

Evaluating Human Service Delivery through Client Outcomes

Paper presented at the Australasian Evaluation Society 2005 International Conference
10 -12 October – Brisbane, Queensland www.aes.asn.au

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Abstract:

This paper presents the client outcomes projects from two of the Department of Communities assigned organisations that are undertaking Prevention and Early Intervention services; Mission Australia's Project Circuit Breaker and Mununjali Housing and Development Company's Mununjali Centre. It outlines the rationale behind evaluating programs by examining outcomes for clients, and discusses the overall models of the Prevention and Early Intervention Pilot programs from which the outcomes projects evolved. The variety of projects coming from all the pilot programs is also discussed. The paper also outlines the supports that the Department's Review and Evaluation Unit provided to each project and the ways that the projects were used so that the organisations could reflect and critique their own work. The final part of the paper contains the descriptions of the two pilot programs outcomes projects and the information that was gathered in order for the organisations to effectively evaluate their services.

The views presented within this paper are those of the authors rather than the Department of Communities, Mission Australia or Mununjali Housing and Development Company Limited.

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Introduction

This paper describes the Client Outcomes Projects from two of the Department of Communities' assigned organisations, Mission Australia's Project Circuit Breaker and Mununjali Housing and Development Company's Mununjali Centre. A description of the prevention and early intervention programs from which the outcomes projects stem gives a context and history. It was considered by the Review and Evaluation Unit of the Queensland State Government's Department of Communities that evaluating the outcomes for clients undertaking the services provided by the programs, would be an innovative way to examine their effectiveness. The paper therefore provides a theoretical background to, and practical examples of client outcomes evaluation.

The Client Outcomes Projects form one arm of triangulated evaluation of the programs. The other arms are the analysis of demographic and case management data and a survey designed to gauge the effectiveness of the service provided against the prevention and early intervention principles. Only the Client Outcomes Projects are described here.

Client Outcomes - Meaning and Measurement

Evaluation should not be seen as simply an end product or a one off event that is part of a program or project plan and often an externally positioned organisational requirement. Evaluation needs to be incorporated and built into any programs practice to ensure best practice and a culture of continuous improvement.

Evaluating outcomes in order to measure program or project success is not a new concept but its application to human service provision has proven to be challenging. The concept sits more easily with other fields including health and finance which can produce more definitive and quantifiable results. As a result there has been hesitation in using client outcomes as an evaluative tool in human services. That withstanding there should be an expectation that human services produce demonstrable changes in individuals and families as result of their interventions. Therefore, in today's environment of increased accountability there is a broad endorsement and a burgeoning evidence base that measuring outcomes for clients is an appropriate yardstick by which to measure the merit and worth of human services (Moxely and Manela 2001).

Subsequently, a critical strategic component of any human services delivery evaluation would be measuring client outcomes. Client outcome evaluations look at the extent to which program participants experience subsequent benefits or changes in their behaviour and life circumstance with indications that these changes are related to the services received (Mika 2001)

It's not how many worms the bird feeds its young but how well the fledgling flies? (United Way 1996).

Outcomes are benefits or changes for individuals or populations during or after participating in program activities. They are influenced by a program's outputs. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program (United Way 1996).

Issues

Measuring client outcomes is a complex and involved process. The process to examine outcomes for clients in social work and/or welfare has traditionally been seen to be problematic as it is not sufficiently scientific or quantitative. There are views advocated that it is very difficult to appropriately quantify the qualitative changes in values experienced in people's lives (Felton 2005).

A question that has been asked by many working in this field is, "How can measurement be undertaken in a manner that is sensitive to both professional and client needs?" Many of these concerns are related to the frustration with the ability of traditional forms of quantitative methods to engage with the complexity and meaning of human issues (Felton 2005). Human service environments are not conducive to rigorous experimental (or quasi-experimental) approaches. Jacobs and Weiss (1988) highlight this incompatibility by stating that:

"evaluations often must trade off between neat scientific rigor and complexity, but realistic, portrayal of programs"

The struggle to find meaningful and obtainable measures of success continues to be particularly challenging in programs dealing with complex family problems (Barthel, 1992; Weiss & Jacobs, 1988).

Prevention and Early Intervention Pilot Programs and Outcomes Projects

Background

International studies have shown that quality prevention and early intervention programs can reduce the likelihood of entry into the statutory system. There is evidence that investment in sound models of early family support can substantially reduce costs in welfare and regulatory supports in the medium term.

Putting Families First is Queensland's long-term policy developed to support the ongoing improvement of a strong and effective response to meet the needs of children, young people, their families and communities. The policy outlines the government's commitment to building the capacity of families to become stronger and self-sustaining and communities to be safe, valued and empowered[§].

In support of strategies proposed in *Putting Families First*, several *Future Directions* initiatives were developed that focused on the theme of prevention through shifting departmental funding towards prevention and early intervention programs. Trials of these services were aimed at finding models of service delivery that could divert families at risk of entering the statutory systems – and could reduce the level of re-entry of those already within it. These prevention and early intervention services offered the opportunity for a number of children and their families to change their lives by:

- strengthening the capacity of families to care for and protect their children;
- strengthening the resilience of children; and
- building supports within families and community networks.

Two of 31 *Future Directions* Initiatives were funded by the former Department of Families; a *program of prevention and early intervention* trials and *Family Support Centres*. An allocation of \$7.4 million provided family support programs conducted by the non-government sector and support for Aboriginal and Torres Strait Islander communities to provide a range of supports including youth mentoring, individual and family counselling, and household management education.

Service agreements were signed from November 2002 through to January 2003. By early January 2003, 23 services were established with staff and premises and 16 had commenced providing services to clients. Trials were for a twelve-month period and moving to pilot phase would follow only after a successful evaluation.

[§] Department of Communities Vision Statement:

Collection of comprehensive data to examine Non-Government organisations' activities had not been undertaken by the former Department of Families before the commencement of these trials. Most organisations saw value in completing data forms and evaluation processes, even under time constraints and with the inexperience of some staff. Action Learning Teams (Senge, Kleiner, Roberts, Ross and Smith, 1994) enabled organisations to reflect on their activities and to recognise changes needed in services that they had not anticipated. In general, organisations reported that family outcomes were enhanced by both data collection and Action Learning and those proceeding to the pilot stage requested that data collection and Action Learning Teams continue.

From the trial evaluations, all organisations were able to give anecdotal evidence of positive outcomes for their clients. A number of them reported a decline in families' observable negative behaviours in children such as opposition, tantrums and aggression, and internalising behaviours such as depression or anxiety.

Organisations reported that parents had substantially reduced their stress levels and child abuse potential and had improved the way they communicated or engaged in play with their children. Families had skills and abilities to deal with their problems more effectively.

Only some organisations reported families' improvements on Goal Attainment Scales, Family Assessment Scales, or other pre-and post measures and tests. Some were able to report that there had been no re-notifications for families who had completed the programs and in some cases children in care had been returned to their parents.

The trials provided an opportunity to identify successful models of prevention and early intervention services to divert families entering, or re-entering the statutory system. Following the evaluation of trials in June 2003, and further evaluations of some trial extensions, 18 proceeded to a pilot phase. Those that progressed to pilot demonstrated quality management systems, quality service delivery, connections with the service sector that referred their families, continuous improvement through action learning and practices that achieved positive outcomes for their families.

The pilot programs funded by the Department helped to address the government's continued commitment to prevention and early intervention services and to provide positive outcomes for Queensland's families and communities, particularly for those most vulnerable. As these programs inform the strategic work being undertaken, an intensive examination of service models being used and outcomes achieved is necessary to provide a rigorous evidence base.

The current development by the Department of a prevention and early intervention model for Queensland, together with a strong commitment to strengthening non government organisations places great emphasis on the need for this rigorous evidence to justify the allocation of funds for the purpose of improving the lives of vulnerable Queenslanders.

When the pilot programs were established, workshops were held to examine the processes of how each pilot program could attempt a client outcomes project as it was the positive outcomes for families that were only anecdotally recorded during the trials.

Each program was asked to identify questions around 'How do I know what I do works well?' They were assisted in the process by using outcomes projects concepts and designs and were mentored through the process by staff from the Department's Review and Evaluation Review and Evaluation team. With the move to two new Departments (Child Safety and Communities) following the Queensland Crime and Misconduct Commission's inquiry *Protecting Children: An Inquiry into Abuse of Children in Foster Care* (2004), six of the organisations were assigned to the Department of Child Safety and 12 to the Department of Communities.

Support for Non-Government Organisations in Planning Client Outcomes Projects

In planning the client outcomes projects it was necessary to acknowledge that the organisations did not have the time, staff expertise or the funding to conduct experimentally, or scientifically designed evaluations. However every attempt was and is being made to ensure that the methodology for each project is appropriately rigorous.

The pilot programs covered an array of diverse clients and interventions. Specific outcome evaluation models needed to be unique to each organisation. The workshops provided background on the evaluation techniques and tools and templates were developed to assist the organisations to tease out their program's effects using a series of 'if' and 'then' statements. A project design was then developed. This design enabled the organisations to develop project questions and consider types of methodologies and sample sizes. It required them to examine tools and techniques in which to gather information from their families and set up a timeline of milestones.

The Review and Evaluation Unit provided mentors for the organisations so that they were supported in the theoretical orientation of the projects, methodologies chosen and analysis of the information that was gathered. The mentors visited the organisations and assisted their Action Learning Teams to reflect upon all the data and information that was gathered through all the evaluation arms.

Methodologies

The methodologies used by the organisations presented a significant challenge. The methodology chosen was dictated by the intervention or service strategy, the client group, organisational expertise and resources. It was important that the organisation select a methodology so that they would not be overburdened by the information gathering, analysis and report writing. Organisations needed to see this arm of the evaluation in a positive light that was both achievable and beneficial and an integral part of the ways that they might critique their services. The outcomes projects were not considered to be an add on – but a part of the way services operate.

The twelve client outcomes projects can be grouped into three categories based on methodological similarities. The first group, of three projects, have based their outcomes evaluations on a descriptive survey design. This methodology involves clients undertaking a series of pre, exit, and post/ intervention surveys. This kind of evaluation is well suited to the organisations that provide a service to large numbers of clients with less intense needs and a less intense service. Data collection methods included classroom teacher surveys, parent surveys, school attendance records, the North Carolina Family Assessment Scale (NCFAS), Staff questionnaires, and other standardised scale assessments. These projects developed and adapted their own surveys and tools with supervision and mentorship provided by the Review and Evaluation Unit.

The second and largest group employed an exploratory study design primarily using case studies with some using a multi-method approach. These case studies develop a detailed intensive knowledge about a single case or small number of related cases and were ideal for gathering rich data about complex client issues. Data collection methods included case notes, observations, intake and exit interviews and adapted assessment scales.

The third category of three projects again employed an exploratory design, and used a method known as Narrative Inquiry. This is a culturally sensitive method of gathering information from vulnerable families through the use of telling stories. A Narrative Inquiry workshop package was written and trialled by the Review and Evaluation Unit for use by departmental workers and organisations in order to gather information in more culturally appropriate ways.

Project Circuit Breaker

Project Circuit Breaker delivers mobile and free crisis services to families with children aged 10 -16 years living in the northern suburbs of the Brisbane City Region. These families will be experiencing first-time involvement with the Child Protection System, or be at imminent risk of furthering their involvement. Staff work with families from a strength-based family focussed child centred perspective.

Program activities include:

- Needs assessment and management of case / service plans
- Independent and community living skills
- Individual and family support including practical support

Project design for the Client Outcomes Project:

Methodology: Descriptive (Survey Design), pre and post test and post 3 months. Additional case studies (using the NCFAS, Child Behaviour Checklist and other questionnaires devised by Project Circuit Breaker staff) will also be used.

Questions	Sample	Description of Sample	Tools & Techniques
<p>This service provides strength based, solution focused case management:</p> <p>Was there is a significant change in:</p> <ul style="list-style-type: none"> - the young person's school attendance and academic performance; - the young person's behaviours; and - quality of family relationships. <p>Is there a relationship between improvements on the following:</p> <ul style="list-style-type: none"> - quality of family relationships after the intervention; and - behaviour after the intervention. 	<p>Sample of convenience</p> <p>Representative Case Study sample</p> <p>Approx 30 families in the sample dependent on the number of referrals received</p>	<p>Families and young people referred from secondary schools within Project Circuit Breaker's catchment area.</p> <p>Families experiencing difficulties with young person's behaviour.</p> <p>Young person experiencing difficulties with relationships, parent/s and/or at school.</p>	<p>Tests – Pact C, NCFAS- Quality of Family interactions, Child Behaviour Checklist for ages 6 –18</p> <p>Home/school/self report</p> <p>Attendance records (beginning and end of intervention)</p> <p>Questionnaires devised by Project Circuit Breaker for staff, Guidance Officers, and parent/young person.</p>

Mununjali

This program, for Indigenous clients in the Beaudesert region, provides family and cultural community development strategies, emergency housing and accommodation support, healing and intervention programs.

Program activities include:

- Needs assessment and management of case/service plans
- Counselling
- Social and Personal Development
- Living skills development
- Family therapy and mediation
- Development of Household skills
- Parenting Information and skill development

- Cultural Group Development
- Group homes

Project design for the Client Outcomes Project

Methodology: Action Research

Questions	Sample	Description of Sample	Tools & Techniques
<p>When the Mununjali Jymbi Centre works with children, families and communities who experience chronic stress and conflict by addressing the causes and consequences (both intended and unintended, whether positive or negative) of (ongoing) colonisation, we will potentially:</p> <ul style="list-style-type: none"> • improve family and community resilience and well being • establish sustainable self determining family and cultural support systems and structures • reduce the levels of representation of Aboriginal people and Torres Strait Islander people in statutory systems and crisis services. 	<p>Mununjali uses a combination of</p> <ul style="list-style-type: none"> - Whole population (primarily Mununjali) via a convenient sample - Targeted sample - Specific people for more detailed inquiry - The 'community way' 	<ol style="list-style-type: none"> 1. Whole population (e.g. 4-6 community events in 2005-2006) via a convenient sample (available client group) – e.g. voluntary focus groups before, during and after each major community event. The three groups could be men, women and young people. 2. Targeted sample (selected, based on set criteria) e.g. Community Participation Group and/or specific groups in talking circles, including agencies/ reps from wider community such as Education, Health, Police, Business etc. 3. Specific people engaging with more detailed inquiry, based on level of "intervention", such as families using a Jymbi Plan, who have been involved with the Centre's processes and activities either long term (18 months or more), medium term (9-12 months) or short term (0-3 months). 4. Using the 'community way', that is feedback received from people in the community when they choose to share their understandings informally or formally. 	<p>We continue to improve our capacity to use</p> <p>Rating scales Checklists Narratives Anecdotes/ Critical incidents Samples of work/ photos Maps of connections, Sociograms Network Analysis</p>

Both Project Circuit Breaker and Mununjali were able to describe some preliminary findings. Both could document positive outcomes for their clients, using the above designs. Project Circuit Breaker were able to say that all young people in their sample maintained or showed improved grades in at least three out of four subjects after their interventions. They were also able to say that young people's school attendance didn't alter significantly during the intervention time and therefore were able to infer that young people's engagement in school improved. Mununjali could see local people being employed full time, that their families were happier and had more self-confidence. They could also see some families being more active in the community.

Conclusion

This paper attempts to explain how evaluating outcomes can assist in evaluating services. It does not intend to indicate that client outcomes evaluation should be carried out using the design described, but provides a basis for consideration for those undertaking similar evaluations projects. Of particular significance, noted by the Review and Evaluation Unit was the uniqueness of each of the projects and how this flexibility enable each project to describe in some way positive outcomes for their vulnerable families.

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