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Journal:	Professional Development: The International Journal of Continuing Social Work Education
Article Title:	<i>Demystifying Client-Outcomes: Identifying, Monitoring, and Using Client Outcomes in Child Protection</i>
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Volume and Issue Number:	<i>Vol. 4 No. 2</i>
Manuscript ID:	42025
Page Number:	25
Year:	2001

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin’s School of Social Work or its Center for Social Work Research.

Professional Development: The International Journal of Continuing Social Work Education is published three times a year (Spring, Summer, and Winter) by the Center for Social Work Research at 1 University Station, D3500 Austin, TX 78712. Journal subscriptions are \$110. Our website at www.profdevjournal.org contains additional information regarding submission of publications and subscriptions.

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ISSN: 1097-4911

URL: www.profdevjournal.org

Email: www.profdevjournal.org/contact

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Introduction

In recent years, greater emphasis has been placed on the importance of measuring and tracking client outcomes in social service programs. Historically, it has been sufficient for social service managers to give case examples and other anecdotal evidence to justify the existence of, and funding for, a program (York, 1982). Increasingly, however, social service administrators are being held accountable for setting and achieving goals pertaining to services as legislators, taxpayers, and others are asking how their tax dollars are being spent and what impact these monies are having in general (Rapp & Poertner, 1992; York, 1982). Measuring and reporting client outcomes is now expected of virtually every type of social services program, from large public programs funded by the U.S. Department of Health and Human Services, to small, one-person programs funded by the local United Way.

This article describes the various processes pertaining to client outcomes—including developing, measuring, and reporting client outcomes—using child protective services as an exemplar.* A model for initial development and the use of client outcomes is presented.

Defining Client Outcomes

The term *client outcome* refers to an improvement in the client's situation or the curbing of a deteriorating client situation. Client outcomes serve as the bottom line in human service in much the same way profit serves business (Rapp & Poertner, 1992, p. 4). Magura and Moses (1986) define client outcomes as changes in the condition, functioning, or problem of a client that may be attributed to par-

ticipation in a program. Petr (1998) suggests that client outcomes are the "measurable" achievements or end results that services are designed to accomplish (p. 111).

Magura and Moses (1986) also suggest that the term client status be used when examining client outcomes in child protection. Client status refers to changes in a client's behaviors, functioning, or well-being. Conversely, Rapp and Poertner (1992) maintain that client status is but one of five possible types of client outcomes, the others being learning, affective changes, behavior changes, and environmental modifications. Regardless of how client outcomes are conceptualized for a given program, they must meet two criteria: 1) They must be appropriate to the parameters of a given program and 2) They must pertain to benefits clients derive from participating in the program.

Client outcomes are differentiated from productivity or counting the number of clients served. A client outcome pertains to the benefit clients obtain from participating in a social services program, while productivity pertains to the number of clients participating in a program, regardless of whether they benefited from their participation. Or, as stated by the United Way in their manual, *Outcome Measurement: Are You Making a Difference?*: "An outcome is not how many worms the bird feeds its young, but how well the fledgling flies" (United Way of America, 1999).

Client outcomes are also different than client goals and objectives. Goals are more global depictions of desired ends. Goals may be thought of as the desired destination and are not typically measurable—in contrast, objectives are measurable.

* For the purpose of this article, the term child protection will be used to describe child welfare work involving children who have been abused and/or neglected.

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Objectives are observable accomplishments toward achieving a goal. If goals are thought of as the destination, objectives may be thought of as markers or signposts along the way, indicating how close one is to reaching his determined destination. Objectives are related to outcomes because objectives, if they are to be adequate, must embody client outcomes (Rapp & Poertner, 1992).

For example, the goals of the child protection system in the United States are as follows: 1) To protect children from harm; 2) To preserve existing family units...both the birth-family and/or relative families as appropriate; and 3) To promote children's development into adults, who can live independently and contribute to their community (Pecora, et al, 2000, p. 9). The child welfare goals offered by

Pecora and his colleagues are not measurable, but lend themselves to the development of measurable objectives. Child welfare objectives would pertain to accomplishing one or more of these broadly defined goals, and client outcomes would be embedded in one or more objectives.

In child protection, the goal of protecting children from harm is not actually measurable because data regarding re-abuse rates are impossible to obtain. Abuse or re-abuse of children once they come to the attention of the child protection system often goes undiscovered or unreported. Therefore, measurable objectives must be used when thinking about and writing program goals in child protection agencies. Using the example of child safety, an objective might be, "90% of the children served by

Table: Client Outcomes, Activities, Objectives, and Measures

Client Goal	Activities	Client Outcome	Measures
Child Safety	Home Visits or Case Management Service	90% of the children served will not re-enter the system within two years following their initial discharge.	Agency records
	Parent Education Program	Each quarter, 85% of caregivers participating in the program will demonstrate three non-physical behavior management techniques during home visits.	<i>Home Visitor Rating Scale</i>
Child Permanency	Case Management Service	This year, 50% of the children receiving case management services will achieve a permanency placement.	Agency records
	Child Advocacy Program	During the next six months, five of the children served by the Child Advocacy Program will be adopted.	Agency records
Preserving Families	Family Therapy	90% of the families receiving family therapy will remain intact this quarter.	Agency records
	In-home Family Preservation Program	98% of the children enrolled in the In-home Family Preservation Program will remain in their parent's home this month.	Agency records
Child Health and Development	Multi Service Program	Each quarter, 85% of eligible participants will enroll in TANF, WIC, and Medicaid during intake.	Agency records
	Teen Parenting Class	Participants will gain knowledge of age-appropriate expectations for children.	Pre-/post-test scores on <i>Child Development Assessment</i>
	Child Health Care Program	All children served by the Child Health Care Program will have current immunizations.	Agency records

the agency will not re-enter the system within two years following their initial discharge" [see **Table**, page 26]. The client outcome of safety is embedded in this objective, and the number of children who re-enter the child protection system can be monitored using state or county databases.

On the practice level, a programmatic goal pertaining to protecting children from harm within a parent education program could require parents to learn non-physical methods of behavior management. Again, this goal is not measurable. However, a measurable objective for this program might be, "Each quarter, 85% of caregivers participating in the parent education program will demonstrate three non-physical behavior management techniques during home visits, as indicated by the *Home Visitor Rating Scale*." The objective is measurable, and the client outcome embedded in this objective is the parents' demonstration of non-physical behavior management techniques. Procedures for identifying, monitoring, and using client outcomes will be discussed in more detail in a later section of this article.

Identifying Client Outcomes

The best way to begin to identify client outcomes is to answer the following questions: 1) Why should anyone participate in my program?; 2) What specific benefits will people gain from participating in my program?; and 3) How will I know whether or not the program is working, and that people are actually benefiting from it? It is important to be realistic, purposeful, and even modest in selecting client outcomes for a program, rather than writing in broad, fluid terms that propose to meet unrealistic expectations.

Client outcomes appear in program objectives, and program objectives are often used as the basis for program evaluations. If program objectives and client outcomes are unrealistic and are, therefore, never achieved, the program will suffer, even if the program has some degree of practical merit. Thus, it is critical that the process of identifying client

outcomes focus very narrowly on the needs of clients, services to be offered to clients, and realistic expectations pertaining to the gains clients might make by receiving program services. The greatest single challenge in writing practical client outcomes is staying focused (Rapp & Poertner, 1992). Too often, program administrators are tempted to over-promise when they write client outcomes and objectives, inadvertently committing their program to achieving too many outcomes, outcomes that are impossible, or outcomes that pertain to productivity rather than client benefits.

Client outcomes concern ends, never means, and should always speak to the benefits clients receive from participating in a service delivery program. For instance, in the examples above, protecting children from harm certainly indicates a benefit to children. The objective, "90% of the children served by the agency will not re-enter the system within two years following their initial discharge," is measurable and still speaks to client outcomes. However, in child protection, focusing on the number of home visits made by child welfare workers addresses the activity or the means by which to achieve the desired outcome, and not the outcome itself.

The other example, "Parents will learn non-physical methods of behavior management," refers to a specific, measurable benefit that clients may be expected to derive from the program. The objective here is that "Each quarter, 85% of caregivers participating in the parent education program will demonstrate three non-physical behavior management techniques during home visits as indicated by the *Home Visitor Rating Scale*." However, to provide at-risk parents with information necessary to prevent child abuse and neglect speaks to the means used to achieve the outcome, not the outcome itself. The focus in the latter example is on staff activity, not on the benefits clients would reap by participating in the program. Finally, a multi-service program with a goal of enrolling eligible persons in publicly funded programs might have the following objective: "Each quarter, 85% of eli-

gible participants will enroll in TANF, WIC, and Medicaid during intake, as documented by the *Multi-Service Enrollment Checklist*." The client outcome here is participants' enrollment in programs and, therefore, the receipt of benefits and services for which they are eligible.

Writing Client Outcomes

Writing client-centered outcomes for service delivery programs can be frustrating and bewildering, especially on the first attempt. Even if one has worked with a program for many months or years, having to sit down and figure out just what effect the program is having, and how that effect can be measured, might seem like an impossible task. How do you measure the good that's done? How do you measure that your program *helped*? How do you make a changed life into a measurable outcome? These are all questions that have been asked when program administrators and supervisors have been instructed to write and report client-centered outcomes as a condition of funding. The simplest and most important answer to these and similar questions is, *Don't!* No one wants to measure "the good that is done" or whether it "helped," and no one would want to reduce a "changed life" to a measurable outcome. Rather, identifying and monitoring client outcomes is a way of answering such questions as: 1) What, specifically, do people get out of my program?; 2) Why should anyone participate in my program?; or 3) How do I know my program is doing what I want it to do? It is also the first step in using information about a program to improve the program.

Programs designed to prevent child abuse often focus on teaching parenting skills to teen parents. The director of such a program might monitor what parents are learning from the program, and find that parents are learning the material presented in the parenting classes, but are not using it at home. Or, the director might discover that parents are learning about non-abusive methods of child behavior management, but are not grasping the information about appropriate expectations for chil-

dren at different developmental stages. This is vital information for program personnel. Such information can be used to identify strengths and limitations of the program, and can be used to direct efforts to improve the program itself. This, in fact, is the only good reason for spending the time and resources to monitor client outcomes—to improve the program so that clients reap maximum benefits. Therefore, monitoring client outcomes should be thought of first and foremost as a tool for improving program management, which will, in turn, lead to better outcomes for clients.

Writing Objectives

Clearly written objectives include several elements, each of which should contribute to improved program management and performance. For instance, in the parent education example above, the objective consists of five elements: 1) Time frame (each quarter); 2) Performance indicator (85%); 3) Target population (caregivers participating in the parent education program); 4) Client outcome (will demonstrate three non-physical behavior management techniques during home visits); and 5) Documentation source (as indicated by the *Home Visitor Rating Scale*).

Each of these elements has a role to play in monitoring client outcomes in a child welfare program. Establishing a time frame and a performance indicator establishes parameters that make the objective manageable and measurable (i.e., the target success rate is 85% each quarter). The target population and client outcome specify who will do or accomplish what (i.e., participating caregivers will demonstrate three behavior management techniques). The documentation source indicates that client outcome information may be found on the *Home Visitor Rating Scale*, perhaps by program supervisors training new staff, or by administrators wishing to attract new funding sources. Simple record keeping will enable agency administrators and staff to ascertain whether clients obtained the desired outcomes, and whether the target perform-

ance indicator was achieved in any given quarter. Thus, if a parenting program achieved its client outcome and performance target for having age-appropriate behavior expectations, but not for demonstrating non-abusive behaviors, program personnel could then direct program resources towards enhancing this content area.

Measuring Outcomes

The importance of a narrow focus immediately becomes apparent when we turn to the task of measuring client outcomes. Narrowing the focus and clearly articulating the expected benefits to clients is often the most difficult part of measuring client outcomes. Measuring a specific, well conceived outcome requires careful attention. Imagine trying to measure less specific, poorly conceived outcomes. Once the outcome is defined, however, the measurement task is simply a matter of fitting the right approach to the outcome to be measured.

The measurement process must be appropriate for the particular outcome. For instance, if the objective refers to "knowledge gain," it might best be measured by pre-/post-test design. If the objective states that "participants will demonstrate" a given skill, a written test format would be inappropriate, whereas observation by volunteer or paid program staff might be the best way to monitor and measure the outcome. However, if the objective to be measured involves counting the "number of children who re-enter the system," or the "number and type of childhood immunizations," simply maintaining good records could suffice to measure the outcomes. As stated, the choice of measurement must be appropriate to the particular outcome. It should capture the information needed, and be simple enough to be done without placing unnecessary burden upon the staff.

Monitoring Client Outcomes and Program Evaluation

Monitoring client outcomes is simply the process of periodically collecting data to determine the

extent to which a program is succeeding in accomplishing its objectives, and thereby accomplishing its overall goals. If client outcomes are measured regularly, program directors will have useful information about whether or not the program is achieving its intended purpose (i.e., how and to what extent clients are benefiting from the program). Again, when monitoring outcomes, the director of the program for teen parents might find that participants are learning non-physical behavior management techniques, but are not learning age-appropriate expectations for children. If so, attention could be directed towards that part of the program, as staff and administration searched for ways to improve the overall service delivery. In order for information to be useful for this type of program, the data must be collected and periodically examined.

Program monitoring differs significantly from program evaluation. Program evaluation, when done properly, requires the hiring of an *unbiased*, external evaluator/researcher to collect various program data over an extended period of time. It typically includes a systematic study of the social problem to be addressed and the implementation (process evaluation) and/or effectiveness (summative evaluation) of the program. Therefore, program evaluation may involve the use of surveys, experimental designs with a control group, or a quasi-experimental design using a comparison group.

In contrast to program evaluation, program monitoring is a much more modest and less costly proposition that makes use of current agency personnel and existing program data. Data pertaining to client outcomes are collected and examined to ascertain whether the program is achieving its intended purpose. That information is then disseminated to administrators, supervisors, and front-line practitioners to assist them in accomplishing their tasks in the agency. Program evaluation and program monitoring are certainly interrelated and are both considered important in managing and improving social service programs. Whether to simply monitor client outcomes or engage in a more rigor-

ous program evaluation oftentimes depends on the amount of resources a program has available.

Making Use of Client Outcomes

It is the task of every program director to see that client outcomes are measured regularly, that the results are gathered and studied to determine how well clients are being served, and that the information is used to make improvements to the program. In fact, improving client outcomes is the only justification for using the resources required to establish, measure, and monitor client outcomes. Without the regular examination of data pertaining to client outcomes, agency personnel cannot know whether clients are benefiting from their association with the agency (i.e., whether they as agency personnel are doing their job adequately). Social service agencies, including child welfare agencies that do not pay close attention to client outcomes, exist primarily for themselves and not for clients.

Nevertheless, monitoring client outcomes can benefit agency personnel as well as clients. Feelings of frustration and uncertainty are common among people working in social service agencies and organizations. Statements like, "I don't know if I did a bit of good today," and "I don't know if I helped a single soul this week," express sentiments common to social workers and others in social services. Monitoring client outcomes gives direct service practitioners and administrators alike accurate and timely information about the success they are having in helping people reach their goals, as well as how they might alter their service delivery protocols to further improve clients' success rates.

Finally, monitoring client outcomes can be very useful in securing existing funding, and in obtaining new sources of funding. Most grant sources now require applicant agencies to identify client outcomes and report them regularly. Agencies with a history of monitoring and using client outcome information to improve program performance can demonstrate a commitment to serving clients and using funds wisely. When resources are tight and

programs must be competitive, as is the case in many communities funded with local dollars, program administrators, wielding client outcome information in-hand, can boast of their program's success and their commitment to meeting clients' needs. Likewise, when legislators demand that state agency administrators explain how they and their constituents can know that taxpayer dollars are not being wasted, and are being spent to achieve their intended purpose, those same administrators can produce information to validate the agency's success in realizing client outcomes.

Implications for Continuing Education in Social Work

While client outcomes are vital to the success of social service agencies, the requirement to develop and report client outcomes is a relatively new phenomenon in the social services arena. Straightforward information and training pertaining to the development, measurement, and use of client outcomes may have been lacking in the professional education of many human services practitioners. As a result, many agency directors are not yet informed about: 1) What client outcomes are; 2) How to develop client outcomes for their program; 3) How to measure client outcomes; or 4) How to use the results of monitoring client outcomes to improve their program. This article provides the information necessary to begin the various tasks associated with client outcomes in social service programs. Most program directors will be able to apply this approach to the specific context, needs, and resources of their particular program.

Program administrators may prefer to seek assistance from colleagues who have experience with the tasks associated with client outcomes. Most social work education programs and many large public agencies employ people with extensive training in research and evaluation. These colleagues are potential resources for providing continuing education training pertaining to client outcomes. However, particular outcomes, and the procedures

necessary for measuring and monitoring them, must be program-specific. Therefore, a team approach involving an academic and/or other professional researchers, and one or more agency employees, may be most beneficial. This team approach to training on client outcomes may assist participants in the *conceptual* understanding, as well as the *application* of, program outcomes. The authors contend that the material presented in this article would be very beneficial to social workers whose educational programs did not address client outcomes, as well as to those who have not had a review of this information since completing their professional training.

Conclusion

Social service administrators, who are often social workers themselves, continue to be faced with the challenge of substantiating the accomplishments of their direct service programs. Funding sources increasingly expect the majority of social service programs to measure and report client outcomes. Large bureaucratic agencies, such as child protective services, typically require work-

ers to record and monitor their own activities and contact information. However, the relationship between these "process" activities and client outcomes is often overlooked or unclear. The authors suggest that client outcomes should be embedded in program objectives, and that all program objectives, as well as all practice activities directed toward program objectives, be designed to achieve specific client outcomes.

A straightforward discussion and model for the development of client outcomes has been presented using child protective services as an exemplar. The authors suggest that there is a difference between program monitoring and program evaluation, insofar as program monitoring is an ongoing administrative task that is less ambitious and more manageable than program evaluation. The authors also suggest four steps to writing and monitoring client outcomes: 1) Determine the client outcomes a program is designed to accomplish; 2) Write measurable objectives that include client outcomes; 3) Identify appropriate measures; and 4) Monitor the information pertaining to client outcomes for use by program staff, administrators, funding sources, and legislators.

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