supports restrict the problem solving process. It is therefore difficult to extract the child from the family system and deem it to be the exclusive domain of the child welfare system.

Regardless of this difficulty, there is growing public and government pressure on the child welfare system to prove its effectiveness given the enormous expenditures for this social service. Reference is made throughout the accountability literature to state and federal legislation which outlines expected outcomes for the child welfare field. Federal and state funding increasingly is tied to the development of outcomes systems and the achievement of target outcomes.

Four authors (Briar and Blythe, 1985; Patti, 1987; Reid, 1988 and Berlin, 1992) discuss that lack of agreement on what the objectives and responsibilities of the child protection system should be doing as a key stumbling block to achieving accountability. Articulating clear objectives and outcomes for the child welfare system through a consensus building process would alleviate some of this ambiguity. Throughout the AHA conference proceedings, presenters stress that what is measured gets done. Deciphering measurable outcome indicators would begin to define areas of accountability for the child welfare system.

Utilization

Utilization is directly connected to the theme of accountability. Six articles (Patti, 1987; Berlin, 1992; Courtney, 1993; Rapp and Poertner, 1988; Usher, 1995 and Pecora, 1997) and the four conference proceedings from the AHA roundtables discuss the perception by social workers in the child protection field that outcome initiatives will be used, at least in part, as performance measures. The same authors stress the need for social workers to be involved in the development of outcomes-based initiatives using a grass-roots process in order to alleviate this fear.

The need for outcomes systems to be user friendly, reducing duplication of paperwork for the already overburdened caseworker is also discussed. Pecora (1991) indicates some states have implemented risk assessment tools without adjusting their existing information systems, resulting in duplication of paperwork and a resentment towards the additional "form."

The Minnesota Department of Human Services Guidebook for Results-Oriented Human Services (1996) states that the successful utilization of data depends on the integration of the data collection into program intervention and delivery. In order for data to be utilized it must be directly relevant to the user. Two authors (Pecora, 1997 and Downing, Wells and Fluke, 1990) cite as an example the assessment of client functioning in understandable and accessible terms as imperative for clients to understand their starting point and the goal setting process. When measurable progress is regularly discussed with the client, data can act to empower the client to participate in a mutual process.

Key to the development of an outcomes system is how quickly the information is fed back and utilized by the caseworker, supervisor and management (Courtney and Collins, 1994). Three authors (Pecora, 1991; Courtney and Collins, 1994 and Reid, 1987) argue that quality of the information entered in the system by the caseworker depends on how the worker perceives the usefulness of the data. The risk assessment literature also

reveals that risk assessment tools can be potentially misused should caseworkers not be committed to or fully understand the instrument's value.

Lack of Client Problem Definition

Eight articles (Fein and Staff, 1994; Fein and Staff, 1993; Grasso and Epstein, 1987; Courtney, 1993; Patti, 1987; Poertner, 1997; Reid, 1987 and Rapp and Poertner, 1987) cite a lack of client problem definition as a major obstacle for outcomes initiatives. If the client problem or presenting issue is not defined well, the linking of appropriate resources and programs becomes abstract. Defining the needs of children is even more complex. Achieving outcomes relevant to the client's needs is then unattainable.

Lack of Description of Intervention/Service

Ten authors (Alexander, 1997; Bawden et. al., 1992; Briar and Blythe, 1985; Courtney, 1996; Daly and Dowd, 1992; Doueck et. al., 1993; Doueck et al., 1992; English and Pecora, 1994; Fink and McCloskey, 1990; Hernandez and Hodges, 1997) note that interventions and programs are generally not described well both in the evaluative literature and in practice. The child sexual abuse literature is illustrative of this finding. If objectives are not articulated then measuring client success become difficult. In addition, replicating seemingly successful programs and services is hindered by this lack of documentation. The empirical knowledge base of child welfare practice suffers from poor articulation and measurement of program objectives.

Measurement

a) Using Indicators as Outcome Measures

Five citations (Alexander, 1997; Berlin, 1992; Blythe et al., 1994; Courtney, 1997 and Courtney, 1993) review the lack of information discerned by measuring family preservation or family reunification as important outcome indicators. Using these indicators in-and-of themselves as meaningful information about the impact of child welfare services offers little insight as to the effect of the intervention on the child. Preserving the family or reunifying the child with the family may or may not be the best outcome for the child. There is an underlying assumption that families are always an appropriate place for children. There is also an underlying assumption that placement is always a negative outcome.

Family preservation and family reunification are also discussed in the literature as a rate or a point in the service continuum. A number of authors (15) argue that case status variables are rarely a proxy for client functioning. Similarly, case status measures such as number of children in care, foster care rates, rates of adoption and rates of discharge are critiqued in a comparable manner: they may serve an administrative function but are potentially misleading when used as evidence for service effectiveness.

Please refer to the review of child welfare indicators by Bruce MacLaurin for an analysis of the utility of administrative or systems indicators.

Program Evaluations/Information Systems/Instrumentation

More general measurement issues were also examined. Program evaluations contained in the literature represent a relatively small aspect of child welfare services. Generally, samples are small and the program or intervention is not well described. Few evaluations are experimental and most are quasi-experimental (Bawden and Sonenstein, 1992). Assigning clients to random groups is difficult given that in most cases the safety of children is at stake. Methodological restrictions limit the generalizability of the results of program evaluations.

Point in time surveys, retrospective case reviews, longitudinal surveys and experimental and quasi-experimental designs can not replace an outcome management information system (Courtney, 1993; Fein and Staff, 1994). There is a need to establish that routine child welfare services are effective. Current child welfare administrative databases inhibit the agency from tracking the child through the system (Courtney, 1993). In addition, information systems may not be linked between agencies or regions. If a client changes jurisdictions there is generally no record of their previous interaction with the system. The development of state automated information systems in the United States will begin to alleviate this tracking problem.

A number of authors cited the need for systematic data collection instruments with good psychometric properties. The same authors cited an over-reliance on observation by the caseworker in assessing client outcomes.

Organizational Change/Capacity

Seven articles (Berlin, 1992; Usher et al., 1995; Johnson, 1997; Grasso and Epstein, 1987; Harkness and Hensley, 1991; McDonald et al., 1989 and Minnesota Department of Human Services, 1996) addressed the need for organizational change and increased capacity in order to shift the focus from process measures to client measures. A similar change process was delineated in these articles: create program specific/unit specific teams; identify outcome domains; develop appropriate indicators; state priorities; establish process for collecting, entering and retrieving the data; produce reports; change organizational philosophy to one of improvement and evaluate all efforts in the context of improving client outcomes.

Johnson (1997) states that the basic function of a child protection agency is changing from meeting needs to facilitating change. Changing organizational capacity to measure client outcomes represents a shift from process based management approach to a result based management approach. Agencies have traditionally focused on the

completion of procedures such as time lines for case reviews, timely recordings and completion of forms. An organizational outcomes approach focuses on whether the agency has been successful in assisting the client in the desired change.

Conclusion

A survey of the literature was undertaken in order to help determine the state-of-knowledge of outcome measurement in child welfare services. A total of 165 articles were reviewed for this purpose.

Major findings of the review of the literature included:

- child safety, child functioning, family functioning and family preservation/continuity were the four major outcome domains in the classification of outcome indicators
- client satisfaction and permanency may represent separate domains
- case status variables yield little information about client outcomes
- child functioning was discussed at a conceptual level but rarely measured in program or service evaluations
- preserving or reunifying the child in the family was a major focus of the literature
- some service points were not well represented in the outcomes literature

AHA and NAPCWA have undertaken a national American initiative to develop consensus on key outcome domains and indicators. Key themes in the literature included: accountability, utilization, measurement, lack of client problem definition, lack of service definition organizational change/increased capacity. These findings are relevant to the development of a Canadian Framework for Outcomes Development. The growing child welfare outcomes field will continue to yield a rich body of literature.

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Panel 2 Indicators for Program Management

Indicators for Program Management

Managers and policy makers require different levels and types of information. They need aggregate data that lets them know how well a program is serving a client population. They are interested in outcomes that are common to all clients, that reflect program and service goals and that are meaningful to funders. In some instances,instruments used to assess individual client outcomes can be aggregated across a client population. Using clinical instruments to asses program effectiveness can, however, be problematic. The accuracy of measurements based on clinical judgements made by child welfare workers can be compromised if the measurement instruments are being simultaneously used for other purposes ñ for example, if a worker's performance evaluation or program funding are tied to improved client outcomes. For program evaluation, systems-based indicators are a more reliable source of data, because they are easily linked to program objectives, can generate meaningful baselines and are not vulnerable to reporting bias.

Lynda Arnold is the division administrator of Children and Family Services for the Oklahoma Department of Human Services. Under her leadership, Oklahoma was the first state to implement a new Statewide Automated Child Welfare Information System (SACWIS). Lynda presented some of the lessons learned from this initiative at the Roundtable.

Robert Granger is a clinical psychologist who is extensively involved in the development of programs, evaluation research and follow-up research with youth with respect to intervention and rehabilitation. Robert presented an overview of the development of an outcomes measure through his discussion of the Quebec Health Indicators Program.

Ralph Brown is an Associate Professor at McMaster University's School of Social Work. He focuses his teaching and research on families and children, with emphasis on families and children, family violence and 'hard to serve' children. His presentation described experiences in the progression and development of a multi-agency cross-sectoral children's services tracking system.

Bruce MacLaurin is a Ph.D. student at the Faculty of Social Work, University of Toronto. He has been involved in the development, management and evaluation of programs for children and families in both Ontario and Alberta. Bruce presented the preliminary recommendations for measuring the 'top ten indicators' in the Canadian child protection system proposed by the Client Outcomes in Child Welfare Project.

Incorporating Outcomes into Child Welfare Practice: A Look at Oklahoma

Lynda Arnold
Oklahoma DCFS Division Administrator

Oklahoma Child Welfare Fact Sheet

Overall Population of Oklahoma: . . . . . .3.5 million

Child Abuse and Neglect Investigations: 47,000

Treatment Cases (court involved): 7,000

Children in Out of Home Care: 6,000

Children in Foster Care: 4,800

Changes Leading to Measurement of and Management by Outcomes

1. Increased Requests for Information – Many stakeholders with different requests (ex: External: Court Monitor for Consent Decree; Commission – compliance; Internal: Policy makers: outcomes; Managers – compliance, outcomes, volume)

2. Increased Capability – Implementation first Statewide Automated Child Welfare Information System

3. Analysis of Current Management Tools – Information needed by managers versus data found on the current management reports

Analysis of Current Management Tools: What information did we have?

We needed to gain insight into outcomes

What did we do next?

Created a framework of outcome objectives and measurements.

Partnered with Deloitte Consulting to develop an implementation model.

Conducted a county-wide pilot with contract and state staff.

Oklahoma's Outcomes Framework

Safety Permanency Well-being

Outcome Objective:

Ensure that children are safe from the risk of abuse and neglect as a result of services.

Outcome Measurement:

Number of subsequent referrals and children removed from home while the family is receiving services.

Outcome: Safety

Oklahoma's Outcomes Framework

Safety Permanency Well-being

Outcome Objective:
Ensure that appropriate and effective services were delivered that resulted in achieving permanency for children within 18 months

Outcome Measurement:
Measure the length of time for a child in out-of-home care to achieve a permanent plan. Also count total number of children in out-of-home care NOT moving to a permanent plan.

Outcome: Permanency

Oklahoma's Outcomes Framework

Safety Permanency Well-being

Outcome Objective:
Ensure the well being of children in out-of-home care

Outcome Measurement:
Length of time spent in care and number of out-of-home placements the child has experienced during this case episode.

Outcome: Well-being

Pilot Highlights:

Incorporating Outcome Management in Pittsburgh County, OK

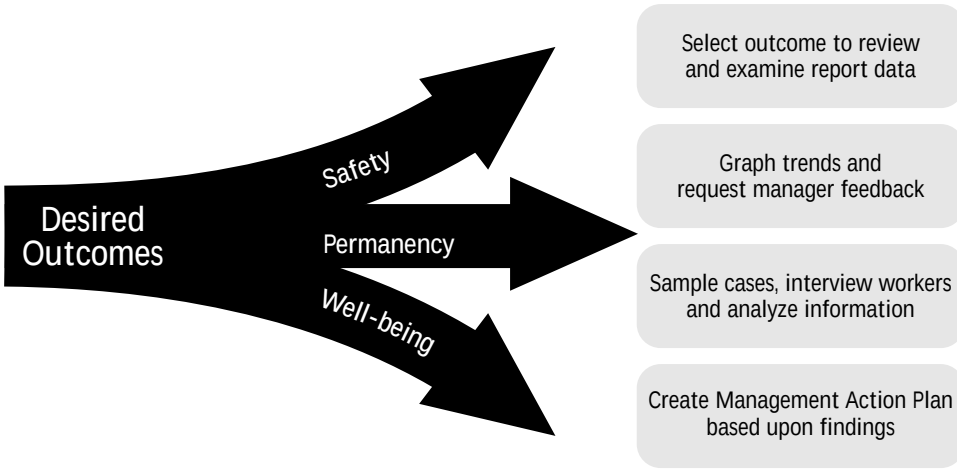
Approach

Outcome Data

Staff Reaction

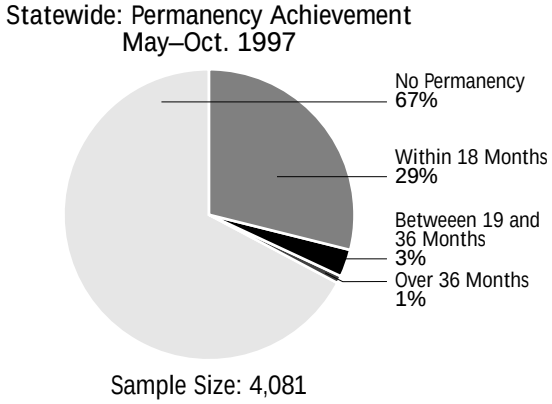
Results

The Approach: The Four Stages of the Outcomes Operation Model



The Outcome Data: Permanency

Statewide, 67% of the children who are in care longer than 18 months, have not reached permanency



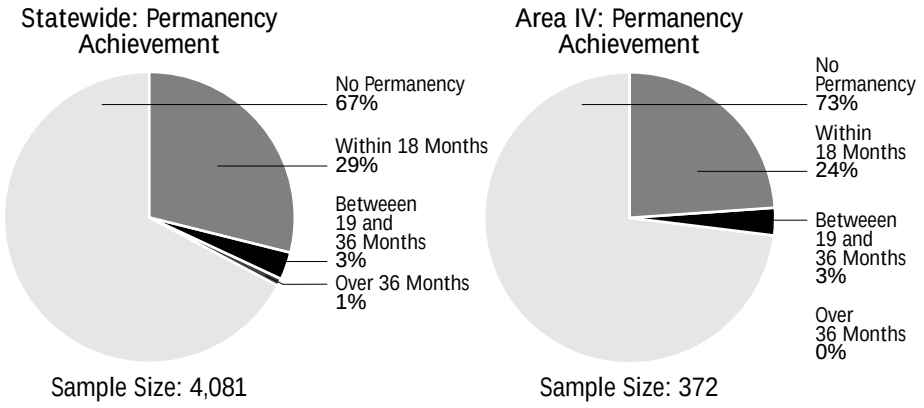
Source KIDS System, Oct. 1997

Outcome Measurement: Permanency

Special Note: Those with no permanency have been in care longer than 18 months

The Outcome Data: Permanency

From May–Oct 1997, Area IV had a slightly higher percentage of children not achieving permanency than the state as a whole

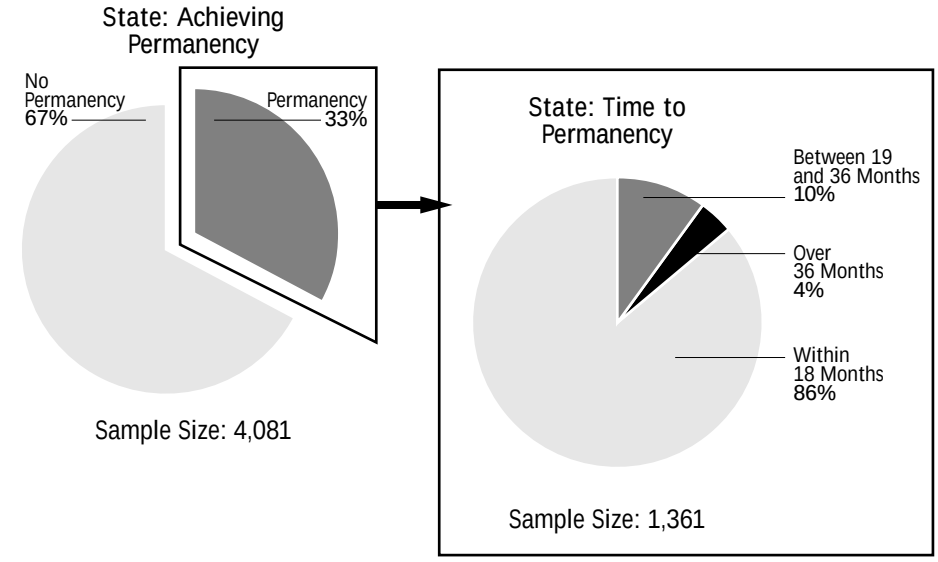


Source: KIDS System, Oct. 1997

Outcome Measurement: Permanency

The Outcome Data: Permanency

Of those who reached permanency, 86% did so within 18 months



Source: KIDS System, Oct. 1997

Outcome Measurement: Permanency

The Reaction: Staff Took Ownership

Why did this happen?

The data gave staff the ability to see their work in light of the big picture.

The focus was on "what works and what doesn't work" not on compliance.

Recognition that an outcomes approach was not additional work, but rather a way to do their work better.

The Results: Action Outlined by Staff

I: Scope for Pittsburgh Co.

Outcome:	Permanency
Emphasize:	Working Factors
Specific Factors:	Regular case staffings, development and clarification of case plans and permanency plan reviews
Target Population:	20 kids in care the longest and those in care greater than 18 months
Initial goal:	Reduce % of children who have not reached permanency from 67% to 50%
Time to achieve goal:	July, 1998

II. Action Steps in Pittsburgh Co.

- Review/clean-up data on Children in Placement detail report
- Select targeted children and schedule monthly staffings
- Confirm Pittsburgh for earliest treatment training
- Educate the court
- Educate foster parents and other providers

What has happened?

Worker enthusiasm remains strong

- Workers have created a board that displays the children's names, ages, lengths of time in care and permanency goals
- Targeted case staffings have led to the permanency of a severely disabled teenager, the placement of four children in adoptive homes, and the development of a permanency plan for a three year old who has been in care since birth
- County staff plan to educate the court and foster parents about outcomes to encourage their participation in assisting workers to achieve permanency for children

Quebec Health Indicators Project

Robert Granger
Centre Jeunesse de Montreal

Let me begin by saying that I'm very happy to be here today and I want to thank you very much for the invitation to attend. Okay let's start.

First of all, I think it's important to briefly recall the general context in which the development of outcome measures actually took place in the Montreal Youth Centres. A few years ago, the Quebec government, like many provincial governments, significantly reduced the budget allocated to Social Welfare Services.

This difficult economic situation had two major effects:

- It brought many transformations to the organizational structure of Social Welfare Services. These transformations, not yet completed, are characterized by the amalgamation of institutions and a significant decrease in the number of managers (approximately a 50% reduction in the Montreal region). These changes have profoundly changed the way services are delivered to clients and have promoted the concept of "quality approach" in social services. A concept taken from the private sector. In french we have a famous sentence that says "Faire plus avec moins", which literally means "do more with less." But is this truly realistic? The changes brought to the organizational structure of Social Welfare Services have had positive effects for our organizations as well and for the clients themselves in terms of the rapidity of the service, accessibility, etc. However it has also brought many difficulties in the reorganization of the database system, especially for management follow-up.

- The second effect is a considerable increase in the need to produce concrete measures of the performance of the institutions. (both with regards to mission and in response to the standards fixed by the Ministry of Health and Social Services.) By performance, we are talking about two fashionable concepts: effectiveness (to do the right thing) and efficiency (to do it properly with less cost).

In such a context, managers and administrators are especially concerned with finding the best possible follow-up indicators. These indicators will be used to evaluate intervention processes or program activities with the goal of making informed decisions or taking the right course of action in the allocation of resources. At this time, the focus is on the daily management of activities and on the development of indicators.

As many of you know, the intervention process in Quebec is divided into a series of steps regulated by two main pieces of legislation; The Youth Protection Act and The Young Offenders Act. Traditionally, the information systems of the Youth Centres have been designed to produce a lot of administrative data describing the various steps and

activities of the intervention process as well as producing some socio-demographic characteristics of the client population. This data is also requested by the Ministry itself and is used to evaluate the performance of an institution, to produce comparisons between Youth Centres in the province and, ultimately, to allocate the financial resources of each region.

In the Montreal Youth Centres, to respond to the requests of the managers, all administrative data was reorganized to fit with the new organizational structure of the service, to enable them to draw an accurate portrait of the client population. And believe me, it is not as easy as it looks when you have eighty service centres and more than seven thousand cases per year. The much needed administrative data is largely descriptive and includes basic information such as: the number of clients per service centre, how long have they been receiving services, what legislation is applicable to their case, where clients go after intervention, how many clients are on a waiting list, etc.

Data is used to establish indicators for the proper functioning of the intervention process. It is also used as a measure of performance, or quality of service. For example:

- The waiting period between the time that the problem is made known and the first contact with the client.
- The waiting period between the first contact and the beginning of the intervention.
- The application rate of the intervention plan or the service plan.
- The mean duration of the evaluation (calculated in days).

Unfortunately, sometimes these indicators are also used as outcome measures. It's as if to say "if the process is good and within the norms, then the intervention must be O.K. too." For example, if the waiting list for a service is near zero, then the caseworker is doing a good job, implying that the intervention is working well. Moreover, we actually don't have the certainty that the indicators we use or those we're trying to develop always have the same definition in the entire organization.

Another point is that some managers may be tempted, for example, to take the recidivism rate, or the come back rate, of the youth receiving services as an outcome measure for the quality of the intervention. Although all of these indicators reveal important information about the impact of the interventions they alone are insufficient in providing definitive conclusions about the true quality of the intervention process. Additional information is required. For example:

- The motives and the objectives of the first intervention.
- The results in terms of a percentage rate of how many objectives were attained.
- The new motives of the second service request, and so on.

We must to be very cautious about misinterpreted indicators. Their limits must be clearly explained, especially if the managers are using them to allocate financial resources or to judge the relevance of a program. By limits, I'm not only speaking about validity and reliability. As you can see, the misinterpretation may be due to incomplete information.

The problem here is threefold:

- First, certain types of information, such as clinical data, are never or rarely computerized.
- Second, managers greatly under-estimate the difficulties associated with data collection in terms of quality and validity.
- Finally, we must realize that the only people who are truly qualified to do the job are the workers themselves, and this requires an organization to invest worker time into the process.

The problem is that there are insufficient outcome measures used in daily management follow-ups when the need arises to evaluate the relevance of programs and to decide what the strategies will be for the future development of services, based on the evolving needs of clients. And in fact the outcome measures currently being used are not sufficient to answer the necessary questions.

The answer is in the development of a monitoring system that will capture outcome measures following intervention. One of the major characteristics of such a system is that it be based on long term and comparative studies. Its goal is to facilitate the decision making processes of the Youth Centres in regards to their orientation and the Ministry in regards to the integration of outcome measures and the population's needs.

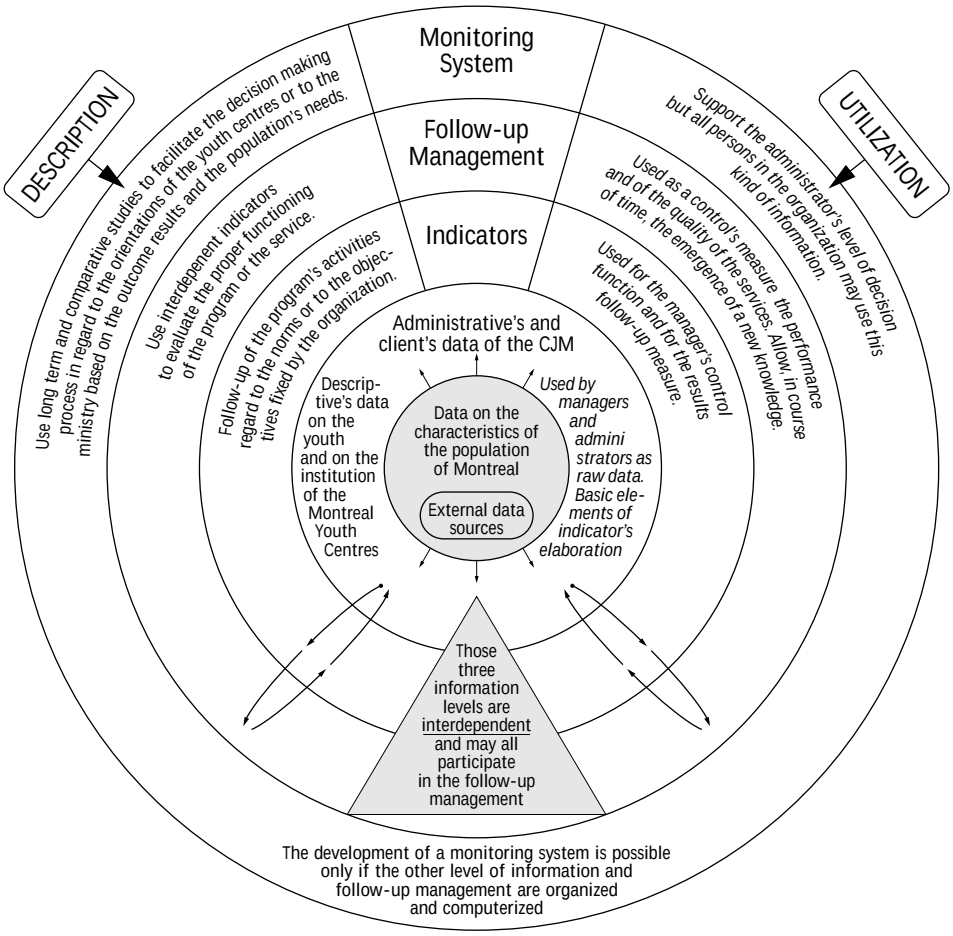
Outcome measures can be defined as the clinical data and follow-up information collected at the end of an intervention. This data can be entered into a database system. The creation of such a database system implies that the intervention programs are well defined and evaluated regularly with valid indicators. This database system, containing clinical data and follow-up information, suggests the presence of:

- fully integrated financial data, personnel management data and client data
- the integration of the institution's main objectives into intervention plans and/or service plans
- adequate tools and information systems capable of capturing necessary clinical data
- the collection of data post intervention in regards to young clients and their parent's satisfaction with the services they received and the results they have noticed.

The focus of my work for the last two years, along with my colleagues, at the Montreal Youth Centres has been the development of a monitoring system for the Youth Centres' programs and services. It is a very complex and long-term project because as I

have discussed to this point the current system is incomplete and ineffective. What we want to do is to integrate management data with quality and outcome measures in the same continuum (see figure 1, next page). This requires us to find a way of bringing clinicians, managers, researchers, and the people responsible for developing the information systems together. All are different users of the monitoring system, and all of them have specific expectations and needs.

Figure 1: Illustration of the continuum of the database system's organization



A monitoring system integrated to the quality approach is, in fact, a new way to see and to conceive of intervention in Quebec Youth Centres. Those involved with the Youth Centres have to modify, in one way or another, their daily practices. Caseworkers now have to actively participate in the evaluation process and in the data collection. The managers have to facilitate the flow of information towards the workers while changing their management style to become more like the coach of a team providing a good service than the boss focused on controls. Finally, the researchers must pay attention to

the concrete needs and concerns of the other two partners (workers and managers) to allow a direct application of the findings in the intervention process. Most of all, the managers and the researchers must give useful feedback to the workers for their data collection efforts while remembering their fear of evaluation. The caseworkers are the key to a good information system. Without them, or without their motivation, the whole system risks failure.

This afternoon, I have tried to share with you my own knowledge and insight about the production of outcome measures. It is a very large concept and has different meanings depending on your role within the service organization. But behind the different expectations of the workers, managers, and researchers, there's a group that we must keep in mind. For the clients, for the youth we want to help, this concept has only one sense: whether or not they feel better after the intervention than they did before! That their problems and difficulties are sufficiently resolved, or that they have more ability to cope with them and are satisfied with our services. This applies to the parents as well.

Developing outcome measures takes time and energy and significant resources, coupled with imagination, to produce significant data on our services. I think that we must also count on the active participation of the clients themselves to indicate to us important points that make them feel satisfied and able to face their difficulties.

Today, money is a serious constraint that we cannot overlook. Talking about investment in establishing a long term monitoring system may seem unrealistic, or at least not very productive. However, it will certainly provide more benefits in terms of developing interventions and improving the quality of interventions than if we simply conceive of outcome measures in terms of the performance of our organizations. The most important benefit of all will be improved outcomes for the youth themselves.

Thank you for your attention.

Hamilton Wentworth's Children's Services Tracking System

Ralph Brown
Associate Professor, School of Social Work, McMaster University

Hamilton-Wentworth's Children's Services Tracking System

Evolution and Scope
System Features
Capabilities
Lessons Learned

A system that has the capacity to answer the critical question:

"Who does what with whom, to what end, and at what cost?"

Evolution of a Children's Services Tracking System

Early 1980's	AATD developed a cross-sectoral, Community-based information system – CCDC
1987–89	Reviewed and revised CCDB
1992	Children's Services Tracking Committee Formed
1992–5	Tracking system conceptualized and designed Using CCDB as the foundation
1995	Innovations funding secured to implement Phase I Lynwood Hall assumed sponsorship
1996	Fill in the holes
1997	Enhance system to include client profiles, Outcomes measures and cost per client Expand to include Brant and Niagara

Scope

Child Welfare	CAS and CCAS
Child and Family	Lynwood Hall Child and Family Centre
Intervention	Woodview Children's Centre Big Sisters Youth Services Community Adolescent Network Family Services of H-W Salvation Army Good Shepherd Catholic Family Services
Child Treatment	Chedoke Child and Family Centre Child and Adolescent Services
Community Support	AATD/RPAC
YOA	Young Offenders Standardized Information System

Outcome Measurement Principles

- Longitudinal tracking
- Information about entire child welfare system
- User-friendly
- Information rich

*Courtney and Collins (1994)

System Features

- Minimal impact on staff
- Uses existing agency databases
- Requires minimal client data to track
- Flexible
- Electronic and Paper data
- Reports generated at all levels
- Uses a Unique ID

Unique Identifier

- First letter of child's legal last name
- Last letter of child's legal last name
- First letter of child's proper first name
- Last letter of child's proper first name
- Date of birth
- Sex

Twin 1 or 2 (default of 1)

Jane Brown's UI is

Made up of these pieces ...

- BN
- JE
- 20/11/86
- F
- Jane is not a twin

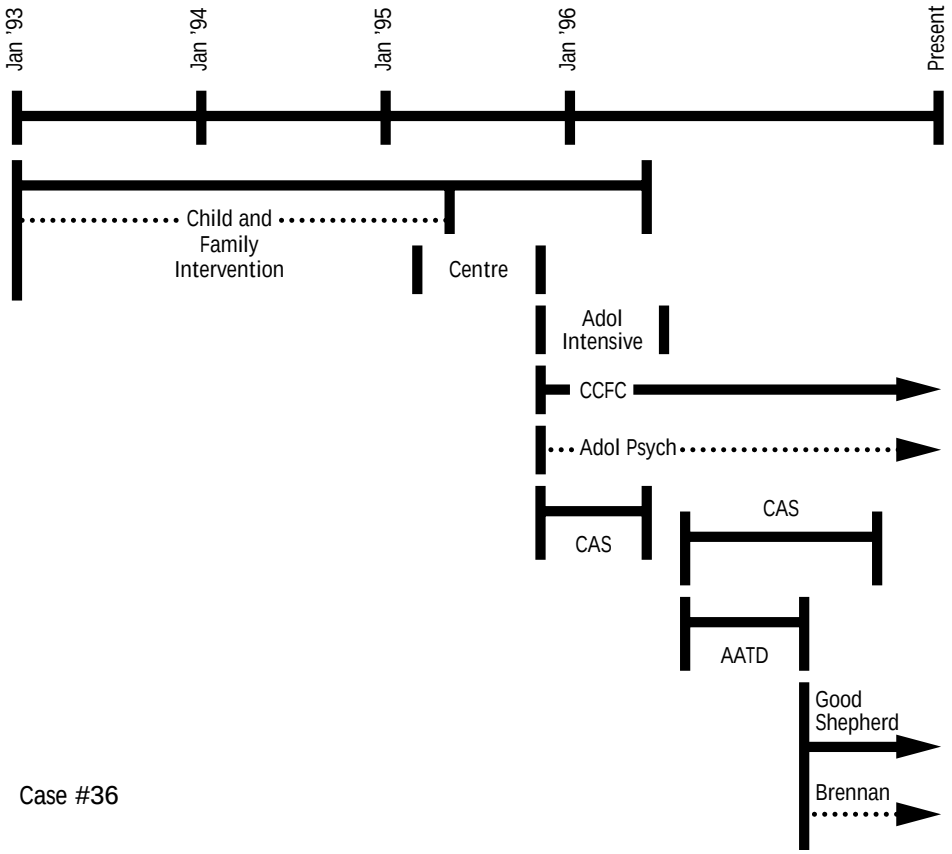
The pieces are combined at the Central Site to form the UI:

- BNJE201186F1

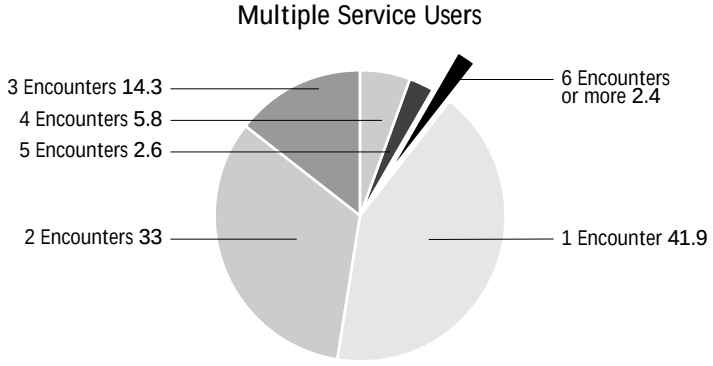
Benefits for Communities

- Minimal Development Costs
- Build on Existing Data
- Talk a Common Language

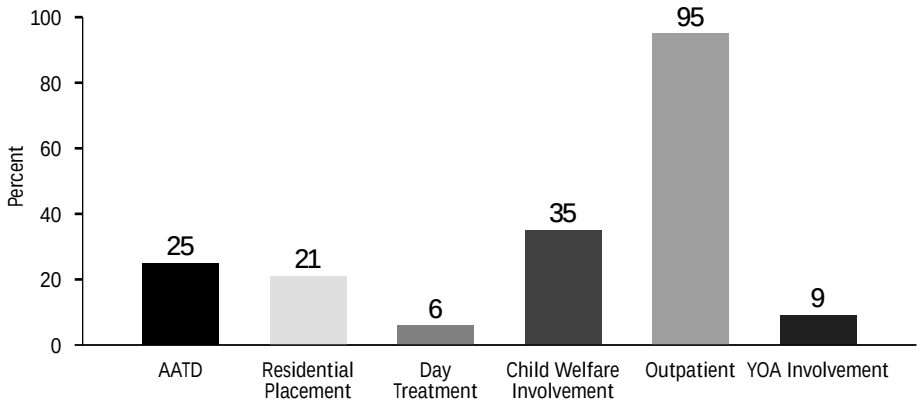
Illustration of Pathway

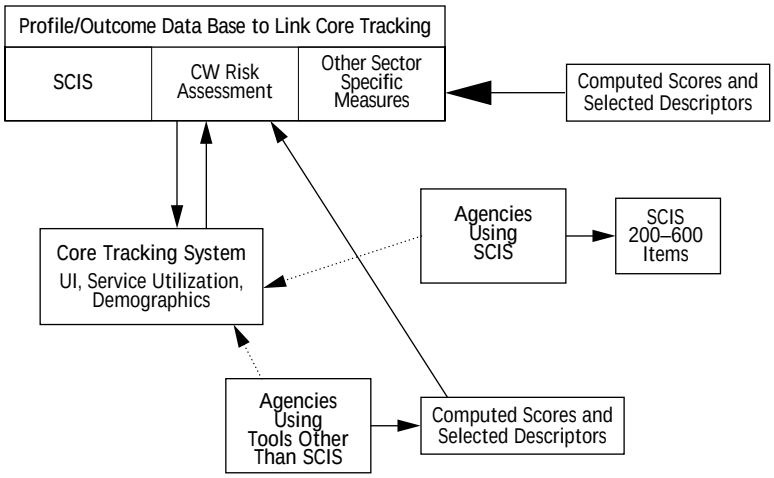


Percent of Children by # of Encounters



Sector Involvement: Heavy Hitters





System Capacity

- Identify and compare service pathways
- Service utilization by geographic areas
- Service utilization by clients
- Program impacts on clients
- Recidivism and re-entry points to system
- Assess service costs of clusters

Lessons Learned

- Start Simple
- Establish clear goals and boundaries
- Build on existing systems and procedures
- Minimize the impact on agency staff
- “Convergence of interest” (Wharf, 1992)

A Profile and Outcome Measure: SCIS (The Standardized Client Information System)

- Answers two key questions, “who are we serving?” and “what’s happening to them?
- Some agencies in the community are using SCIS
- Minimal impact on service providers
- Broad scope in terms of profile development
- Provides basis for comparisons to general population
- Psychometric properties established
- Quantifies “change”
- Software complements tracking system
- Making Services Work for People supports use of existing tools

Canadian Child Welfare Outcomes Indicator Matrix

Bruce MacLaurin
Research Associate, Bell Canada Child Welfare Research Unit, Client Outcomes in Child Welfare Project

Revision of Trocmé, MacLaurin and Fallon, (1998)

Introduction

The Canadian Child Welfare Outcomes Indicator Matrix was proposed as the initial step in the incremental development of child welfare outcomes for the First Canadian Roundtable on Child Welfare Outcomes. This matrix was designed as a common model or framework for the collection of child welfare outcome data across Canada. The matrix was based on a comprehensive survey of the literature on child welfare outcomes (Fallon and Trocmé, 1998), and systems based indicators (MacLaurin and Trocmé, 1998), and is compatible with the purpose and design of the Roundtable's Background Document (Trocmé, 1999). The indicators described in this report reflect the current Child Welfare Child Welfare Outcomes Indicator Matrix at the publication date.

The complex and multi-level services provided by Canadian child welfare systems cannot be reduced to a list of ten indicators, however the matrix is advanced as an initial step in an incremental outcomes development strategy. Given the significant provincial and territorial variations in child welfare legislation and service delivery systems, reaching consensus on a few key indicators represents a major accomplishment. This matrix provides an initial step in the process of information sharing and outcomes coordination that has developed from the First Canadian Roundtable on Child Welfare Outcomes.

Indicator Selection Criteria

The two primary dimensions of the Canadian Child Welfare Outcomes Indicator Matrix are outcome domains and points of intervention (Trocmé, 1999). The four major outcome domains are: 1) protection; 2) child well-being; 3) permanence; and 4) preservation. Three points of intervention are 1) intake and investigation; 2) home-based services; and 3) out-of-home services (i.e. placement in foster care or group care). While there can be significant overlap between the domains, and between the points of intervention, these divisions provide a useful conceptual structure for identifying the key outcomes required for tracking at each level of intervention.

More than thirty indicators were reviewed during the Client Outcomes in Child Welfare Project (MacLaurin and Trocmé, 1998). Indicators were considered that: 1) corresponded to each of the four outcome domains and three points of intervention; 2) could be measured using information either currently available or readily available on child welfare

information systems; 3) did not require subjective judgments or decisions by front line workers; 4) possessed available baseline data on which to establish realistic future program targets; 5) could be easily linked to program objectives; and 6) had value for a broad range of stakeholders (service providers, funders, clients, and the general public).

Protection

Child protection is the paramount consideration for child welfare services and should be monitored at all points of intervention. Two key child protection indicators are included in the matrix: recurrence of maltreatment, and child death and serious injury.

1. Recurrence of Maltreatment

Maltreatment is rarely an isolated incident, and rates of recurrence are estimated to range between 30% and 50% (Wald and Woolverton, 1990). This is a conservative measure that reflects only detected and reported incidents of child abuse and maltreatment. Recurrence of maltreatment can be defined as the proportion of children known by Child Protective Services to have been maltreated who are subsequently maltreated. This indicator is most easily measured with cases re-opened for investigation because of a new alleged incident, and is very difficult to measure on open caseloads where the system for recording new incidents varies by jurisdiction. For analytical purposes it will be critical to distinguish different forms of maltreatment, as well as track substantiation.

2. Child Death and Serious Injury

Protecting children from serious harm and death is a key priority for all child welfare services and a critical indicator for review. Child death and serious injury within home-based services can be defined as the proportion of children who die or are seriously injured as a result of a new incident either while at home, or while in care. In Ontario, 2% of substantiated or suspected maltreatment cases involved major physical injury, and 8.6% of cases involved minor physical injury (Trocmé, et.al., 1994). Tracking serious injury should include cases that are currently open, in addition to closed cases.

Child Functioning

Child functioning is not easily tracked by child welfare information systems. Further work will need to be completed to examine other sources of child functioning data. The two child functioning indicators are cognitive functioning and child behaviour.

3. Cognitive Functioning

It is acknowledged that cognitive functioning is not the exclusive responsibility of child welfare systems, however this is a critical indicator of the well being of children within child welfare services. Children who have suffered maltreatment experience multiple and significant challenges in school (Trocmé and Caunce, 1995). Recommended measurement strategies for this indicator include cognitive development for pre-school,

grade level achievement for school aged children, and graduation rates for children no longer in school.

4. Child Behaviour

Child behaviour sub-scales from provincial risk assessment tools can provide an initial measurement for child well being (Ministry of Community and Social Services, 1997). While these scales have not been validated, they can identify problem levels. YOA charges laid against youth over the age of twelve are another proxy measure of child well being that can be systematically collected. Bias in reporting and charging rates will produce some misleading statistics, however community and service providers will continue to be concerned about this indicator.

Permanence

Continuity of care and permanence can be measured by a number of different systems indicators. We have selected three key indicators: placement rate, placement history, and permanence.

5. Placement Rate

Placement rate is defined as the proportion of children investigated who are referred to a placement out of the home. Removing a child from home is very disruptive and potentially traumatic, however removal occurs because a child cannot be adequately protected at home. Therefore placement in out-of home care cannot be viewed as a positive or a negative event[1]. Placement is an extensively used trend indicator however, and can provide a critical community indicator of the well-being of children and families[2].

6. Placement History

Placement history is more readily interpreted as a measure of continuity and permanence. Regardless of whether a child is moved as a result of the service delivery system or because of the child's needs, moves are disruptive and provide a good indication that the long-term plan for the child has been altered. Children may experience an average of 3–4 moves during the time they spend out of home (Cooper, Peterson and Meier, 1987), and these changes have an impact on the child's sense of permanence and belonging (Steinhauer, 1991). This indicator is easily monitored on information systems.

7. Permanence

Permanence is defined as the length of time, in months, before permanence is achieved for a child through reunification or adoption. This is a critical factor as the chance of achieving permanence decreases the longer the child remains in out-of-home care. It is

1 An increase in apprehensions can be construed as positive because more children are protected, or as negative because fewer children could be adequately protected at home.

2 At a community level a high rate of removal is an indicator that children and families are not doing well.

important to examine this indicator within the context of other indicators (e.g. recurrence of maltreatment, placement breakdown), as placement breakdown is estimated to be about 30% for family reunification programs (Fein and Staff, 1993).

Preservation

Preservation, like child well-being, is not well suited to tracking by systems based indicators. Three indicators of family and community preservation include housing stability, parenting capacity, and ethno-cultural placement matching.

8. Housing Stability

The number of family moves (measured by an address change) provides an indication of family stability. Moves are very disruptive for children and their parents and are all too common for families receiving child welfare services (Trocmé, et.al., 1994). While family moves is a simple indicator to track, it can be relatively difficult to interpret. Moves can be caused at the community level by poverty and lack of adequate housing, and at the family level by separation and family crises. Child welfare services are not directly responsible for all these factors, however, child welfare workers are often involved in helping families secure stable housing

9. Parenting Capacity

Parenting capacity is defined as the ability to meet the emotional, cognitive, physical and behavioural needs of children. There are few standardized measures currently used in Child Welfare, however, risk assessment instruments may provide a potential source of direct information about parenting capacity (Ministry of Community and Social Services, 1997). Other sub-scales that can be examined include level of social support and substance abuse.

10. Ethno-Cultural Placement Matching

This is defined as the proportion of children who are placed in out-of-home placements with foster parents who are of a similar ethno-racial background, speak the same native language, or practice the same religion. Significant numbers of children from at-risk communities in Toronto – in particular children from aboriginal and West Indian communities — are placed in settings that do not match their community of origin (Trocmé, 1990). This is also a concern for the United States (Shireman and Johnson, 1997). This indicator is strongly influenced by the availability of community specific placements, and is therefore an interesting proxy indicator of the extent to which an agency or office has managed to develop good working relationships with these communities. This is a critical indicator that should be balanced by a child's need for permanence.

Conclusions

The Canadian Child Welfare Outcomes Indicator Matrix is the first step in an incremental model for outcome research in Canada. This model illustrates how a core

number of child welfare indicators can be used in combination to provide measures for four critical child welfare outcome domains. This multiple indicator approach avoids many of the pitfalls identified with single indicator evaluations, yet continues to rely on readily available indicators.

Canadian Child Welfare Outcomes Indicator Matrix

Trocmé, MacLaurin and Fallon (1999)

Domain	Indicator	Description	Intake and Investigation	Home Based Services	Out of Home Services
Protection	*Recurrence of Abuse*	• All cases known to CPS where a subsequent incident of maltreatment occurs and becomes known to CPS	✔	✔	✔
	Child Injury	• Injury associated with new incidents of maltreatment in cases that are re-opened	✔	✔	✔
Child Well-Being	*Cognitive Functioning*	• Rating derived from cognitive development scales children) • Age to grade ratio (school age children) • Graduation rates (older youth)		✔	✔
	Behaviour	• Child behaviour rating derived from Risk Assessment instrument (0–18 years) • Number of youth criminally charged under the Young Offenders Act divided by the total youth served (12 years and older)		✔	✔
Permanence	*Placement Rate*	• Proportion of children investigated who are admitted to care	✔	✔	
	Placement History	• Average number of placement changes for permanently placed or discharged youth			✔
	Permanence	• Proportion of youth returned home or adopted following placement • Number of months before a permanent placement is achieved		✔	✔
Preservation	*Housing Stability*	• Number of times a family changes residence		✔	✔
	Parenting Capacity	• Family/parent rating derived from Risk Assessment instrument	✔	✔	
	Ethno-Cultural Placement Matching	• Proportion of children placed in settings which match their original community (e.g. cultural, religious)			✔

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Panel 3 Clinical Measures for Case Management

Clinical Measures for Case Management

The distinction between the use of outcome measurement for clinical purposes and outcome assessment for program evaluation is a critical. At the clinical level, child welfare workers need to know how well individual clients are doing. Has a child's self-esteem improved? Is a parent better able to control his or her aggressive impulses? Are there more effective community supports in place to help a family? The specific outcomes that interest child welfare workers relate to the treatment plan developed to meet the specific circumstances of the child and family being served. Social workers need to be able to choose from a broad array of clinically significant measures. These measures must be sensitive to small changes that provide meaningful feedback to front-line workers. Different sets of measures will be appropriate for different clients.

Jacques Moreau is an Assistant Professor at the Université de Montreal where he concentrates his work and research efforts in the field of child and family studies. As a member of the Client Outcomes in Child Welfare Research Team, Jacques presented his review of clinical measures and their potential use for child welfare services.

Marie Simard is a Professor at the School of Social Work, Laval University. She is also a member of the scientific committee for the council of research development on Quebec Families and a member of the teaching and university research commission of the superior council of education. She presented the Looking After Children instrument.

Arnold Love is an internationally recognized program evaluator and consultant with over twenty years experience in the evaluation field. He presented an overview of the major issues regarding the evaluation use of risk assessment instruments in child welfare.

Brad McKenzie is an Associate Professor at the Faculty of Social Work, University of Manitoba where he currently teaches in child welfare, social policy and program evaluation. Brad presented a brief case study of one agency in Winnipeg developing outcomes measure for use in case planning and for assessing program effectiveness

Client-based Indicators

Jacques Moreau
Co-Investigator, Client Outcomes in Child Welfare

Continually emerging information about children and families is an important consideration when defining and implementing an accurate client-based indicators matrix. In trying to define and refine this model we must be aware that the utility of client-based information is multi-purpose: guiding clinical decisions; planning management of child welfare services and selecting meaningful outcomes for front-line workers, managers and directors of child welfare agencies. In order to do so, we have to understand more about the selection and collection of relevant data about children and families.

Existing instruments can be reviewed for this purpose. I will critically review selected measures according to the following outcome domains: child safety, child functioning and family functioning. Firstly, I will outline the criteria which I am proposing for the selection of client-based instruments for outcome based practice. This criteria refers to specific properties of the instruments: reliability, validity and their utility to the child welfare domain.

Most of the instruments used in child welfare agencies and in child protection agencies have not been constructed to meet this criteria. In the vast majority of cases, they have been developed for mental health purposes. Many of the instruments being used by researchers or psychologists in the field of child welfare may not be of practical use for front-line workers and managers of the field though meeting the scientific criterias of reliability and validity. The child welfare community's client-based measures have relied upon criteria which tend to be theory driven and/or empirically based and sensitive to change. There is also a need for them to be both practical and precise while capturing a measurable construct useful in helping decision-making in child welfare. The instruments must also have approval from the scientific child welfare community to the relevance and validity of a given construct and the instrument that measures it.

The Child Safety Domain primarily relies upon risk assessment tools to measure outcomes. However, a review of the literature reveals that that the use of risk assessment tools has become widespread without adequate testing of the predictive validity of the instruments. On the surface, they do not seem to be as good a predictor of risk as they are designed to be.

The Child Functioning Domain has more instruments available with which to measure various aspects of child functioning, however there are some issues associated with their use. I will focus on three aspects of child functioning: development, self-esteem and behavior. Developmental assessments of children between 0 and 5 years require sophisticated instruments in order to be accurate. These types of instruments tend to not be user-friendly, but are highly reliable. They also require extensive training.

Our review of instrument found no simple instrument to adequately measure developmental status. In addition, child aptitude test and developmental tests have not been normed on child welfare populations. One of the more prevalent instrument sets used in North America are the Bayley Scales of Infant Development which accurately measure developmental constructs (Sattler, 1992).

Self-esteem is also a concept widely used in Mental Health services. Although there is wide-ranging debate about the concept of self-esteem, some self-esteem instruments are accepted as having good psychometric properties, primarily the Piers-Harris Self-Concept Scale and the Self-Perception Profile for Children. These instruments for children over 8 years are in the self-report form, user friendly and are suitable for the child-protection context of evaluation.

Adaptive behavior scales and Behavioral checklists are widely used by researchers and practitioners because they are available in self-report form, easy to understand and score, and are straightforward. Many acceptable instruments exist, but refinements still need to be done (see Sattler, 1992 for a review). Behavioral checklists do not have consistent definitions across instruments. The same factor name on different checklists may not measure the same behaviors.

The credibility of the informant is a critical factor in evaluating information obtained from adaptive behavior scales and behavioral checklists, and an issue for the child welfare population. The ratings of multiple informants need to be compared and contrasted which is not always the case. Finally, adaptive behavior scales, behavioral checklists, and behavioral observations do not provide congruent data, which poses the question: do behavioral checklists measure behavior or the perception of behavior? Five of the more widely used behavior checklists include the Child Behavioral Checklist, the Teachers Report Form, the Conners Parent Rating Scale, the Conners Teaching Rating Scales and the Revised Behavior Problem Checklist.

The Family Functioning Domain is a difficult domain in which to develop client-based measures. It is complicated because of the numerous dimensions that have to be taken into account. Instruments developed to measure family dynamics reflect the complex nature of family relationships and dynamics in the sense that they are complicated instruments to understand, to use, and to score. Many of the instruments may meet the standards of reliability and validity, but have not yet been validated in child welfare populations.

A review of instruments helps us understand that there is no single instrument that will be immediately suitable for child welfare outcomes. Before choosing a given instrument for outcomes, we need to establish what will be the client-based constructs useful for an agency to select. Second, the assessment process is also very important after selecting the proper instrument for the construct chosen. A multi-method assessment approach is required so decisions have more than one source of information. Measures should also serve as good measures of progress.

We must not forget that the difficulty of assessing children and their families and their psychological, social, and living conditions is compounded by the fact that 1) classification systems are not uniform from one instrument to another; 2) behavioral disorders do not appear always clear; 3) children, especially the younger ones (0-5), undergo rapid developmental changes; 4) client assessment may be time consuming. Child welfare assessments need to be conducted on multiple occasions in order to monitor progress. We must remember that no single and/or simple instrument exists. Regardless of the instruments chosen from one agency to another to assess client outcomes in child welfare, we need to measure the same constructs from one site to another in order to create a database that will link these aggregated client-based measures. This is the key to developing better outcome measures in child welfare.

Looking After Children in Canada

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(NOTE: This paper has been revised since it was presented at the Roundtable Conference)

The objective of this article is to present the research project Looking after Children in Canada/S'occuper des enfants au Canada (LAC). This work in progress is under the direction of Dr. Kathleen Kufeldt[1], and it is as a co-researcher that I agreed to make it known within the framework of the First Canadian Roundtable on Child Welfare in Canada. With reference to the theme of this workshop, which deals more specifically with clinical measures, I was asked to describe the characteristics of data-gathering instruments used in LAC and to identify their relevance in terms of case management. Before commenting on these instruments, I consider it important to give an overview of the rationale underlying their development. First, I will set the research project in its context and specify the objectives and specifications. Then, I will describe the characteristics of the data-gathering instruments. Finally, I will identify the relevance of these instruments in terms of practice, management and research.

Context of the Study

The Looking after Children project was first developed in England at the end of the 80s[2] with a view to answering the following basic questions: What happens to children taken into care by the State, particularly children placed in foster care? Do the services meet their needs adequately? What is the impact of the interventions of social services on the development and future of these children? These questions had been raised based on the results of several studies which indicated important gaps in the child care system. As an extension of these questions, a research team under the direction of Roy Parker and Harriet Ward[3] took on the task of developing a theoretical framework for evaluating results as well as instruments for measuring the impact of interventions on young people taken into care by the State. With respect to instruments, it is important to emphasize that one of the objectives was the development of instruments useful in practice. The context which prevailed in England at that time, following the passage of the Children Act in 1989, encouraged this type of initiative. In fact, the principles put forward in the Children Act constituted incentives to develop and implement means of

1 *Looking after Children in Canada (S'occuper des enfants au Canada*). Principal investigator: Kathleen Kufeldt, Ph.D., University of New Brunswick; co-investigators: Marie Simard, Ph.D., Jacques Vachon, Ph.D., Laval University. This research is subsidized by Human Resources Development Canada/Social Development Partnerships.

2 Health Canada has been subsidizing this research program since 1987.

3 The interested reader can consult the first volume published on this subject. Parker, R.A., Ward, H., Jackson, S., Algar, J. and Wedge, P. (eds.), *Looking after Children: Assessing Outcomes in Child Care*, London: HMSO, 1991.

evaluating interventions intended for children placed in foster homes. Thus during the years 1995–98, a structured program to implement evaluation instruments was set up: 92%[4] of local authorities have already adopted these instruments.

With respect to Looking after Children in Canada, it was under the direction of Kathleen Kufeldt that our research team decided, within the framework of a pilot project, to experiment with the LAC instruments[5]. While recognizing that major efforts have been made by children's services to protect the young and meet the needs of those in their charge, there are a certain number of children who are poorly protected by a system which was originally conceived to come to their assistance. Furthermore, we have little information which enables us to know which children are really benefiting from these services and to identify those for whom the situation is becoming worse. As observed elsewhere, the indicators of outcome measurement remain rare, although their importance is more evident in a context of budgetary constraints.

The project began in June 1996 following a research grant by the Human Resources Development through Employability and Social Partnerships, Canada. Six Canadian provinces are taking part in the research: Ontario[6], Quebec, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland.

Objectives and Specifications

The general objective of this project is to increase the quality of services in Canada offered to children who are taken into care by child care and youth welfare institutions. In terms of research, achieving this objective involves using a validation process of the approach developed in England for assessing the outcomes of interventions.

The specific objectives of the project are the following:

* Pretest a Canadian version of the LAC instruments,

* Test the appropriateness of the LAC instruments,

* Evaluate the feasibility of implementing the LAC material,

* Promote collaboration and cooperation among participants, and

* Build consensus with respect to standards of care for children.

The main characteristics of the research specifications are as follows: The total sample is made up of 300 children from the six participating provinces. They must have been in foster care for six months or more. This is a "non-probability sample." Two age groups were selected and they include 150 young people 10 to 14 years old and 150 young people

4 Assessing Outcomes in Child Care (The *Looking after Children* Project), Information Sheet.

5 Pilot projects are also being conducted in other countries such as Australia, Belgium, Israel, Italy, Norway and Ukraine.

6 Research is carried out in collaboration with the team directed by Robert Flynn, Ph.D., who, within the framework of the *Projet d'évaluation des résultats de l'aide à l'enfance* [Children's Aid Outcome Assessment Project] conducted by the Prescott-Russell Children's Aid Society, use the same instruments.

15 to 18 years old, respectively[7]. The choice of these age groups is justified by the fact that we want to allow these young people to become involved in the assessment process and also hear their points of view on this subject. In a feasibility study, this seems to us to be an important aspect. Once the instrument is designed, the young people will have to complete a questionnaire. In order to have a reference point with respect to the existing care practices and standards in force, we use a control sample made up of 50 young people recruited in schools and showing characteristics similar to those of the children in care. We will control the age, gender and socio-economic environment variables.

Data gathering takes place as follows: for the total sample (n=300), there are two waves or phases of gathering with a nine-month interval. This time interval is long enough to check whether the recommendations formulated in Phase 1 have been followed up and, thus, to measure the impact of using the instrument. As for the control sample (n=50), there is only one instance of data gathering since the objective pursued is to identify the normative referents which orient care practices with regard to children.

Instruments

At the outset, two major orientations influenced the work performed by the research team in developing the instruments. The first relates to a concept of the role of the State which recognizes that it has a parental responsibility towards certain children, notably those who, because of difficult family situations, must be placed in the foster care network. This statement echoes the work by Roy Parker, *Can the State Be a Parent?*, published in 1980. The second refers to a concept of assessing outcomes in the child services field centred on the child's needs rather than on the performance objectives of an institution.

The team has thus developed instruments from the perspective of helping institutions to carry out their responsibilities, through the actions of their professionals, towards the children in their care – just as parents do with respect to their own children. After an exhaustive review of the works and research published in the field, seven dimensions of child development were used to develop the six Assessment and Action Records which as we emphasized earlier, correspond to six different age groups[8]. These dimensions of child development are the following: Health – Education – Identity – Family and Social Relationships – Social Presentation – Emotional and Behavioural Development – Self-Care Skills.

Data gathering and the plan of action are organized around each of these dimensions. The gathering format is the same for every dimension being studied. As illustrated in the insert, the statement of aims pursued under each dimension always appears at the beginning. Then appear the main and follow-up questions, the plans for

7 There are six versions of instruments developed by LAC, each one corresponding to a different age bracket (under 12 months, 1 to 2, 3 to 4, 5 to 9, 10 to 14, and 15 and over).

8 For more information, the reader is invited to consult Harriet Ward (ed.), *Looking after Children: Research into Practice*, London: HMSO, 1995.

further action, the persons responsible for carrying them out, the explanation for no action being taken and, finally, the assessment of objectives.

LAC Instrument

The Assessment and Action Records

	Assessment	Action Plan
Health	Statement of Aims Main and follow-up questions Plans for further actions Responsibility for carrying them out Explanation for no action undertaken Assessment of objectives	Further actions to be undertaken When? By Whom? Responsibilities • parents • foster parents • social workers Target dates

At the very end of the Assessment and Action Records, there is a summary of work to be done for each dimension, that is, the interventions that must be carried out as well as the persons responsible for carrying them out and the target dates. The reader may consult extracts in the Appendix from the Assessment and Action Records illustrating the type of information to be gathered under the heading Health[9] as well as the summary sheet. The essential information concerning each child (socio-demographic characteristics, medical history, etc.), is gathered using an information sheet. It is important to note that the data gathered may be used for a quantitative analysis.

Relevance of the Instruments

In relation to the theme of the Symposium, in this brief description of the *Looking after Children in Canada* project, I will try to highlight the relevance of using instruments in terms of practice, management and research.

Practice

Using these assessment and action instruments helps practitioners to establish a work agenda in relation to the young person; to increase consultation and partnership among social workers, the child's parents, the foster parents and other individuals involved with the child; to direct action around daily tasks which are associated with the parent's role; and to develop strategies with a view to improving the quality of services intended for young people. Use of these instruments is based essentially on communication among all those responsible for the young people, with the aim of ensuring that their needs are properly met and that appropriate strategies are worked out to meet them.

9 Adaptation of the instrument was performed in collaboration with Chantale Biro and Robert Flynn of the *Projet d'évaluation des résultats de l'aide à l'enfance* [Children's Aid Outcome Assessment Project] conducted by the Prescott-Russell Children's Aid Society. It is forbidden to reproduce these pages from the Records without the permission of the authors.

Management

The data gathered may be integrated into the institution's information system, which allows the time invested in data gathering to be turned to good account. However, use of the LAC instrument makes possible worthwhile use of the information collected. In fact, in terms of planning and supervision, the possibility of consolidating data constitutes an important analytical tool. We have a more exhaustive portrait of the young people in care, their needs, the nature and intensity of the interventions which are carried out, the consultation mechanisms in place, the problems connected with the delivery of services, etc. With this database, we can also define indicators to measure the impact of the services provided.

Research

The data gathered may increase knowledge about children in care. Different avenues of research may be favoured. In a longitudinal perspective, they may contribute to assessing the impact of a placement experience on a child's development. They are also relevant for carrying out comparative studies on the characteristics of children who are placed and children in need of help who are receiving services from other children in the community. In the framework of impact studies, they make it possible to specify the conditions that lead to certain results. Finally, the development of indicators to measure progress by young people in care or in need of help may contribute to identifying the factors related to the quality of the services provided.

Risk Assessment and Child Welfare Outcomes: Current Trends and Future Directions

Arnold J. Love
Evaluation Consultant

Introduction

The influential child welfare experts, Diane English and Peter Pecora (1994), have defined risk assessment as "predicting whether a child will be maltreated in the near future, absent intervention" and "an estimation of the likelihood that there will be an occurrence of maltreatment in a case where maltreatment has not occurred" (p. 452). Although risk assessment models have existed in the United States for some time, the use of formal risk assessment procedures in relatively new in Canada.

Time does not permit a detailed review of the risk assessment and the major risk assessment models. Given time constraints, I would like to address four major questions:

1) What outcomes should be measured in child welfare?
2) How can risk assessment strengthen clinical practice?
3) What are the future directions for risk assessment?
4) What is a promising research and evaluation agenda for risk assessment?

Question 1: What Outcomes Should Be Measured in Child Welfare?

Five years ago this month, in her opening address to the First Annual Outcomes Measures Roundtable in San Antonio, Texas, Dr. Patricia Schene, Director of the Children's Division of the American Humane Association, provided an introductory overview of child welfare outcomes.

Schene defined child welfare outcomes as specific changes in conditions or functioning of children and families that are caused because of a program or intervention. She emphasized that measuring outcomes was vitally important for the following reasons:

- To make better clinical decisions
- To track the impact of services on children and families
- To better target the use of limited resources
- To be accountable for the use of public funds

Schene noted that for nearly two decades, child welfare agencies have been measuring outcomes in two broad areas. The first area focuses on outcomes that place the child at risk for abuse and neglect, and the second area concentrates on the capacity to parent as well as child and family functioning. For our purposes, it is important to note that the first six of the nine areas, or two-thirds of the list, are outcomes which address risk:

Outcomes Related to Risk for Abuse or Neglect

(1) Safety of the child

(2) Reduction in level of risk of child abuse and neglect

(3) Prevention of placement or reunification of family

(4) Recurrence of abuse and neglect

(5) Violence in home

(6) Addictive behavior and substance abuse

Outcomes Related to Parenting Capacity and Child and Family Functioning

(7) Parenting ability

(8) Child and family functioning

(9) Ecological changes in family

There is a great deal of compatibility between risk assessment and child welfare outcomes. Formal risk assessment models have addressed both risk for abuse/neglect and child and family functioning. The issue still remains, however, whether the term risk assessment should be applied to "family assessment" models (e.g., Child Well-Being Scales).

Question 2: How Can Risk Assessment Strengthen Clinical Practice?

In developing the Ontario Child Protection Risk Assessment Model, my research findings (Love, 1997) were consistent with prior research summarized by Pecora (1991). In this article, Pecora states that good quality risk assessment systems can support clinical practice in the following ways:

- Focus worker attention on the most critical risk factors – although research and practice knowledge is limited, risk assessment has proven better than vague policies and guidelines.

- Reduce bias in decision-making and avoid vague, negative, label-filled descriptions of child and family functioning.
- Help workers and supervisors communicate about the case.
- Encourage careful documentation.
- Reduce excessive emphasis upon severity of abuse.
- Help social workers assess risk not only at intake, but throughout the whole life of the case.
- Assist social workers to focus on strengths as well as limitations.
- Respond to cultural differences when a person familiar with the culture conducts risk assessment.
- Reduce agency risk and liability by systematically assessing and documenting risk factors.

On the other hand, key informants during my research (Love, 1997) reported limitations of risk assessment models they were using. They found that the current risk assessment systems were better able to assess:

- Abuse rather than neglect
- Physical rather than emotional or sexual abuse
- Older rather than younger children

They also commented that some models required highly experienced caseworkers to assess risk accurately. The key informants also doubted that risk assessment in itself led to a direct reduction child death.

The research and evaluation literature also has noted similar limitations with the current risk assessment systems when used for case decision-making:

- Field research has repeatedly noted that risk assessment implementation problems can have more influence on case decision-making than the specific risk assessment model being used.
- Risk assessment can be used incorrectly at different times during the life of the case and in an overly legalistic way that obscures the longer-term child welfare outcomes related to child and family development.
- Child neglect may not be given enough attention.
- Complex cases may not be assessed adequately – they may require a multidisciplinary case team and assessment process rather than a single worker and supervisor.

- There is a lack of empirical data and incomplete understanding of how various risk factors may interact to increase or lower risk in various types of abuse and neglect situations – systems should be able to adjust for interaction among factors, threshold effects, and non-linear relationships.
- Psychometric properties, especially classification and prediction rates, require more research and translation into practice guidelines.

Question 3: What Are the Future Directions for Risk Assessment?

Future Direction #1: Better Selection of Outcomes and Intervention Strategies

Murphy-Berman (1994) has emphasized the need for better understanding and training about the relationships that link risk assessment, selection of outcomes, and choice of intervention strategies. After the safety and risk assessments have been made, appropriate intervention outcomes and strategies to facilitate these outcomes must be selected. Social workers must have the ability to select appropriate outcome goals, but they also must have sufficient knowledge of treatment options. Clearly, this is a very different task than simply identifying the existence of risk factors and it requires significant analytical and assessment skills.

Future Direction #2: New Generation of Risk Instruments

In the United States, risk assessment models and instruments have been implemented and evaluated for about 20 years. Formal risk assessment has a much shorter history in Canada. During my research, I had the opportunity to review published and unpublished reports and to speak with the developers of the major risk assessment instruments under consideration. It became evident that the "first generation" of risk assessment tools was becoming obsolete, at the same time that Ontario and most of the other Canadian provinces were implementing formal risk assessment for the first time.

What are the probable characteristics of the "next generation" of risk assessment instruments? My research indicated that these instruments are likely to have fewer items, have a separate safety assessment, give more attention to neglect, substance abuse, sexual and emotional abuse, and tie specific risk factors to each of these typologies (i.e., risk factors relevant to neglect may not be particularly relevant to sexual abuse). Once the data have been collected, these new generation models are likely to involve a systematic risk analysis and an outcomes-based service plan. The plan will include risk reduction outcomes and set priorities of risk factors via weighting systems. The case decision-making will systematically weigh the strengths of the family which offset risks. These instruments also are likely to distinguish among the related concepts

of risk, severity, and chronicity (e.g., Florida's model), and set minimally acceptable levels of risks (e.g., Tennessee's benchmark values).

Future Direction #3: Close Link with Case Decision-Making

In the future, there will be greater recognition that the assessment of risk should always be a part of child welfare services. Whereas risk assessment has been used for screening and setting case priorities, it will be used more to structure case decision-making and foster consistency in case practices, especially for less experienced staff. As such, risk assessment will provide a framework for case documentation and accountability, and be more closely integrated into service planning. Risk assessment instruments will help workers calibrate level of intervention to level of risk and ensure risk is reassessed at all major stages in the life of a case. Risk assessment, with its feedback mechanisms and supporting documentation, will be seen as an integral part of overall decision-making and child welfare court presentations. There will be greater recognition that risk assessment is an important, if not central, element of child welfare practice.

Future Direction #4: Risk-Based Approach Replaces Incident-Based Approach

Risk assessment will allow workers and supervisors to move beyond a focus on incidents. Instead of substantiation, further action will be based on risk assessment. A wider base of empirical knowledge will lead to a greater consensus about the best approach to risk assessment and better strategies to integrate a risk model into the service delivery system. Evaluations of the characteristics that contribute to effective risk assessment will enable us to learn from one another via national meetings and roundtables and to build a strong sense of collective purpose.

Question 4: What is a Promising Research and Evaluation Agenda for Risk Assessment?

Patti (1988) suggested that "service effectiveness" should be the central standard for building child welfare practice. Service effectiveness is reflected in three types of outcomes: (1) agency success in bringing about client change, (2) competent implementation of methods and techniques needed to achieve service goals, and (3) feedback from clients about the quality of services. Further, Wald and Woolverton (1990) have stated that a good risk assessment system should add to a social worker's ability to decide whether or not to place a child to ensure safety. Research and evaluation should examine these outcomes and other service outcomes, such as recidivism, new reports, and case goal attainment.

The technical properties of risk assessment instruments and models are another priority area for research and evaluation. Technical properties include; the validation of factors associated with risk, especially predictive validity studies; cross-validation of risk assessment instruments; risk assessment at different decision points; and modelling studies

to determine more accurately the importance of individual risk factors for various types of abuse, the interaction among risk factors, and how they are modified by strengths.

A crucial area is the evaluation of implementation, especially the evaluation training of workers and supervisors, utilization of the risk assessment process, and identification of factors that support integration into case decision-making (e.g., supervision, feedback). For example, Fluke and his colleagues (1993) at the American Humane Association found that some social workers discounted the value of risk assessment, or had other reasons for not using it. Other workers reported completing risk assessment instruments only after making case decisions. Cicchinelli (1990) noted similar results in a multi-state evaluation of the Illinois risk assessment model.

Finally, more research and evaluation is needed on how risk assessment helps families to change and how outcomes of interventions can be measured in terms of reduction of risks. In short, better evaluation information is needed to inform social workers how to move from risk assessment to effective intervention and prevention.

Concluding Comments

I would like to conclude by describing what I think will be different when child welfare outcome measures, including risk reduction outcomes, are fully implemented.

In my view, there will be a shift from assessing risk to mediating risk. Case plans will be more focused and revised in terms of outcomes. Social workers will be better able to document success in helping families change and grow stronger, thereby empowering and supporting workers and families alike. Reviewing and monitoring outcomes will enable supervisors to know when interventions need to be revised. Collateral services will report the achievement of clearly specified outcomes. Training will be focused on what works for children and families. Child welfare agencies will be able to document better the value of what they do for the public.

The systematic inclusion of risk reduction outcomes will enable resources to be used more effectively by linking risk assessment with service planning, service delivery, outcome measurement, and follow-up. There will be a closer fit between public expectations for child protection and casework. Finally, as a system, we will know what levels of resources are needed to achieve outcomes under what conditions, enabling us to plan resource allocation more realistically.

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Challenges in Developing Outcome Measures in Child Welfare

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Introduction

This presentation considers the question of outcomes from a clinical case management perspective. However, it is my position that we must try, as often as possible, to develop outcome measures that provide useful information both for case planning purposes and for assessing program effectiveness. The intent of this presentation is to outline a brief case study of one agency in Winnipeg that has been struggling with this issue over the past 18 months. That agency is Marymound, a multi-service agency providing services for children and youth referred by mandated child protection agencies in Manitoba. The project that is summarized in this presentation involved the development and implementation of an outcome measurement package for the agency. Two general issues are important to recognize. First, the growing interest in outcome measures in child welfare systems gather only rudimentary data, if any, on outcome. While we may be able to incorporate components of systems for measuring outcomes that have been developed in other countries, we need to be conscious of the special issues affecting Canadian child welfare. One of those issues is the importance of Aboriginal issues and the need to develop and validate measures that can be used in the Aboriginal context.

The history of outcome measurements in Canadian child welfare has evolved through stages. Four are identified here. The first stage may be characterized as the "Age of Innocence" where there is no emphasis on outcomes. Instead, the focus is on "activities" and a professional view best characterized as "trust us – we know we are doing a good job." The second stage can be defined as the "Age of Reluctance" where evaluation is recognized as being important but it is generally limited to questions about service quality. Debate concerning the relative utility of process and outcome measures are characteristic of this stage, and while there is grudging acceptance of the importance of outcomes, these are regarded as too difficult to measure. Underlying this issue is a concern that increased attention to outcome assessment is likely to generate results that will raise serious questions about the actual impact of many of our current programs. The "Age of Impetuosity" is characterized by an increased demand for outcome data for accountability purposes, and for information on cost. While more attention is devoted to the development of outcome measures, many remain poorly developed, and the results of studies are often used to draw misleading conclusions on program impact. The final stage may be characterized as the "Age of Enlightenment"

where previous mistakes are recognized, and attention is given to the need for a more integrated approach to assessment. At this stage more attention is given to measure which connect clinical and program outcomes. As well, there is the thoughtful use of outcomes for case and program planning along with other information on needs and service quality. Finally, in this stage there is the promotion of research for outcome measures that can be effectively utilized to promote both good practice and good policy development. I am sure that we can identify agencies and systems which are at various "stages" in this continuum, but certainly this Roundtable Conference has been designed to promote those activities which can help us reach the "Age of Enlightenment."

2. The Case Study: Marymound Outcomes Project

2.1 Agency Context and Outcomes Project

This agency, located in the non-government sector, formerly provided residential care for troubled adolescent girls. It is now a multi-service agency which provides residential group care for girls, an educational program, treatment foster care and abuse treatment services from its Family Resource Centre, and receiving group care for youth in northern Manitoba. Recently it opened a short-term crisis stabilization unit in Winnipeg. The agency has approximately 100 staff including social workers, childcare workers, and secretarial staff.

The Outcomes Project was initiated in 1996 with a $50,000 external grant from the Winnipeg Foundation. Because the project was self-initiated by the agency, there was a high level of commitment among senior managers. Campbell and Heinrich Research Associates were hired to coordinate the project and major tasks associated with the project were completed by the end of 1997. The goals of the project, as originally conceptualized, were as follows:

- to engender a commitment to outcome-oriented thinking;
- to unravel the outcomes concept – whose outcomes; what kind, when to measure;
- to select key indicators of effectiveness that have clinical and program significance;
- to develop a system for ongoing monitoring of outcomes;
- to link outcomes to predictor variables; and
- to support Marymound's efforts to be accountable, improve service, and build knowledge about program effectiveness.

Project implementation involved four stages. These were System Design (from September 1996 to December 1996), Piloting the System (from January 1997 to August

1997), Staff Training and System Implementation (from September 1997 to December 1997), and Maintenance and Adaptation (ongoing).

One of the problems in designing an outcome system is how to conceptualize the beginning and ending of different services which may be provided within any one agency. This problem was addressed by defining the Agency role at the broad level as "the intervention" but also differentiating among interventions carried out by various programs within the agency (e.g., education, abuse treatment counselling, foster care). The notion of an episode, which begins with admission to one or more programs and continues to the end of agency involvement, was adopted to identify the tracking period.

2.2 Marymound Outcomes System: Components and Measures

The system was designed to measure outcomes that would provide useful information for case planning and management purposes as well as outcome measures on program performance. The components of the system are identified below.

A) Admission Form – This is completed prior to admission by the referring worker and the primary worker.

B) Outcomes Summary Form – This is completed initially after the client has been admitted for two weeks. It is then completed after the child has been in the program for five months and at six-month intervals thereafter. The Summary Outcomes Form is also completed prior to or at discharge whenever that occurs. These measures are to be completed by the primary worker in consultation with the child whenever possible. There are also additional forms for post-admission entry to programs and internal transfers.

C) Education Program Performance Form – This is completed initially during the first two weeks of school placement. Thereafter, attendance is completed monthly and some parts are completed at the three month intervals. All aspects of the form are completed again in June or prior to discharge. Completion of the form is the responsibility of the home-room teacher although input is obtained from other teachers.

The contents of these components are summarized next.

a) Admission Form – This form collects background information on child, including placement history, family of origin or adoptive family information, school history, the child's client profile regarding abuse, drugs and crime, health status and the per diem cost of care.

b) Outcome Summary Form – This form assesses achievements. Several questions were adapted with permission from the Looking After Children measures developed in England. The following concepts are assessed: health, identity, family and social relationships, social presentation, emotional and behavioral development, self-care, education, specialized knowledge, problem-solving skills, spiritual well-being, leisure and recreational well-being, and general behavioral indicators. The form also includes the behavior component of the Child Behavior Checklist and special case closing information.

c) Education Program Form – This form rates behaviors and attitudes. As well, two measures of academic performance are included: a general measure, and test scores.

Cost data are recorded on an ongoing basis to enable cost-outcome calculations. Like the Looking After Children measures, the outcome measures used in this system focus on the child. While several of the dimensions are similar to those used in the Looking After Children system, additional dimensions were designed for this agency. These include problem-solving skills and a spiritual dimension, both of which emerged from the staff consultation of the project.

2.3 Designing the System

The development of a case management outcome system must involve staff input, and in this project the design phase began with consultation stage involving all staff and selected groups of clients. Workshops were organized with follow-up tasks. Two primary tasks were involved: clarifying agency goals and objectives and identifying outcome concepts to be included in the system.

This was a difficult process in that some staff resisted the focus to define service tasks as measureable outcomes. Despite some frustration one of the most important benefits has been a rethinking of service objectives in more outcome oriented terms. As in many agencies, program objectives were often framed as activities, e.g., attend school, provide abuse counselling, and these workshops led to the identification of achievement oriented outcomes. One of the encouraging aspects of this experience was the ability to achieve a broad consensus about expected outcomes across service programs. In addition, consultation with client groups confirmed that was a high level of fit between staff and client perceptions of problems, services received and perceived benefits.

A key feature of the project was the recruitment of an Advisory Committee that was composed of representatives of several allied agencies and organizations. The

Committee was multidisciplinary in background and provided important feedback on the outcomes framework, as well as implementation issues.

A literature review stage preceded the development of the outcomes measures, and this review focused on three areas. These were the service model employed by this agency, including theory related to expected outcomes, various types of outcome measures and available computerized tools which could provide good feedback to staff.

Certain limitations were recognized at the system design stage. In this case the Agency context dictated a focus on child outcomes. As well. there was recognition that some of the instruments adopted or adapted didn't exactly capture what was intended (e.g., Child Behaviour Checklist). There was also a recognition that the Agency didn't have the capability to track long term outcomes after termination of agency service as important as these may be.

There was a high commitment to utilizing the system for case planning, and integrating this within existing agency operations in ways which avoided duplication and extra work wherever possible. For example, attention has been given to system maintenance. A User's manual and a Programmer's Manual has been designed to enable ongoing use and adaptation of the system. As well, the Agency has a designated staff person responsible for input and information dissemination.

2.4 Assessment and Utilization

The importance of designing an inclusive process for the development of any system must be recognized. For example, in this project the involvement of staff and the Advisory were regarded as key strengths. One of the important factors in ensuring success, however, has been the high level of commitment among Agency staff, particularly at the Management level. Without this kind of commitment similar efforts are likely to lead to less positive results. In general, the goals set for the project were accomplished. The system allows for integration with existing operations by providing information for ongoing case planning as well as program level outcomes at termination. It can be adapted quite easily to collect additional information in the future. Accountability goals are met through the inclusion of cost and service outcome data. Although some additional administrative staff time is required these responsibilities are not onerous. Finally, the system itself is relatively inexpensive to develop and maintain.

There are also limitations that need to be recognized. In order to produce useful information for case management purposes, sufficient resources must be invested to produce timely reports for staff. Adequate resources must also be invested at the developmental stage, and some of these may need to be devoted to training. Outcomes in this project were limited to child functioning and well-being measures, and as in any measurement package, these may omit some important outcomes and related performance indicators. As well, there is no provision for long term follow-up beyond service termination.

3 Implication for the Development of Child Welfare Outcomes

This case study raises several issues or challenges which need to be considered in developing outcomes measures, particularly those designed to be of assistance in case management.

One is the complexity in defining what outcomes will be measured. Difference stakeholders are interested in different outcomes measures, and it is impossible to include all perspectives. Outcomes also vary with time. For example, we can define more immediate indicators, some of which might be identified as process indicators, and we can also define proximate outcomes that are identifiable at the end of intervention. We can also complete follow-up assessments to assess outcomes over relatively short periods of time, and we could assess long term outcomes (i.e., ultimate outcomes or impact). While all are important, we will need to prioritize one or two of these at an agency level because of limitations in time and resources. For case management purposes process or performance indicators and proximate outcomes are of particular importance.

One of the key issues is the tension between trying to integrate clinical and program level outcomes. This tension is quite understandable and relates to the somewhat different accountability interests of managers/funders and staff. Whereas managers are interested in what works in general as well as general levels of financial accountability, staff are most interested in what works in specific cases. For staff, process and progress indicators are very important because of their utility to case planning. For managers final outcomes are key. While systems can be developed to include both, it is a challenge to do so, meet the needs of both groups at an optimum level and avoid excessive administrative work in collecting, recording and processing information.

A second issue is that of compliance in recording reliable and valid information. Staff have concerns about the relative benefits of any new data collection system particularly in relation to time they must invest in recording information. This is made more problematic if there are insufficient agency supports for administrative time to enter data and generate reports for case planning. Workload requirements for outcome measurement can be increased, particularly if too little attention is given to areas of overlap and duplication. It is very difficult to avoid additional work in introducing outcome measures, but in times when workload requirements are very heavy for child welfare workers this is a problem unless compensating trade-offs are incorporated. Staff are also concerned about how much information will be utilized. In particular, they are concerned about whether such information will be used to evaluate their performance or to close down programs. These fears are not always unfounded, and it is important to recognize these concerns. Careful development of staff involvement, training supports, administrative help and the thoughtful use of data to provide benefits to staff in case planning can enhance compliance.

A third issue is the adaptation of outcome measures to the changing nature of child welfare. A prevailing problem is that most child-related measures, with the exception of risk measures, tend to focus on the child in care. Whether and how child well-being measures can be broadly applied to children receiving in-home services is an important question. A related issue is the lack of reliable information about both the number of children served outside the in-care experience and outcome information on these children.

Another concern is the sensitivity of current measures to process and outcome issues pertaining to Aboriginal agencies, particularly in relation to cultural forms of intervention. These issues need to be considered carefully and measurement systems need to be developed with the full participation of these agencies. My experience has been that the community well-being variable will be more important in the Aboriginal context, and the notion of family continuity has to be broadened to include cultural and community connections.

There are several methodological problems in documenting and using outcome measures in child welfare. While many of these can be addressed while working together and building on current efforts some present particular challenges. One is the relationship of outcome measures to an agency's service model. We shouldn't measure outcomes for services that are not provided; conversely we need to be clear on what services are provided in order to identify appropriate measures. Second, there is the problem of the adequacy of existing outcome measures, their relative fit with services that are being provided and the choice between multiple measures and perspectives. Third, and this point relates to the two previous ones, there is the problem of aggregation. Child welfare outcomes are multi-dimensional. But even if we measure several dimensions we don't really know how or if we can aggregate these results to generate an overall outcome measure. This remains an area for continued work. An additional problem is aggregation across agencies or systems. An outcome measure should be linked to an agency's service model (that is, its goals, objectives and service activities). As we focus on developing a common outcome measure for several agencies, we may fail to carefully consider important differences in service objectives or the kinds of services which are, in fact, provided among these agencies. For example, it is much easier to design an outcome measure to connect with Marymound's service model than to design an outcome measure relevant to the service models used in all child welfare agencies in the province of Manitoba. While developing general outcome measures are possible across larger systems, the approach may have to involve the identification of more general expectations (as in the case of the Looking After Children system of measuring outcomes). Such a system is likely to contribute best to case planning if it allows for local agency adaptation so it can include additional measures which address locally developed service objectives and activities.

Finally, there is the problem of interpretation and utilization. Outcomes measures provide data on change at one point in time. If we recognize this limitation and the fact

that they do not measure all that is happening in any intervention we need to be cautious in interpreting and using results. Outcome information is very important in assessing accountability and planning, and it has been neglected for too long in our field. But it also needs to be supplemented with qualitative information, and practice wisdom in making decisions. At the case planning level this information is often present due to input from clients, family members and staff. At the program planning level it is important that decision makers make a special effort to solicit and include these types of information.

A final point concerns the stability of outcomes over time. Roy Barker, a key person involved in the development of the Looking After Children system, reminds us that multiple factors affect outcomes, and that outcomes are often somewhat transitory. The latter point refers to the fact that change observed at one point in time may be altered at another point. This is recounted by staff who report that children often come back years after receiving service to indicate how it helped, an outcome that may not have been observed at the time service was terminated. There are also discontinuities in results – that is, the same service produces different effects on what we might define as similar problems. This obviously complicates judgements about what works in general, and this is the major concern at the program level.

The challenges summarized here should not be minimized. Nevertheless, I want to conclude on an optimistic note in stressing the following points:

- Outcome data can be used for clinical and program planning but it is important to collect this information on a continuing basis in assessing change, and provide regular feedback to staff.
- Outcome data can be integrated with cost information to help answer efficiency-related questions.
- Outcome data should be considered along with service quality information in assessing services.
- A focus on outcomes can raise the level of debate about effectiveness and contribute to a more critical examination of both new and old service and program options.
- The validity of outcome data for program planning is increased if data are collected over time and on a continuing basis.
- A focus on outcomes encourages research on the development of more relevant measures and on longer term implications from different types of information.

Panel 4

Ecological and Intervention Outcomes Research

Ecological and Intervention Outcomes Research

It is important to separate the evaluation efforts of managers from those of independent researchers, who use more complex research designs that provide better control for measurement bias and for confounding explanations. Whereas managers are primarily concerned with demonstrating that clients' outcomes have improved, researchers struggle to show that changes can be attributed to the intervention rather than to a co-occurring event or other factors. By using comparison group designs, clinical researchers seek to identify client changes that can be attributed to child welfare interventions. Ecological researchers focus their analyses on the relationship between child welfare indicators, such as rates of reported maltreatment, and other social indicators, such as rates of poverty and unemployment.

Harriet MacMillan is a pediatrician and child psychiatrist working primarily in the area of child maltreatment. Harriet presented a description of the NHRDP-funded randomized controlled trial evaluating the effectiveness of public health nurse home visitation in preventing the recurrence of child abuse and neglect.

Carol Crill Russell served at the Ontario Ministry of Community and Social Services as the Senior Research and Policy Advisor for Children's services. She is currently the Director of Research and Development for the Invest in Kids Foundation. She spoke about her experiences in ecological and outcomes research including the Better Beginnings, Better Futures Project, Ontario's Healthy Babies, Healthy Children and the Helping Children Adjust Project.

Micheline Mayer works as a researcher at the Institut de recherche pour le developpement social des jeunes (Research Institute for the Social Development of Children) and at the Centres Jeunesse de Montreal (Montreal Youth Centre). Micheline described her use of indicator mapping in determining what the relationship is between the incidence of protection cases and the characteristics of their neighbourhoods.

Kathleen Kufeldt is an Adjunct Professor attached to the University of New Brunswick. Kathleen is the coordinator Child Abuse and Neglect research team for the Muriel McQueen Fergusson Centre for Family Violence Research, University of New Brunswick. Kathleen provided a paper based on her presentation at the Roundtable which explored the complex value issues and assumptions associated with research involving children and youth.

Public Health Nurse Home Visitation Program

Harriet MacMillan
Associate Professor Departments of Psychiatry and Behavioural Neuro Sciences and the Department of Nursing

Tertiary Prevention

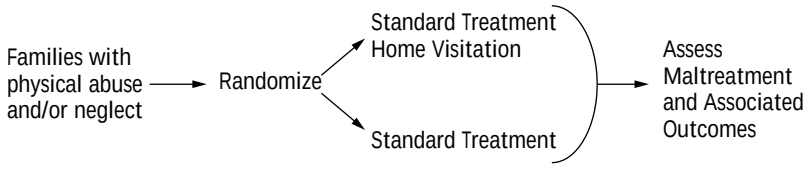
- Aimed at preventing recurrence of and/or impairment associated with child maltreatment

Need for Intervention

- Child physical abuse and neglect are associated with significant morbidity and mortality
- Recurrence of child maltreatment is a major problem with serious consequences
- In one study, 67% of families undergoing treatment after physical abuse was documented, had evidence of verified recurrent abuse (Herrenkohl et al '79)

Rationale for Intervention

- Home visitation has been shown effective in the prevention of physical abuse and neglect among high-risk families (olds et al '86; Hardy and Streett '89)
- PHN has been called "the most non-threatening professional to gain entrance to homes where no one else can" (Schmitt '80)
- Child protective agencies focus on protection; limited resources for treatment or prevention
- Little evidence that any intervention is effective among families where maltreatment has occurred



Overview of Pilot Study: Objectives

1. To develop and to evaluate enlistment procedures for gaining participation of eligible families
2. To demonstrate that PHNs can develop a working alliance with abusive families
3. To develop an educational program for the PHNs
4. To develop a feasible process for gathering data for the recidivism of abuse and neglect

Research Design

- Open Trial
- Evolved through collaboration with CAS, CCAS and Hamilton-Wentworth Department of Public Health Services
- 18 families followed for a 6 month program of home visitation by PHNs
- Hourly visits weekly for 6 months

Sample Specification

- Families of consecutive, new patients referred to CAS and CCAS for Hamilton-Wentworth
- Verified physical abuse/or neglect
- Study described and consent obtained

Maneuver

Nurse home visitation focused on the following activities:

1. Parent education regarding child development
2. Involvement of others in child care
3. Linkage with health services
4. Parental support

Outcome Measures

- Incidence of subsequent physical abuse or neglect from hospital records and associated outcomes
- Child Abuse Potential Inventory
- Minnesota Child Development Inventories
- Revised Behaviour Problem Checklist
- Home Observation for Measurement of the Environment
- Adult-Adolescent Parenting Inventory

Decision of Proceeding with RCT Based on:

- 75% or more of families who participate in the intervention follow the visiting protocol x 6 months
- Data about recurrence can be obtained from hospital records
- Portable, standardized PHN intervention can be developed

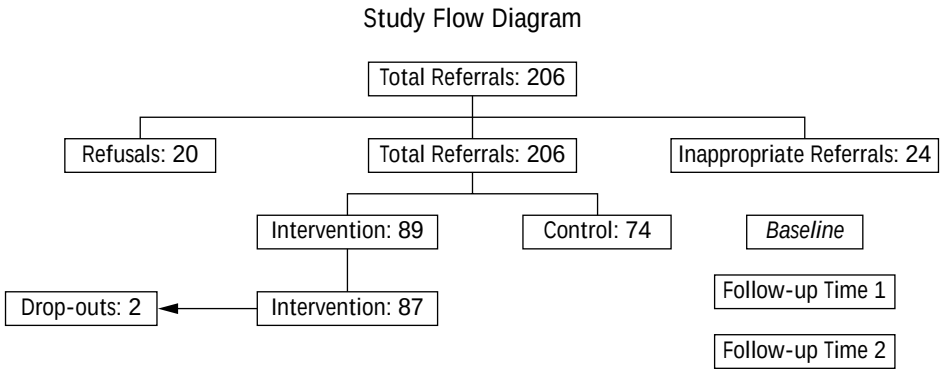
Details of the Intervention

- Average number of visits – 16
- Average length of visit – 1.5 hr
- Each family also received 6.4 hours in telephone communication
- Flexibility and support were important aspects of the intervention

Findings

- It is possible to gain participation of eligible families; requires close cooperation between child protection agencies and PHNs
- PHNs were able to develop a working alliance with 77% of families who participated in intervention
- Education program important but critical aspect is experience and abilities of PHNs
- All 14 families were agreeable to data being gathered from Family MDs, hospitals and agencies

The Family Connections Study



Future Research

Need for trials of interventions with clear outcomes, control groups

For physical abuse and neglect, there is a need to determine aspects of home visiting programs which are most effective

Challenges of Conducting Ecological Research

Carol Crill Russell
Vice President, Invest in Kids Foundation

What is an ECOLOGICAL MODEL?

- Sees the Child in the context of the family,
- Sees the family in the context of the neighborhood or community

Client Outcomes in Child Welfare – Outcomes Framework

"The complex and chronic needs of the children and families served by the child welfare system are unlikely to be effectively met by any single intervention, but are likely to require an array of interventions at different levels of the formal service delivery system as well as support from the broader community."

Links between Formal Service Delivery Systems: Public Health and Child Welfare

Vulnerability: child abuse
chronic health
poor school performance
reduced mental capacity

Links between Child Welfare and broader community

Vulnerability: safety
security
role models
opportunities

Linkages

The Initiatives: Child Welfare Reform

and

Healthy Babies, Healthy Children

The Sectors: Child Welfare – Children's Aid Societies

and

Public Health – Health Units
Health Institutions – Hospitals

Healthy Babies, Healthy Children	Child Protection
1. Screening all newborns Hospitals and midwives √ Referred directly to CAS √ Referred directly to Infant Devel. √ Referred to Health Unit for possible further assessment	1. Eligibility Assessment
2. Health Unit Review – Health Units √ Referred to CAS √ Referred to physician, others ... √ Referred to in-home public health nurse Family Assessment	2. Safety Assessment
3. Family Assessment – Health Units √ Referred to CAS √ Referred to physician, other appropriate service √ Referred to Healthy Babies home visiting	3. Risk Assessment for Child Protection

Risk Assessment for Child Protection and Healthy Babies, Healthy Children: Family Assessment

Risk Assessment for Child Protection	Healthy Babies, Healthy Children: Family Assessment
Caregiver Influence	*Baby Influence*
• Abuse and Neglect of Caregiver • Alcohol or Drug Use • Caregiver's Expectations of Child • Caregiver's Acceptance of Child • Physical Capacity to Care for Child • Mental/Emotional/Intellectual Capacity to Care for Child	• Baby's Health and Development • Baby's Behavior and Temperament
Child Influence	*Caregiver Influence*
• Child's Vulnerability • Child's Response to Caregiver • Child's Behavior • Child's Mental Health and Development • Child's Physical Health and Development	• Prenatal Education • Depression during pregnancy • Mental/Emotional/Intellectual Capacity to Care for Baby

Family Influence

- Family Violence
- Ability to Cope with Stress
- Availability of Social Supports
- Living Conditions
- Family Identity and Interactions

Intervention Influence

- Caregiver's Motivation
- Caregiver's Cooperation

Abuse/Neglect Influence

- Access to Child by Perpetrator
- Intent and Acknowledgment of Responsibility
- Severity of Abuse/Neglect
- History of Abuse/Neglect
- Committed by Present Caregivers

Family Influence

- Availability of Social Supports
- Ability to Cope with Stress
- Family Identity and Interactions
- Feelings towards pregnancy and baby
- Expectations of Baby
- Acceptance of Baby

- Motivation
- Living Conditions
- Housing Stability
- Food Security

- Alcohol or Drug Use
- Family Violence
- Abuse/Neglect of Caretakers
- History of Abuse/Neglect by Present Caregivers

Services/Supports Influence

- Cooperation with Services and Supports

Differences between Child Welfare and Public Health

Child Welfare:	Public Health:
An investigation	An offer of support
An allegation	A response to a previous screen
A child welfare worker	A public health nurse from birth to
For all children from birth to age 16	two weeks of age
Risk Assessment categories	Family Assessment categories
Arranged from Worst to Best.	Arranged from Best to Worst.

Broader Community Approaches

Located in High Risk Neighborhoods/Communities

1. Better Beginnings, Better Futures
2. Growing Together
3. Community Action Program for Children (CAPC)

Ecological Models consist of:

Mandatory Components:	ex. home visiting supports to child care supports to primary schools
Community Appropriate Components:	parent education/training emergency supplies toy/clothing supplies drop-in centres
Key Principles:	high quality integrated services tailored to the community involvement of parents in decision-making

Key Characteristics: Neighborhoods/Communities

Stigmatized

Poor personal evaluations

Daily distrust and cynicism

Diversity of attitudes and values

Tired of fighting hard for resources and supports other neighborhoods take for granted

Decades of constant government and research attention, yet conditions have deteriorated, *not* improved

Research Conditions:

Enormous resistance to research – WHY?

“We have been researched to death!”

“Nothing good ever happened for me or my children from previous research!”

“Research is blackmail to obtain services I need!”

“Researchers can say all kinds of negative things about me, my children and my community, and this just makes us look and feel worse.”

SABOTAGE: a real possibility

MASS NON-COOPERATION: a real probability

Outcomes

Health

low birth weighs

births w/complications at delivery

physical health limitations

longterm health problems

emergency room use

children with excess fat

parents with depression

number of subsequent child births

Academic and School Outcomes

receptive vocabulary

children receiving special education

Teacher ratings of pro-social behaviors

Community Safety

willful damage (vandalism)

break and enter charges

number of arrests of mothers/fathers

Child Welfare

rate of CAS family service cases

Social Assistance

use of social assistance

Indicator Mapping: From Ecological Analysis to Community Intervention

Micheline Mayer
Researcher, Institut de recherche pour le developpement social des jeunes et Les Centres Jeunesse de Montreal

I will present the work of a group interested by ecological analysis of social problems in the Montreal area. This work group links researchers from the research institute and from the University of Montreal, as well as service administrators, information specialists, and program consultants from the Montreal Youth Centre. For our first work, we will present different maps of the spatial distribution of clients of the Youth Centre and of population characteristics of Montreal region.

I have been interested in indicator mapping for many years. At the beginning of the 1980's, I worked for the first time with a sociologist from the University of Montreal on the spatial distribution of poverty in Montreal. We published a first large size map in five colours, each colour associated with a different level of poverty, and we offered them free to social workers of the Montreal Youth Service Centre. After a while, I realized that many social workers had posted this map on their office wall and they had placed pins in the places where their clients were located. They soon became aware that their clients were often located in the same neighborhoods, and that these neighborhoods were often in the lowest socio-economic status levels. After that, many of them organized discussion groups on social intervention in the context of poverty.

The work of the group on spatial analysis is related to this interest. It will try to answer three kinds of question:

1. Where are the clients of the Montreal Youth Service Centre located?
2. How are characteristics of the Montreal population distributed?
3. What is the relation between incidence of protection cases (or delinquency cases) and the characteristics of their neighborhoods? In other words, what are the characteristics of high-risk neighborhoods and where are they?

The first step will be to publish maps and to use them for service planning and for identifying useful research projects.

1. Spatial distribution of Montreal population

One set of maps will be about characteristics of the Montreal population.

After discussion, the work group picked the information on Montreal's population that was most meaningful for social intervention for different reasons: because they are risk factors of child maltreatment, because they implied a different kind of

intervention, or a more difficult and longer intervention, or because they suggest a partnership with local resources. For example, they chose:

- Poverty level
- One parent families
- Age groups of children
- Resources like health services, nurseries, schools, and so on
- Ethnic groups, immigrants

Many databases are useful for this analysis: census statistics, resources files, data from population surveys, and so on. For example, we will use indexes from a research project I worked on with a sociologist from the University of Montreal named Jean Renaud. We published this research in a book titled Espace urbain, espace social (which means "urban space, social space").

In this project, we utilized a factor analysis of 1991 census statistics of population by census tracts for urban areas in Quebec. As in all research of this type in North America, we found three types of ecological differentiation of urban population: socio-economic level, ethnic characteristics, and family life cycle. It means that in urban areas, we can describe neighborhoods using these three factors. One neighborhood may be poor with young families and many immigrants, another may be wealthy with white young couples and so on. We constructed several ecological indexes. One of them is a socio-economic index.

I have an illustration (taken from the book Espace urbain, espace social) of the spatial distribution of poverty in the Montreal island using this index.

Map: Socioeconomic status (see page 156)

On the Montreal Island, the darker the census tracts are, the poorer they are (or the lower is their socio-economic status). We made this map with the census data from 1971, 1981, 1986 and 1991. Until 1986, the distribution of poverty on the Montreal Island was in the shape of an upside-down T. There was a north-south concentration of poverty, and, in the south of the island, another east-west concentration. In 1986, poverty spread in the northeast and in the southwest of the island and its distribution was more in the shape of an S because a few census tracts in the south became richer with gentrification.

With the publication of this map, service directors from the Youth Centre realized that social workers' offices and centre resources were often far from poor neighborhoods that had more important needs in terms of services. Consequently, service directors moved a few offices and resources to improve the accessibility, quality, and efficiency of service distribution. This is an example of the kind of information population characteristics analysis may offer.

2. Spatial distribution of the Youth Centre clients

We will also produce maps on the distribution of clients of the Youth Centre, clients of protection services, and of delinquency services. The Youth Protection Act in Quebec makes it an obligation for professionals to report child physical and sexual abuse cases as well as neglect cases. Citizens must report abuse cases and are invited to report neglect cases. In a first analysis of these reports, social workers make a screening of the cases that are in accordance with the legal definition of protection. For these cases, they register data like: name and address of the child, whether it is a neglect or a physical abuse or a sexual abuse case, ethnic origin of the family, and so on.

This information system may be used for spatial analysis. We can see, for example, where child neglect cases are concentrated in the Montreal area, and if this distribution is the same as that of physical abuse and sexual abuse cases.

Map: Child Neglect Report Rates (see page 157)

The second map is an example of the spatial distribution of child neglect incidence rates on the Montreal Island. To calculate the rate for each census tract, the number of children reported as neglected in each tract was divided by the number of children in the tract and multiplied by 1000. We created four classes, each one representing 25% of the number of cases. The darker the tracts are, the higher the rate of reported child neglect. We can spot the census tracts where children are at a higher risk for neglect and the ones where the risk is lower. The concentration of high-risk tracts in certain places may suggest special planning of interventions. In many cases, census tracts with low and medium-low socio-economic status are also have more cases of child neglect. It suggests that intervention must take into account the poverty context of family life. But there are exceptions. A few census tracts with high rates of child neglect are of a medium or, even a high socio-economic status. We could look for other population characteristics for cues on their high risk context.

We can also create a map with the number of reports, without relating them with the number of children inhabiting the tract. These maps are also useful, but for other purposes. We may find many child neglect reports in certain tracts because there are many children. This information is useful as well because it implies a greater need for social workers. But these tracts are not necessarily the places where additional services should go first.

3. Usefulness of indicator mapping

Indicator mapping is a work in progress in Montreal. We are just beginning to illustrate spatial distribution of clients and population, and we intend to present this data to service administrators and work with them. There are seven service administrators on the Montreal Island, each one being responsible of a specific area. They are awaiting the results of our work with enthusiasm. We think that it will be useful in two ways. Service administrators can

utilize maps as a first step in the planning of service distribution. It is useful for them to know if their clients are concentrated in the north-east or the south-west of their territory, and what the characteristics of the high risk areas are. For example, are there ethnic minorities, one parent families, many resources for the families that they can work with, and so on.

Maps will be used as well for deciding on research projects with the Youth Centre. Ecological research provides information on the neighborhood characteristics that are associated with child maltreatment. In census tracts, we may find maltreatment rates that are higher or lower than predicted and we could design a research project to understand why. We could also help in choosing geographic areas where intervention projects could be organized and participate in their evaluation.

Unfortunately, there are many problems related to indicator mapping. I would like to mention a few of them:

1. Certain types of data are more reliable than others. For example, mapping ethnic groups of clients is not reliable because social workers do not register this information when they do not know, often because they do not want to ask. We end up with information about visible ethnic minorities only, especially from Haiti.

2. Interpretation of data is always touchy. The meaning of child neglect reports depends on the way this information is gathered, and we must always remember to place information in its context and state its limits.

3. Some types of data raise ethical problems. For example, if we map the distribution of physically abused children who are Haitians, we may label and stigmatize this ethnic group. It is even more worrying if you consider that data is not highly valid.

4. We must be very clear about interpretation of data. Spatial distribution of numbers of cases must not be interpreted in the same way as spatial distribution of incidence rates.

5. We hope that indicator mapping will help in determining useful research projects for service administrators and social workers, but we are not sure it will work.

Indicator mapping is just a tool, but it helps to relate ecological analysis to intervention. Child abuse and neglect rates are important outcomes: they are indicators of severe problems experienced by children, adults, and families in communities. Ecological analysis reveals some of the community problems related to this outcome. Indicator mapping is used to locate communities with higher rates of child abuse and neglect, indicate some of the problems they face, and allow targeting of the resources that could help. If child abuse and neglect are a community problem, we must plan community intervention.

Challenges of Research with Youth and Children

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Introduction

Any research with human subjects carries with it special challenges. Some of these relate to sampling issues; others have more to do with biasing effects, whether emanating from the subjects themselves, or the researcher. Research with children and youth is even more complex and difficult. In trying to disentangle the particular challenges pertaining to research with children and youth, this paper first examines value issues and assumptions, since these constitute the pervasive backdrop that affects how we approach research with children. It also explores the issue of reductionism and selective observation, to question whether this affects how we approach child welfare research in particular. In contrast to reductionism the ecological approach is offered as one that opens up possibilities. The same section touches on the issue of predictability with respect to children. Finally some pragmatic issues are identified.

Value issues

Since the focus of the Round Table discussions is that of outcomes in child welfare this section and the next will look at the value issues and assumptions that are particularly related to the child welfare field. Our view of the purpose and mandate of child welfare will inevitably colour not only the approaches to research with children and youth who come under its aegis, it will also influence the way in which we interpret its findings, and in particular, how we define an outcome as "good." It seems important therefore to begin the discussion at this point.

What is the actual mandate of child welfare services? There continues to be debate, and indeed a lack of clarity, about the purpose and scope of child protection. Opinions range on a continuum from prevention, including relief of poverty and family support, to focusing on situations of serious abuse and neglect only (Lindsey, 1994; Wharf, 1993). Prior to Elizabethan times services did not exist at all. Since that time child welfare and protection of children have undergone a number of changes in response to changing values. A truncated and simplified historical overview helps to illustrate the degree to which societal values impact on the treatment of children. Initially children were considered chattels or possessions of their father (*patria potestas*). They had no rights and could even be sold into slavery. The Elizabethan Poor Laws in England marked the beginning of social policies directed at providing for those who were unable

to support themselves, including children. Children were expected be an economic asset. The emphasis was on preparation for a productive working life at least expense to the state, rather than on care or nurture. Infants were farmed out, older children indentured into a trade or some form of service.

The industrial revolution affected children in a number of ways. Their economic value to the family changed so that work for children was transferred from home to factories and mines. Classic novelists of the 19th. Century, including Barrie and Dickens, drew attention to the exploitation of children and to child poverty. They and philanthropists of the time planted the seeds for prevention of exploitation through labour laws, for educational reform and thus for a developing legal status for children. These events and the acceptance of the concept of *parens patriae* legitimized the role of the state in enacting legislative provisions related to children. Nevertheless, prior to this century there was no legislation to protect children. As we know, the celebrated case of *Mary Ellen* in New York had to depend on legislation for the prevention of cruelty to animals in order to intervene on her behalf. The reluctance to provide full protection for children reflects vestiges of prior value systems based on the authority of the *paterfamilias*. An illustration is the lesser protection from assault that is provided to children by the Criminal Code of Canada, specifically section 43. This provides grounds for defence to "Every schoolteacher, parent or person standing in the place of a parent . . .". The provision that the force used does not exceed what is reasonable is very similar to the old "rule of thumb" that at one time was used to set out what is permissible with respect to physical chastisement of wives!

Nevertheless child welfare has gained momentum in this century through the development of social work as a profession and more particularly through the development of theories of human development, providing greater awareness of children's needs. Yet despite the considerable body of literature now available about children's needs, rights, and best interests (some of the key contributors are cited in the attached bibliography), prevailing values and historical events still tend to take precedence over theoretical knowledge. At the Round Table in March, I referred to the "flavour of the month" approach to child protection. This summer in the United Kingdom I read in the newspapers a reflection of those comments (Kenny, 1998). The reporter's comment on recent exposures of abuse of children sent to the colonies in the early part of the 20th. Century, and on child deaths currently in the news, was that "social workers often mean well but fashions in social work go in cycles." The child emigration movement was based on separation from feckless families and a "clean break" approach, whereas the recent child deaths in Canada were associated with keeping children with their mothers "no matter what."

Childhood in the 20th. century, for the majority of children, is certainly a contrast to former times when children were seen as chattels or possessions. However debates about the mandate of child welfare continue to illustrate the degree to which opinions with respect to children are subject to value considerations rather than to cool reason, and

why to outside observers, our approach appears to be subject to the current "fashion" or "flavour of the month."

Assumptions

Certain assumptions also affect interpretations of the mandate of child welfare and so, indirectly, approaches to research. Some of these assumptions are addressed here in summary form.

The rights of children versus the rights of parents

We believe that we have progressed considerably from Roman times. The *parens patriae* concept, as noted above, gives the State the authority to intervene on behalf of children, thus overriding the ownership and/or rights of the parent. There is also increasing recognition that children have rights on their own account, rights that have been reified in the United Nations Declaration of the Rights of the Child. Though not yet universally sanctioned this Declaration is an important first step in reshaping values and philosophies. However child welfare provisions in most provinces in Canada continue to be based on the assumption that children's interests are best served within their own family. Children have to be demonstrably harmed before they can be protected from abuse.

Removal of children should be last resort

Influenced by knowledge of attachment and bonding, of the effects of separation, and research documenting negative outcomes in substitute care provisions, there is a beginning presumption or assumption that removal of children from their parents should be a last resort measure. The effect of this on research and interpretations of findings is the tendency to measure effectiveness outcomes by using rates of apprehension and rates of return home as indicators.

Child welfare intervention is damaging and negative in its outcomes

Research has identified a number of negative outcomes following on child welfare interventions. They include attenuation of family ties, high placement rates and turnover of social workers. The discontinuities in placement experiences in turn affect schooling and the ability to form attachments and to develop social networks. These findings have reinforced the assumption that taking a child into care is in and of itself damaging and therefore a negative outcome It reinforces the notion that removal from home should be a last resort option. An uncritical acceptance of the findings reinforces the assumption that child welfare intervention is not a positive event. It thus stigmatizes the service; it can influence research away from improving outcomes and towards prevention and family support.

Child protection does not necessarily have to ensure total child well-being

Of late, in Canada, a preoccupation with balancing budgets has supported a return to a conservative philosophy with respect to the provision of social supports. One result is a tendency to narrow the mandate of child welfare: "at risk" children are considered the responsibility of the community (albeit a somewhat nebulous construct), with protection offered only to those who have been manifestly harmed. This has a dual effect: it renders the task of rescue from abuse and neglect more difficult; it also influences a tendency to blame poor outcomes on prior experiences rather than the deleterious effects of some substitute care arrangements. Even where children are brought into care, assurance of physical safety can preempt efforts to ensure emotional security and attention to the child's total well-being. The narrow mandate enables services to discharge young people from care into "independence" when they are patently unprepared.

Assumptions about the meaning of child-centred service

In response to the failure to fully address all of the developmental needs of children growing up in care, those of us in the business of advocacy for children have been calling for a child-centred service. This seemingly straightforward call has instead created yet more confusion and debate in the child welfare field. The arguments that children's best interests generally lie with their family of origin reinforce the idea that family-centred services *are* child-centred. In turn this reinforces the assumption that family preservation and family rehabilitation are the desired outcomes in all cases. The *Looking After Children* initiative developed in the United Kingdom (Parker et al., 1991; Ward, 1995) is the first concerted attempt to look at the full spectrum of children's developmental needs, including continuing links with family.

Reductionism and selective observation

A major challenge of research with children and youth is to resist the risk of reductionism and selective observation based on the assumptions and values identified in the preceding discussion. Given the degree to which child welfare services are value driven it is not surprising that the organizing paradigms for research would be a product of prevailing values and ideologies. This also poses the risk of vulnerability to political forces, and thus funding of research, which are in turn affected by those same values.

Reductionism limits the scope of research. Selective observation affects interpretation of results. The perception of child welfare interventions as generally harmful is influenced by the fact that poor outcomes tend to be more visible than the good. Research has identified a long list of negative effects. Even where outcomes are apparently more promising, a note of caution is sounded, partly because of the assumption that the in care experience cannot be all good, partly because of the complexity of measuring outcomes and determining antecedents (Fanshel and Shinn,

1978; Fanshel, Finch and Grundy, 1990). A further confounding factor is the legitimate claim that we do not know what the outcomes would have been without intervention.

A further risk of reductionism is the tendency to view new innovations through the screen of existing paradigms. An example of this occurred at the Round Table discussions themselves when the *Looking After Children* initiative was identified as merely a clinical tool. By the same token the family preservation movement carries with it a presumption of cohabitation. The voice of young people can point to a different picture and the litany of children who have died, and why some of them have died, suggest a different balance to the equation.

Messages from children and youth

In the course of the past twenty years a growing number of researchers have challenged the assumption that others have to speak for children. The voice of young people, if listened to, challenges some of the old assumptions. The first challenge to the wisdom of the day came from Festinger (1983) and Triseliotis (1980) who contacted adults who had grown up in care. A quote from Festinger is relevant here: "The assumptions and expectations that abound concerning the dire fate of foster care children seem to have little validity." (p. 293-94). It should be pointed out that both Festinger's and Triseliotis's samples were of young people who had grown up in long term stable foster care arrangements. Their findings might not apply to those who have experienced multiple moves and instability.

The direct voices of young people currently in care are also informative. Allison and Johnson (1981), Kufeldt (1993; 1995), Kufeldt, Armstrong and Dorosh (1995) and Martin and Palmer (1997) are numbered among those who have given children a voice. Their contributions have helped establish the authenticity of children's voices. The children and youth provide a more balanced view of child welfare services. They can identify both positive and negative aspects of their experience and can thus help focus on what aspects most need reform. They remind us of the enduring need to be linked with family even though living with that family may not always provide a safe haven.

Why do children known to the child welfare system die?

Some of Allison and Johnson's young people described life threatening incidents that occurred before they came in to care. Children have died, and will continue to die, because of the difficulty of disentangling their rights from those of their parents, and the continuing adherence to the supremacy of the blood tie despite warnings from writers such as Howells (1974) and Tizard (1977). The following names are a small part only of the long litany of children who have died needlessly.

Maria Colwill was killed by her step-father. Her death could have been avoided if it were not for a prevailing belief that the claims of her birth mother took precedence over the pleas of her aunt and uncle who, for nearly six years, had been the only parents she had known. Her own voice and her protests were ignored.

Grandparents of *Miranda Phipps* brought her situation, and the issue of her safety, to the attention of Child Welfare authorities. Her mother was a career prostitute. At times Miranda did stay with her grandparents, but she was sometimes left by her mother in questionable circumstances. It was the ruling of the family court that a mother's life style was not, in itself, sufficient grounds for taking away her parental rights. She was killed by her mother's boy friend who was exasperated by her continued crying. The autopsy revealed that she was suffering from a bowel condition that would cause extreme pain.

Kim Ann Popen and *John Ryan Turner* were victims of the *least intrusive* principle. In John Ryan's case the risk was reinforced by the special nature of military communities in Canadian society. The case of *Matthew Vaudreuil,* infamous in recent years, is a sad indictment of indiscriminate adherence to family preservation as well as failure to recognize that the child is, or should be, the primary client in child welfare interventions (i.e. *child*-centred services).

Jamie Batten (CBC 5th Estate program, November 1996) is more fortunate. He is alive and well, though with continuing health problems from injury suffered while in his father's care. His extended family had to advocate valiantly on his behalf, at considerable financial cost, to ensure that his interests would take precedence over his father's. Two years later his rights versus his father's rights are still the subject of court battles. Thanks to his dead mother's relatives he is likely to survive but sadly the litany of other children who die at home continues to grow.

Ecology and the issue of predictability

Value systems and prevailing ideologies affect the focus and quality of child welfare services. They affect research related to children and youth as they influence our biases and lead to reductionism. Ecological theory combats reductionism: it identifies the multiple factors impacting on child welfare and healthy child development. As well as identifying factors within the child's family and microsystem that present risk or opportunity, it also highlights the complexity of the interaction between and within the systems in which children grow and develop (Bronfenbrenner, 1979; Garbarino,1992).

An illustration of the value of the ecological approach is its ability to highlight for us the complexity of the forces that affect human development, as well as the interaction between persons and systems, and their effect on indicators, prediction and values. For example, Barth and Berry (1987) reviewed research on outcomes of permanency planning and found that the risk of re-abuse was highest in family reunification and lowest in adoption. It would be simplistic however to assume from this that children should never go home, and that all children coming into care should be placed for adoption.

There are also lessons emerging from studies of resilience (Higgins, 1994; Silva-Wayne, 1995). They not only reinforce the value of the ecological approach, they also demonstrate the sometimes serendipitous occurrences that can affect adult outcomes.

The development of the *Looking After Children* initiative itself, far from being a clinical approach, does focus on the ecology of child development. It has in fact impacted on child welfare practice to the degree that we now talk about the change it effects in the *culture* of child protection. It disallows a narrow, residual approach by shifting the emphasis. The need for determining risk, and the level of protection required, continue to provide the gateway into the service. However *Looking After Children* then refocuses the task of child welfare towards addressing the challenge of what has been termed "corporate parenting." When children are taken into care their development and well-being is no longer the domain of one or two people (in the best of all worlds in the hands of caring and responsible parents). It is shared by a number of people and the challenge is ensuring coordination of all involved, attention to the full spectrum of children's developmental needs, and assurance that no one aspect of their development is neglected. It simplifies the challenge of outcome definition by refocusing on the child and reiterating that it is "good parenting" that is likely to translate into "good outcomes" (Parker et al. 1991; Ward, 1995; Kufeldt, Simard and Vachon, 1996). This is indeed a major cultural shift.

Pragmatic issues

The challenge of conducting research with children and youth is further complicated by a number of pragmatic issues. Ways of addressing these issues are also inevitably affected by values.

The issue of consent as a barrier

The ethics of research, quite rightly, charge us with the need to take particular care with captive and dependent populations. Part of that care is the extra challenge posed by the issue of informed consent. How does one explain to children the risks and opportunities that are embedded in the research? Will the need for parental consent form a barrier? In the case of children who are crown wards (permanent wards) the consent of the Director of Child Welfare is required. If they are temporary wards the consent of parents as well as the Director are required. These are appropriate safeguards, but do provide extra hurdles for the researcher to overcome. And of course, at each stage of consent seeking, there is the possibility of losing sample members, thus affecting the ability to generalize from the findings.

Such practical problems have occurred in my own research. An early survey of members of the foster care role set (children, their parents, foster parents and social workers) was severely affected by the difficulty of locating children's parents. There was sample loss because of failure to locate. There was further loss if parents did not wish to be interviewed themselves and did not wish to give consent. Nevertheless,

this study and later replication (Kufeldt, Armstrong and Dorosh.1987), not only challenged my prior assumptions, it also reinforced for me the value of talking to children directly and the authenticity of their responses (the youngest child interviewed was nine years old).

Research with runaway and homeless youth almost did not happen because a member of an ethics committee was strongly opposed to interviewing youth without parental consent. Fortunately, other committee members were committed to the principle of preventing harm, which in this case required the development of knowledge of the size, scope and nature of the phenomenon. A final deciding factor in favour of proceeding was a clause in the provincial Child Welfare act which upheld the right to be heard of children who were aged 12 or older. Further challenges raised in this context were the possibility of youth incriminating themselves in their disclosures, and protocols for dealing with disclosures of abuse (Kufeldt and Nimmo,1987).

Cost factors related to interviewing as the optimum method

Without doubt, direct interviewing of children and youth provides very rich data. When conducted with sensitivity it also provides reliable and valid information. Self-completed questionnaires can be an effective method for older children (as ably demonstrated in Canada's National Longitudinal Study of Children) but they too provide special challenges. Attention must be paid to the child's cognitive ability, the context and the location, as well as the child's right to privacy. Direct interviewing allows for explanations to be provided where needed, for probes to be used, and for the gathering of spontaneously disclosed material. However cost factors do limit sample size.

Special issues

Another practical issue relates to who should do the interviewing, where should it take place, and under what conditions? There is a need for sensitivity to the children's issues (particularly if their background has included abuse). Communicating with children calls for special skills; choice of interviewer should depend not only on that person's expertise, but also on the impact of the interviewer's age, gender and ethnicity on the child to be interviewed. For instance, if the child has been sexually abused special considerations will come into play.

A further issue that provides a particular challenge is the awesome power imbalance and the degree to which that impacts on the child's freedom of consent and freedom to offer or withhold information. Martin (1998a and 1998b) discusses this and offers insights into the art of direct scribing. She provides a delightful description of this method as a way of balancing the power when working with youth.

Confidentiality and in camera proceedings

The benefits of direct research with children and youth have been identified. It is clear that interviewing children and youth is invaluable, but that costs of accessing large

and representative samples might well be prohibitive. There does exist a source of largely untapped data that is the case records of children who have been in the child welfare system. To date this source of secondary data has not been readily accessible in Canada because of its confidential nature. By the same token, observation of court hearings and access to the information revealed in that setting is restricted by the fact that they are generally held *in camera*.

Adult outcomes are not readily available

The search for outcomes in child welfare is also limited by the practical difficulties attendant on obtaining information on adult outcomes. A very sad aspect of current practice in child welfare is the very early severance of responsibility and ties to the young people who have received services. There is no expectation of ongoing contact and links, such as exist in mainstream child rearing. The most successful to date have been the efforts of the Casey Program (Wedeven et al., 1997) to ask their graduates about the service they have received. In consequence the information that we have tends to be about negative outcomes, e.g. runaway and homeless youth, those receiving mental health services, and young people in jail. Festinger (1983) and Triseliotis (1980) have provided information about more successful outcomes but their samples are not representative.

Available data is not often child focused

Public services do provide information that is in the public domain, usually in the form of annual reports. However this information tends to be in the form of agency statistics, telling us very little about the children themselves. It can tell us how many children pass through the system, how long they stay and how many go home. This really tells us very little about the effects on the children themselves and whether they were well served by the interventions. Interpretation of the statistics is affected by value interpretations. Going home, for instance, is a desired outcome when family rehabilitation is the flavour of the month. It is not a good outcome if the child returns to further abuse or, like Kim Ann Popen, to meet her death.

Conclusions

To improve services to children we need to

- use an ecological approach
- take heed of the full spectrum of existing research
- continue to wrestle with the problem of outcomes definitions
- involve children and youth directly in our research
- challenge adult perceptions against those of the children and youth that are served

- make use of the knowledge gained of contributors to resilience
- triangulate evidence through multiple sources of information and multiple strategies
- continue to advocate for children's rights, including their right to be heard.

As serious as the other ethical issues that have been raised is the degree to which we continue to make decisions about children based on value considerations, untested assumptions, and resource availability. One cause for urgency in developing better knowledge is findings such as those of Gable (1998), wherein she found that children growing up in neglectful families perceived the family functioning as normal. This raises the spectre of reproducing the cycle of deprivation as these children grow up.

Because of the lack of predictability some of the foremost contributors to the literature have espoused the *least detrimental alternative* as the principle to be used (Goldstein et al. 1973; 1986; Steinhauer, 1991). Research on children and youth is a formidable and challenging task but it is one that must be addressed with urgency in order to improve our services to those most vulnerable.

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Panel 5 Small Group Discussions

Summary of Small Group Discussions: Coordination Strategies and Recommendations

Introduction

The small discussion groups were implemented to further examine the issues brought forth from the panel discussions and develop strategies for coordinating sector specific outcomes initiatives. These recommended strategies will be further developed by the Outcomes project team in consultation with the Advisory Committee to ensure that Roundtable participants' suggestions generate a meaningful long-term process.

Roundtable participants self selected for each of the groups and each group had approximately 25 to 30 participants. Two panel presenters facilitated each of the small group discussions and the main points from each small group were captured by a notetaker.

Indicators for Program Management

Facilitators: Nico Trocmé and Bruce MacLaurin
Notetaker: Deborah Goodman

Four Critical Questions to Address:

1. Do we need a more coordinated approach to program outcome?
2. Does the proposed framework make sense? Refer to Canadian Child Welfare Indicator Matrix, page 109.
3. Do we need to expand or revise it?
4. What are useful strategies regarding system based indicators?

Initial Group Comments:

- Some cautions are needed with an automated information service. Specifically, we need to get a "buy in " from the field since they are the ones that input the data, and we give them many mixed and changing messages as to what data we want [e.g. the system drives payments to foster parents; mouse-driven input is seen as "user-friendly" therefore the program drives the system; may be very difficult to change some current systems that are limited and antiquated].
- We are talking about two different systems –
  the *Manager Information System (output) vs. Outcome Data (Direct Service)*
  Two (2) types of "Large System Issues" –
  1 = data files (numerical)
  2 = documentation data based – electronic filing
- Issue of tracking the same children in different systems [e.g. YOA, CMHC, residential placements]
- Computers are not the answer – we need to identify what the systems should do and answer the basics [e.g. How many children should be in care? Who are these children?]
- Also, be clearer on the outcomes wanted. Identify the positive outcomes too. How well are the children involved in child welfare services doing? How do child welfare clients do compared to families not involved in child welfare?
- We need to begin to describe who we serve. A problem associated with describing clients is that key data is excluded [i.e. health status, poverty/income, housing, employment] because asking for that data goes against many "rules" of data

gathering in our society. Some possibilities exist in some provinces for obtaining health and education data and cross matching to hospital admissions using the unique personal health card number (PHN).

- We don't have a good conceptual framework.

Proposed Conceptual Framework: Four "Outcome" Domains

Domain	Outcome
1. Child Protection	a) Recurrence of Abuse b) Child Injury
2. Child Functioning	a) School Functioning b) Graduation Rates c) Community Functioning
3. Continuity/Permanence	a) Placement Rate b) Placement Stability c) Permanence Rate
4. Family Functioning	a) Family Risk Level b) Environmental Stability

General Group Discussion on Four Proposed Domains:

Are these useful domains?

- Yes. However, we need to link the front line staff to the outcome data and demonstrate how this type of data gathering is meaningful to front line staff and the work they do with clients. [e.g. in Oklahoma the outcome data gathered showed staff that the numbers they collect do matter, where outcome data identified that if reunification of child with family did not happen within 6 months it wasn't going to happen – this had a significant impact on workers].
- We need to focus on the Child Protection domain and ensure that we tie what we do [intervention] with the outcome. We also need to do a better job at identifying what worked with cases that were successful [e.g. no recidivism with particular cases]
- We need to transcribe the data in different ways to make it more useful and intuitive [e.g. Oklahoma data difficult to interpret].

How do we currently gather data in these domains?

1. Child Protection – we don't know how many children are re-abused.
2. Child Functioning – at this point we don't collect this data

3. Continuity/Permanency – lots of system data
4. Family Functioning – most difficult area to acquire data

- We need to simplify what we collect. Perhaps use those areas that Pecora's colleague noted parents felt should be key indicators: 1) Children should be at home, 2) Children should be in school, 3) Children should be out of trouble, 4) Children should be physically healthy, and 5) Children should be cognitively healthy.

Specific Group Discussion of Four Proposed Domains:

What would be some practical steps to do that would advance us in "indicators for program management"?

Why Do It?

- To begin to use a national taxonomy for program management indicators. This would allow for a national common language for data gathering and outcome analysis. Using the four domains to aggregate data will allow outcome analysis to get beyond just the current "Continuity/Permanency" data.

What To Do?

- Begin with proposed indicators and give it to the field to respond to. It is critical that we decide what data in child welfare is important -it is this determination which should drive the indicators on program management agenda.

How To Do It?

- Within realistic expectations that reflect agency and provincial ability. Provinces need to share experience, methods, systems, successes etc. with each other. Some provinces have advanced data outcome ability and to learn from their systems.

When To Do It?

- Begin now so some advancement is made before the next Roundtable in two years.

Who Is To Do It?

- A provincial collaboration = working group of key informants across Canada [e.g. Provincial and Territorial Directors, leading researchers] and some receivers of service. Other possibilities for assistance in coordinating implementation may be the "National Children's Agenda" or the "Centre for Excellence" or the

dissemination of knowledge could be done by the Federal government through "Human Resources Development Canada (HRDC) – Social Policy Dept." [they currently pull together provincial child welfare data]. For more information on the federal HRDC report "Child Welfare in Canada" contact Shelly Holroyd, Senior Analyst at www.shelly.holroyd@spg.org.

Clinical Measures for Case Management

Facilitators: Peter Pecora and Jacques Moreau
Notetaker: Gary Dumbrill

Two key results the group tried to achieve:

1) Provide feedback on outcomes framework

2) Identify how best to move forward and coordinate outcome measurement across Canada

In focusing on the above, the group decided to look at what agencies should collect as outcomes, rather than what researchers will want. Also, a fundamental question on outcomes is 'what is the child welfare system responsible for doing?" For this discussion, we are considering the responsibilities of "child welfare" in a broad sense (not just in the sense of child protection). In using these suggestions, it will be important to focus on the outcomes that child welfare is responsible for.

There is a need to link systems outcomes with individual outcomes to understand and interpret data.

Need to work back and forth between key outcomes and measurement instruments.

Be aware of the level of specificity we are looking for (e.g. parenting capacity can be broken down into many items).

Examination of the Canadian Child Welfare 'Top Ten' Outcomes Indicator Matrix comprehensive list.

Issues:

I Child Protection/Child Safety:

- Indicators relate to a child at home, yet child welfare and safety issues are important with children who may not be at home.
- Term "substantiation" needs to be clarified as it is used differently in various places.
- Information is only about incidence of abuse or other factors on cases. It is important to know what these rates are in the population.
- Data need to consider other factors – for instance can we use client-based measures.
- There are different outcome measures for different and racial groups. For instance, job skills for a child in the city may have an outcome measure of being able to

write a resume, but on a reserve this outcome measure may not be relevant. It may be the ability to network and navigate the “clan” or “band.”

- Suggestion of the part one descriptive information of the child protection system used in Britain that has been extensively tested and refined in use with multiple ethnic/cultural and language groups.
- Be careful in interpreting data.

II Child Functioning:

- Self-Abuse and self-harm are issues that should be addressed here.
- The measures should not only focus on the lack of certain problem behaviors, but the presence of desirable behaviors.
- Family relations – ability to get on with family.
- Measures from the National Longitudinal Study of Youth are beneficial as it gets away from normative items that may be irrelevant or out of date (there should be a way of measuring how children are doing compared to Children across Canada).
- Sampling children in care and comparing with children not in care to see how agency is doing as a parent compared with families in the community. Sample children in care, but if there are good instruments to use, we should consider using them for all children.
- Between 0-5, given the important developmental tasks for children, how can we get information about these children when they are often unknown to service providers.
- We should capture health indicators in the list, such as “have you seen a dentist” or “are vaccinations up to date.”
- Teen pregnancies of children in out of home care.
- Connections with culture and community (can include kinship care).
- Cultural identity.
- Drug use.
- Alcohol abuse.
- Tobacco use.
- Child status on leaving care (e.g. because they have become old enough to no longer be covered by the mandate/legislation, or because they have become unmanageable, run, and get discharged).

III Permanence:

- Placement rate may be a negative or positive indicator (is placement rate an "output" or an "outcome"?).
- Add total number of placements as well as the average.
- Children placed in family or extended family.
- Siblings placed together (but caution on placing siblings together when not appropriate because of sibling abuse).
- Percentage of siblings who have contact with parents (caution to differentiate between permanent and temporary care).
- Parents ability to participate in the daily activity of the child.

IV Family Functioning:

- Family stability.
- Improvement in parenting capacity (there was debate on this point about how or if this relates to reoccurrence. The need for a logic model was stressed).
- Parental approval.
- Family stability (but is this a positive or negative indicator if, for instance, in a family that became "unstable" because an abusive parent left the home. The temporary instability may be a positive outcome).
- Household sanitary and safety (included discussion of whether this is a child welfare responsibility).

Measures to Consider:

- LAC (have instrument for 0-1, 2-3, 4-5 and up) consider British model designed for child protection workers.
- Measures from the National Longitudinal Study.
- Some sort of health measure.
- Parenting Stress Index.

Next Steps:

- We need to determine how narrow or broad we define "child welfare."
- Have the website function as a clearinghouse for research/data.

- Website to provide a way to inform each other a means of informing each other of initiatives.
- Fund more national clearing house and dissemination.
- Reduce diffusion of responsibilities for children at a federal level (and tie to "agenda for children in Canada").
- Allow collection of broad set of outcomes.
- Develop common ways of counting (some debates on whether this is possible. Do not drive for same tools but comparable outcomes).
- Lets try to get to a core set of general outcomes, so we roll up measures to common core outcomes. Do not foreclose too early on potential measures, roll up to core set of constructs.

Ecological and Intervention Outcomes Research

Facilitators: Sandra Scarth and Évariste Thériault
Notetaker: Sarah Maiter

The Outcome Framework

- The notion of community needs to be made clearer.
- Community has been included, but there is a sense that this inclusion is marginal and needs to be centered.
- First Nation's representatives and representatives from the West, among others, are very concerned about the influence of community on outcomes.
- Presentations focused on a traditional child and family approach and what works in this context, while the community and its impact on families and children was less central.
- There is a need to adhere more to an ecological approach. This kind of an approach would provide insight into interventions that are needed at the community level.
- The Framework of the American Humane Society should be looked at as this framework focused more on the community while ours did not.
- Even though former child abuse teams aimed at identifying needs at the community level, in practice this did not occur.
- The reality is that across Canada child welfare is not embedded at the community level.
- Community partnerships are needed in child welfare.
- However, concern was expressed that we recognize that community partnerships be institutionalized to be effective.
- If left to child protection agencies partnerships may not occur.
- The location of services is important and they need to be located where the clients are and where the high needs are.
- Championing for children at large is needed. There was a focus on the immediate needs of children while there was no one generally championing the needs of children from a wider community perspective.

We need to identify the broader determinants of child welfare. These include:

- Housing
- Income support
- Social support
- Quality of schools

A formal mechanism such as community mapping may reinforce the ecological approach. It may be important to look at indicators versus outcomes to determine what works.

Table 2 in the booklet represents the old "classic" model. It should include community-based interventions.

It is also necessary to evaluate the sustainability of outcomes. We need to identify which clients need life long supports. We should triangulate evidence through:

- program evaluation
- randomized studies
- epidemiological studies
- longitudinal studies (eg. add purposive sample to NLSCY)

Need to capture the cultural diversity, regional diversity and urban versus rural dimensions of communities.

The following strategies were proposed:

Strategy One

1) Involvement of end users of services including information regarding client satisfaction and client expectation.
2) We may have a major opportunity to situate within a broader picture i.e. National Children's Agenda and incorporate in other broad strategies such as NLSCY. While doing this, it is important not to become marginalized.
3) Networking should continue to occur nationally via:
   - Federal initiatives
   - Child Welfare directors
   - Research Groups
   - Corporate Sector (such as Bell)

Strategy Two

1) Take roundtable lessons back to provinces and territories.

2) Incorporate in current initiatives

3) Outcome measurement

4) Integrated service initiatives

5) Ensure that the child welfare outcomes included all other strategies (eg. school/educational etc.)

Strategy Three

1) Who should map the strategies? – The advisory committee to the outcome study should map the strategies.
   - Dissemination
   - Web Site
   - Hard Copy dissemination

Strategy Four

1) Role for Municipalities

2) Social planning

3) Social indicators

4) Housing, Etc

5) Funding for sustainability and link with National Children's Agenda.

6) Issue of attention to:
   - aboriginal populations
   - minority populations

Issue of Resources

1) Provinces? 50/50

   Report needs to focus on concrete results –deliverables, rather than "work in progress." It is necessary to identify deliverables from:

   Roundtable 1
   Roundtable 2
   Roundtable 3

2) There must be a commitment of Federal investment of research funds

Appendix A Final Agenda

The Client Outcomes in Child Welfare Project

The First Canadian Roundtable on Child Welfare Outcomes

Toronto, Ontario • March 19 and 20, 1998

Presented by **The Bell Canada Child Welfare Research Unit**, Human Resources Development Canada/Social Development Partnerships, and The Provincial and Territorial Directors of Child Welfare

Final Agenda

Day 1

8:00 a.m.	Registration and Breakfast *Foyer of The Willard Room*
9:00 a.m.	Welcome & Introductions *The Willard Room*
9:15 a.m.	Expectations of Roundtable
9:30 a.m.	State of Knowledge: Child Welfare Outcomes in Canada *Jacqueline Oxman-Martinez* *Nico Trocmé* *Wendy Warren* *Barbara Fallon*
10:30 a.m.	Coffee Break
10:45 a.m.	Child Welfare Outcomes Framework *Nico Trocmé*
12:00 p.m.	LUNCH and Key Note Address – *The Portman Room* "The Myth and Realities of Family Preservation Services" *Peter Pecora*
1:30 p.m.	Panelists – Indicators for Program Management *Lynda Arnold, Oklahoma SACWIS* *Robert Granger, Quebec Health Indicators Project* *Ralph Brown, Hamilton Wentworth Tracking Project* *Bruce MacLaurin, Systems Indicators Matrix*
3:00 p.m.	Coffee Break
3:15 p.m.	Panelists – Clinical Measures for Case Management *Jacques Moreau, Review of Instruments* *Marie Simard, Looking After Children* *Arnold Love, Risk Assessment Instruments* *Brad McKenzie, Challenges of Developing Child Welfare Measures*
5:00 p.m.	Adjourn
6:00 p.m.	Reception *Foyer of The Barclay Room*
6:30 p.m.	Launch of the Bell Canada Child Welfare Research Unit
7:00 p.m.	DINNER *The Barclay Room*
8:30 p.m.	Media Panel – The Role of Media in Child Welfare Outcomes Panelists: *Kevin Donovan, Toronto Star* *Mary Weins, CBC Radio* *Rob Tripp, Whig Standard* *John McCullagh, Metro Children's Aid Society* Moderator: *Sandra Scarth, Child Welfare League of Canada*

Day 2

8:30 a.m. Breakfast, *Foyer of The Willard Room*

9:00 a.m. Panelists – Ecological and Intervention Outcomes Research – *The Willard Room*

Harriet MacMillan,
Public Health Nurse
Home Visitation Program
Carol Crill Russell,
Challenges of Ecological and Outcome Research
Micheline Mayer,
Indicator Mapping
Kathleen Kufeldt,
Challenges of Research with Youth and Children

10:30 a.m. Coffee Break

10:45 a.m. Small Group Discussion – Coordination, Strategies and Recommendations *The Board Room and The Willard Room*

- Indicators for Program Management
- Clinical Measures for Case Management
- Ecological and Intervention Outcomes Research

12:00 p.m. LUNCH and Networking *The Willard Room*

1:30 p.m. Small Group Presentations

2:30 p.m. Large Group Discussion and Integration of Conference Findings

3:15 p.m. Coffee Break

3:30 p.m. Next Steps

5:00 p.m. Conference Adjourns

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About the Client Outcomes in Child Welfare Project

The goals of the Client Outcomes in Child Welfare Project are to describe and assess the existing state of knowledge about outcome indicators and related measurement systems and, to implement a plan for obtaining consensus among decision makers on the objectives of child welfare, a framework of outcome indicators to be developed by this project team, and on the form of an appropriate measurement system.

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