Implementation of a Program Planning and Review Model at Winnipeg Child and Family Services

By

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A Practicum Report Submitted to the
Faculty of Graduate Studies
in Partial Fulfilment of the Requirements
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ABSTRACT

This report describes a practicum that examines a specific quality assurance approach in a child welfare agency. The practicum was designed to facilitate participation in the implementation of an inclusive, internal Program Planning and Review Model within the context of a program for pregnant and parenting adolescents. The intervention plan for the practicum included four specific components: 1) a review of the literature regarding quality assurance methodologies, client involvement in evaluation, and evaluation utilization; 2) implementation of a Program Planning and Review Model within the context of a program for pregnant and parenting adolescents; 3) qualitative interviews with clients; and, 4) a critique of the process and a discussion of the implications for the Model's utility. The Program Planning and Review Model is a quality management process which provides a wide range of information to assist management and the targeted program in decision-making and planning and improvement efforts. The implementation of the Model involved a multidisciplinary peer review team and transfer of learning principles as a means for extending the quality assurance process beyond the individual program being reviewed. The findings of this study indicate that the overall, Program Planning and Review Model which incorporates peer teams based on internal and external collateral participation appears to be a viable means to attaining information for agency program planning and improvement efforts. However, in order to maximize the potential benefits of such as Model, including review utilization and the transfer of learning, a greater level of involvement for both program staff and clients in all phases of a review process is required.

ACKNOWLEDGEMENTS

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CHAPTER ONE
INTRODUCTION

In the last few decades quality assurance efforts have expanded from their traditional health care domain to the social services, and more recently, to the child welfare domain. Increasing expectations from funders of social service agencies to monitor and evaluate the "quality" of their service delivery efforts, client outcomes, and client satisfaction, has led a growing number of social service agencies to incorporate quality assurance strategies into their operations. Quality assurance is a process that aims to ensure an organization's overall ability to produce and maintain the delivery of quality services to its clients. Quality Assurance endeavours are important to social service agencies, as they are key in enhancing service delivery, client outcomes and satisfaction, pro-active problem solving, and program monitoring, planning, and improvement efforts. These efforts become even more significant in relation to child welfare agencies, which face significant challenges in providing services to children and families at risk.

To date, quality assurance efforts have not been prevalent in child welfare. Thus the paucity of literature and methodology in this area is not surprising. The existing literature and methodologies have been developed and utilized primarily in health care settings. There is a need for further research regarding quality assurance efforts in child welfare, as child welfare organizations have their own unique needs, separate from those of health care and other social service organizations.

Notwithstanding the lack of quality assurance literature and methodologies in the field of child welfare, quality assurance programs do exist in the field. For example in Manitoba, the Child and Family Support Branch have been engaging in quality assurance activities since 1990. More recently, Winnipeg Child and Family Services (WCFS) have developed a Quality Assurance, Research and Planning Program (QA, R&PP) in their agency. A unique component of the QA, R&PP includes a quality assurance approach that involves an inclusive, participatory Program Planning and Review Model. Its application

involves peer (or review) teams and transfer of learning principles as a means for extending the quality assurance process beyond any individual program or service unit review (WCFS, 1999). Review teams consist of staff from the immediate service unit/program being reviewed, other program areas in the agency, and external collaterals germane to the service unit/program being reviewed (WCFS, 2000). This Program Planning and Review process lends itself to problem solving within the agency and to the improvement of service delivery.

Unlike externally imposed evaluation procedures, the Program Planning and Review process at WCFS is premised upon a "bottom up" approach which is collegial, and relies on review teams and the willing participation of agency staff and collaterals. This process acknowledges the valuable expertise that exists within the agency, and other collateral organizations.

The Program Planning and Review process is unique as reviews are not imposed on programs or service units by those external to the agency, but instead are initiated by the individual service unit or program. Service units/programs within the agency have the opportunity to approach the QA, R&PP with issues and questions they view as significant to their program. Thus the Program Planning and Review process addresses issues that the program or senior management associated with the program has identified as critical to their program, not what individuals unfamiliar with the program have identified as program elements to be reviewed.

The Program Planning and Review process also gives the opportunity for various levels of agency staff from different areas to participate in the process. The participation of agency staff may serve to increase staff acceptance of process (as staff have the opportunity to exercise some responsibility over it), and the utilization of review findings as a result of the process.

Another unique element of the Planning and Review process is the transfer of learning principle. This principle places an emphasis on learning through doing. The participation of various levels of agency staff on the Review Team, can serve to expand the agency's capacity in evaluation procedures such as evaluation research design, measurement, data collection and analysis. This in turn may result in Program Managers and their staff beginning to undertake their own planning and program change efforts apart from the QA, R&PP reviews.

Cherin and Meezan (1998) suggest the participation of staff at all levels, combined with opportunities for organizational learning, can ideally help organizations internalize evaluation principles and practices, making evaluation an integral part of program planning. The authors also assert that evaluations should be conceived and implemented in a manner that provides both a learning experience and a model for organizational learning; evaluations and the ways in which they are performed must be viewed as learning collaborations between the evaluators and the organization; and the conduct of evaluations must become a learning enterprise which is valued by the organization (p.3). They conclude that the opportunity to learn, as opposed to the experience of being scrutinized, will then lead to a value-added experience for the organization and other stakeholders involved.

In addition to the value to the agency the Program Planning and Review process can have, it also has value to clients. Including clients' experiences with services is an integral aspect of an organization's operations, and knowledge of this experience is essential for organizations that wish to improve the quality of their services (Martin, 1986). The author further asserts that client involvement in evaluating services can serve as a means of increasing their rightful involvement in aspects of service operations, such as program changes and program planning. This involvement may also serve to empower clients, as their opinions are being valued and used in decision-making regarding service delivery (Martin, 1986). The Planning and Review process at WCFS involves clients by obtaining

their views on program services and satisfaction with these services through client interviews (additional methods of obtaining client feedback are also being considered). Magura & Mosoes (1984) argue client interview techniques are a practical and valid means of understanding client viewpoints, and of identifying the most and least effective areas of agency service. The authors feel this identification will allow areas for service improvement to be targeted, and appropriate modification in policies and practices to be made.

This practicum involved participation in the implementation of an inclusive, internal Program Planning and Review Model to a program for pregnant and parenting adolescents. The practicum took place between May 1st and July 26th 2000, within the context of WCFS Quality Assurance, Research and Planning Program. The student's involvement in preliminary activities concerning the review commenced in April 2000. The practicum was designed to examine a specific quality assurance approach in a child welfare agency. The following learning objectives formed the basis of the practicum:

1) *To gain a solid understanding of the inclusive, internal Program Planning and Review Model utilized by the QA, R&PP at WCFS, through participating in a review of the agency's Perinatal Program.* This involved the student's participation in the design and implementation of the process, including the following activities: consultation, identification of stakeholders in the review, coordination and facilitation of a multidisciplinary review team, instrument development, data collection, analysis and collation, and generation of a final report.

2) *To gain an understanding of how to design, conduct and analyse qualitative interviews.* This involved the student assuming direct responsibility for the client interview component of the review. This included developing the interview guide, conducting the interviews, and analysing the data. These interviews served the purpose of determining client expectations and satisfaction with the Program, and Program activities.

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3) *To critically reflect on the results of the above objectives through assessing the utility of the Model and its practical application.* The purpose of the critique was to examine the strengths and weaknesses of the Program Planning and Review Model, and then discuss the implications for the utility of the Model.

The **intervention plan** for the practicum included four specific components: 1) a literature review with the aim of becoming more familiar with the history and definition of quality assurance, quality assurance methodologies, client involvement in evaluation, and evaluation utilization; 2) implementation of a quality assurance strategy (Program Planning and Review Model) within the context of a program for pregnant and parenting adolescents; 3) qualitative interviews with clients who commented on their experience and satisfaction with the Program; and, 4) a critique of the process and a discussion of the implications for the utility of the Model.

The **purpose of the practicum** was for the student to learn about a quality assurance process within a child welfare agency, through participating in the design and implementation phases of the Program Planning and Review Model as applied to the Perinatal Program at WCFS. This report is an account of the implementation of the Program Planning and Review Model, as applied to the Perinatal Program.

Chapter two offers a literature review outlining the history, definition, and methodologies associated with quality assurance, outlines the various issues and complexities of client involvement in evaluation, and examines strategies to increasing evaluation utilization; chapter three outlines the practicum setting and the Program Planning and Review Model; chapter four describes the implementation of the Model to the Perinatal Program at WCFS; chapter five provides an assessment of the student's learning; and chapter six offers a critique of the Model and recommendations for subsequent reviews.

CHAPTER TWO
LITERATURE REVIEW

The quality dimension has become a growing focus in the human services. An enormous amount of effort has gone into defining quality and creating systems in human service organizations to ensure the delivery and maintenance of quality services. Particular attention has been paid to quality in relation to clients of human service organizations. This chapter begins by describing the emergence of quality assurance. It then considers various definitions of quality and quality assurance, as well as the relationship between quality assurance, Total Quality Management and Continuous Quality Improvement. The chapter also contains a brief review of quality assurance methodologies. It then outlines the various issues and complexities of client involvement in evaluation, and offers strategies to increase evaluation utilization. The chapter concludes with a summary of the literature and its specific relevance to this practicum.

The Emergence of Quality Assurance

The origins of quality assurance can be traced to the Japanese quality revolution in the manufacturing sector following the Second World War (Fricke, 1990, p.437). Fricke notes that the Japanese approach to quality assurance involved upper management taking charge of the process, all levels and functions in the organization undergoing training in quality management, and the pursuit of quality improvement on a continuing basis. He indicates the process included the evaluation of actual performance against pre-established standards and action on any deviation from these standards.

Since the 1960's quality assurance efforts have predominantly been applied in the health care field, and more recently, in the social services. Fricke (1990) proposes methods of assessing the quality of health care came into being largely in response to the rising cost of health care. Coulton (1982) takes a somewhat different view on the emergence of quality assurance in health care. She asserts the prominence of quality assurance in health care

grew as a result of the creditation of Professional Standards Review Organization in 1972, and the incorporation of quality assurance activities into the standards of the Joint Commission on the Accreditation of Hospitals (p.398). Nutter & Weiden (1988) note quality assurance methods are now required for hospital accreditation in most of North America.

Coulton (1982) argues quality assurance efforts in the social services developed as a result of questions concerning whether social interventions produced desired outcomes, a desire for accountability, and, government pressure concerning social programs actually achieving the purposes for which they were intended. Social service agencies then began to incorporate more evaluative and monitoring components into their programs (Coulton, 1982). Coulton notes although evaluative and monitoring efforts were plentiful, there were concerns whether the efforts were actually resulting in improving the quality of programs. She indicates this concern was because these evaluative efforts had no comprehensive approach to evaluating services or for using the obtained information for program improvement. These ongoing deficiencies eventually led to the development of quality assurance programs.

Defining Quality

Quality is at the very least, an incredibly elusive concept (Bickman, Karver, Nixon, Salzer, & Schut, 1997, p.294). Osborne (1992) suggests that if quality as a concept is to be useful in the human services it must be operationally defined. Osborne operationally defines quality in the human services, by asserting a service must be both *fit for its purpose*, in the sense of addressing identified needs, and *of excellent disposition*, referring to the manner in which the service is delivered. He feels the latter conceptualisation of quality requires the evaluation of the experiences of the consumers of service. Similar to Osborne's conceptualisation of quality concerning the ability to address identified needs, the HMSO

(1992) defines quality as " the totality of features and characteristics of a service that bears on its ability to satisfy a given need" (p.26). Osborne concludes that in the human services, quality is a function of the performance of human services in relation to their consumers.

There have been numerous attempts in the past to define and operationalize quality in the social services. Kettner, Moroney and Martin (1999) have contributed to the operationalization of quality by identifying a number of quality dimensions that have become common in the human service industry. Kettner et al. believe these quality dimensions can assist agencies in measuring the quality of their services. Their list includes such dimensions as: *accessibility*, which refers to the service being easy to acquire; *communication*, which is concerned with clients being kept informed about the service and any changes to it; *competence*, referring to staff possession of the requisite knowledge and skills to provide the service; *conformity*, that is, the degree to which services meet standards; *empathy*, which refers to staffs ability to demonstrate an understanding of and provide individualized attention to clients; *reliability*, which is the ability to provide the service in a dependable and consistent manner; *responsiveness*, that is, the timeliness of staff in providing service; and *humaneness*, regarding services being provided in a manner that protects client dignity and self worth.

Similarly, the Joint Commission on Accreditation of Healthcare Organizations have their own listing of measurable components of quality services (Zirps & Cassafer, 1996). This list includes dimensions such as:

- *Appropriateness*, which asks the question, is the correct service being provided, given the state of the art knowledge?
- *Continuity* refers to the question, is the service coordinated with other services?
- *Effectiveness* asks, is the service provided in such a manner that individuals and families benefit?

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- *Consumer perspectives* that is, does the agency involve the consumers it serves and evaluate their level of satisfaction?

The task of defining quality is a complex process. As Kettner et al. (1999) indicate, quality is defined differently depending on one's perspective. The authors suggest in business and industry, customers have tended to be the final arbiters of what constitutes quality, whereas in the human services, client perspectives are important but are not the sole criteria for the determination of quality (p.126). They feel other perspectives, including professionals, board members, and funding sources, also demand input in determining what constitutes quality.

Similarly, Johnson, Jenkinson, Kendall, Bradshaw and Blackmore (1998) argue that quality is difficult to define. As with Kettner et al., these authors assert this is because people who occupy different positions define it differently, each of whom may have a different agenda. To complicate matters further, they also believe each of these different people adopt different approaches to the improvement of quality, and wield more or less leverage in the struggle to determine which definitions, methods and measurements will be used to pursue quality.

As demonstrated in this section, there are many perspectives on quality in the human services, and many ways the concept can be defined and operationalized. These tasks are complicated ones, as quality is defined differently depending on one's perspective, position, and agenda. The most meaningful way to go about the process may be to include a combination of client, professional, and key stakeholder perspectives. This can perhaps help ensure that definitions of what constitutes good quality are left up to those who have a vested interest in quality service.

Defining Quality Assurance

There is a plethora of definitions pertaining to quality assurance in the literature. Coulton (1979) refers to quality assurance as activities designed to assess services systematically, in order to determine whether they comply with what are believed to be adequate services, and to correct any deficiencies (p.10). Nutter and Weiden (1988) and Fricke (1990) define quality assurance as a system that determines the degree to which programs meet a set of preestablished standards. Alaszewski and Manthorpe (1993) suggest quality assurance is a process that ensures concern for quality is designed and built in to services. Osborne (1992) asserts quality assurance seeks to develop mechanisms that minimize the likelihood of poor quality services being produced, and evaluates an organization's ability to produce services of good quality (p.441). Osborne also suggests that quality assurance takes place primarily prior to and during service production, and allows for the development of good quality services. Cooper (1993) argues that quality assurance ensures that quality service is maintained, making the implicit assumption that this service satisfies the client. He further asserts that quality assurance is a mechanism that aims to guarantee a certain level of quality of professional services. The London Department of Health (LDH) (1992) take a broader approach to the definition of quality assurance, defining it as "all activities and functions concerned with the attainment of quality" (p.26). Taken all together, these definitions appear to focus on an organization's overall ability to produce and maintain the delivery of quality services to its' clients.

Methodologies of Quality Assurance Programs

Quality assurance is not only a means to ensure a certain level of quality of service, but a collection of methodologies for doing so. Cooper (1997) notes quality assurance methods allow practioners opportunities to examine details of aggregated cases, to follow the course of service delivery, to make structured observations about clients, and to aggregate large data sets. The following section describes five specific methodologies that are associated with quality assurance programs.

1) *Audits* are review procedures under which the processes of service delivery, as reflected in client files or other documents, are compared with established standards (Coulton, 1982). Nutter and Weiden (1988) indicate that standards are set to guide practioners' performances, and quality assurance techniques are engaged to ensure that those standards are followed. They indicate quality assurance gathers data on program performance in order to compare that performance to standards adopted for specified program areas. They conclude the degree to which a program meets those standards will determine the program's quality. The *Professional Audit* is usually based on a peer review system, where the work of professionals is reviewed by their professional peers using standards agreed within the profession. Professional audits often take the form of an internal review (Alaszewski & Manthorpe, 1993).

2) *Peer Review* is the examination of the quality of services provided for clients conducted by a professional's own peers (Coulton, 1982). Coulton views the development of criteria as an important dimension of peer review. She explains that the development of criteria can happen in one of two ways. The first way is through obtaining consensus from

professionals on the criteria that reflect the predominant beliefs of the profession about what constitutes acceptable practice. The second is by taking an empirical approach, where criteria are derived from actual practice and may be based on statistical averages (i.e., the average time between initial referral and a home visit). Coulton suggests these criteria can focus on process or outcome. She indicates that process criteria involve looking at actual social work practice to determine to what degree activities judged necessary for quality service have actually occurred. This can involve judging only whether an action has occurred; or judging whether something has been done `correctly` or `adequately` (p.56). She notes that outcome criteria look at whether desired results have occurred.

Cooper (1997) asserts that peer review is an evaluation by one's equals. He suggests it implies organizational commitment to a process of collegial or peer assessment, and a particular methodological approach to practice evaluation. He declares that peer review consolidates control and power over practice within the professional group concerned, and acknowledges that practice expertise lies within the professional group, not with management.

3) *Utilization Reviews* consist of assessments of appropriate and efficient use of resources, including judging whether particular services are justified based on criteria that define when a particular service is needed (Coulton 1982; Cooper 1993).

4) *Client Satisfaction Surveys/Studies* are another methodology that falls under the umbrella of quality assurance. Love (1991) asserts that client satisfaction studies can assist an organization in achieving its goals by anticipating client needs and providing

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services to meet those needs. The Casey Outcomes and Decision Making Project (1998) indicates that client satisfaction adds a new perspective to evaluating the quality and benefits of a service, and improves accountability to clients. The Project further notes that while client satisfaction is technically not an outcome, at minimum it can be used as an indicator of service quality.

Client satisfaction studies generally answer the following questions: 1) What do the participants want from the service? 2) How do they characterize their experience with the service? 3) What do they perceive to be the most and least helpful aspects of the service? 4) What would they like to see changed about the service? and, 5) What has changed in their life since they received the service? (Davis & Savas, 1996). In regard to the later question, Kettner et al. warn that correlations have not been established in all services between client satisfaction and client improvement, and program planners need to be cautious about overuse and unrealistically high expectations of this measure. The Casey Outcomes and Decision Making Project (1998) support the above warning by asserting that client satisfaction studies can be a complicated process, as satisfaction ratings may not be directly associated with client improvement. This processes is further complicated when dealing with mandated services, such as child welfare, where clients are involuntary and may resent their involvement with the agency.

As part of an evaluation process, Love (1991) feels that consumer satisfaction feedback by the way of mailed questionnaires, or face to face or phone interviews, lends itself well to routine monitoring. However, the author notes the drawback of consumer satisfaction studies has been their lack of precision, as these scales tend to measure overall satisfaction, and consumers that complete questionnaires are more likely to be

satisfied consumers. Similarly, Davis and Savas (1996) note that consumer satisfaction studies are difficult to do well, in part because dissatisfied consumers are hard to locate and engage, and all kinds of consumers tend to respond in socially desirable ways (p.65). Love also indicates that consumers generally feel pressured to give a positive response, and that it is common to have over 70% of consumers respond that they are satisfied with a service. He concludes that the value of consumer satisfaction studies comes as much from the process of involving consumers as from the results.

Due to the tendency of positive responses, Davis and Savas (1996), Stipak (1980), Martin (1986), and Rees and Wallace (1982) argue that favourable responses to broad questions about satisfaction should be interpreted with caution. Davis and Savas indicate that without questions regarding specific areas of service needing change, findings from consumers are simply glowing testimonials about the virtues of a program that fail to capture valid criticisms or needed recommendations for change. Stipak asserts that compared to more general questions, specific questions about service characteristics tend to elicit a lower proportion of responses on the positive or satisfied side.

To obtain consumer satisfaction information, Davis and Savas (1996) advocate for the use of tested survey instruments, experienced interviewers, or the use of focus groups. Alaszewski and Manthorpe (1993) feel this consumerist approach is associated with internal management procedures, usually questionnaire surveys, designed to ascertain consumer satisfaction. They assert that this approach can only develop into a full quality assurance system if managers not only collect information about consumer satisfaction, but also actively involve consumers in service developments.

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5) *Quality Circles* emphasize bringing different stakeholders of a service together so that they can agree on aims and objectives and ways of achieving them (Alaszewski & Manthorpe 1993). Love (1991) expands on this description of quality circles somewhat by indicating these circles consist of small collaborative teams of managers, workers, and support staff that meet regularly to solve problems and implement solutions. He believes this method is the backbone of modern quality assurance approaches in service organizations, and that quality circles constitute a form of organizational self-evaluation. The HMSO (1992) define quality circles as a group of 8-12 individuals who work in the same department/unit and who volunteer to work together regularly to identify work-related problems and solve these problems in a systematic way.

Quality assurance methodologies then, can range from a focus on standards achieved, client outcomes, client satisfaction, and processes of service delivery, to implementing solutions to service related problems.

Quality Assurance, Continuous Quality Improvement, and Total Quality Management

Continuous Quality Improvement (CQI) and Total Quality Management (TQM) are sometimes perceived as synonymous with quality assurance. Although these three concepts are fundamentally similar, a brief explanation of each will be provided for the purposes of clarification. *TQM* has evolved as an approach to quality that is now characterized as an integrated, systematic, and organization wide strategy for improving product and service quality (Waldman, 1994). Waldman argues that the following elements encompass TQM: an upper management commitment to quality as priority; a definition of quality as meeting consumers' expectations; the institution of leadership practices oriented toward TQM values

and vision; the development of a quality culture; involvement and empowerment of all organizational members in cooperative efforts to achieve quality improvements; a commitment to continually improve employee's capabilities and work processes through training and bench marking; and, attempts to get external stakeholders and consumers involved in TQM efforts.

The HMSO (1992) and Pfeffer and Coote (1991) describe TQM *as an approach to quality assurance*, which stresses the importance of creating a culture in which concern for quality and consumer satisfaction is paramount in service delivery. The HMSO also asserts that with TQM, there is ownership of responsibility for the quality of services at all levels of the organization, and involvement of all staff in the pursuit of clear quality objectives (p.2).

CQI involves a commitment to continually seek new ways to make services to clients more responsive, efficient, and effective (Gabor, Unrau, & Grinnell, 1998). Gabor et al. assert quality improvement means continually monitoring and adjusting program and practitioner practices, with the goal of delivering excellent services. CQI efforts emphasize the pursuit of improvements in service delivery and outcome as a never ending process (Seelig & Pecora, 1996). Pecora and Seelig indicate that this approach involves clients in program and case planning, as well as convening quality improvement teams that study the processes inherent in day-to-day operations. They also feel each quality improvement effort should be screened for its potential for significant improvement in client satisfaction or efficiency. The authors describe the CQI cycle as encompassing the following concepts: *Plan* involves the early stages where the end product and desired results are visualized; *Do* involves implementing the plan on a small scale or trial basis; *Check* is the opportunity to

review actual results in comparison to the original version; and *Act* is the decision point for full-scale implementation should results match expectations.

The Casey Outcomes and Decision Making Project (1998) captures the foundation of these three concepts by referring to quality assurance, TQM, and CQI as systems that focus on quality; base the assessment of quality on continuous assessments of users satisfaction; promote a culture of continuous change and improvement based on the empowerment and leadership of employees at all levels of the organization; an organizational commitment to constant examination of an organizations processes in search of improving these processes; and, a belief that all levels of an organizations staff and it's clients are essential contributors in quality endeavors.

This "quality movement" which encompasses quality assurance, TQM, and CQI approaches, appears to have an underlying commitment to an organizational wide focus on clients, and to a culture of continuous improvement based on involvement of all levels of the organization. This overall client focus appears to be related to client satisfaction, and an organizations ability to meet client needs. Taken together, these approaches encompass an overall philosophy of and commitment to quality service.

Client Involvement in Evaluation

Obtaining knowledge of clients' opinions and experiences of an agency's services is an integral aspect of any quality improvement effort. The process of human service interventions cannot be adequately understood without seeking client views and accounts of the services they have received (Howe, 1989). Also, a generally agreed upon premise in human service organizations is that clients have a basic right to participate in aspects

of program changes and planning that affect them, and that this participation can enhance organizational responsiveness to client needs (Katan & Prager, 1986). Martin (1986) supports this by arguing clients have a right to have their opinions and preferences sought out, heard, and taken into account.

Providing a means to obtain this feedback, especially candid, useful and valid feedback, is a complex process. Some of these complications stem from the nature of the power imbalance between service providers and clients in the human services. This power imbalance is in part related to traditional client dependence upon the decisions of service providers and clients' unquestioning respect for professional expertise (Martin, 1986). The author feels the latter is related to professional service providers generally having specialized knowledge that clients lack, and clients being highly dependent on the judgements and actions of such service providers. This power imbalance is exacerbated when dealing with mandated clients, as they cannot withdraw from the service as an expression of their dissatisfaction. Unlike clients utilizing voluntary services who have the option of rejecting or declining a service, mandated clients lack the power to utilize these options.

Moreover, the power imbalance between the client and service provider poses additional problems when evaluations seek to gain candid and accurate feedback from clients. Clients may be reluctant to comment on service providers' performances as they may view them as experts and may feel unqualified in making judgements on this performance. Clients may be extremely reluctant to criticize services if they remain in contact, or expect future contact with the agency. Rees and Wallace (1982) suggest this reluctance is because clients may feel they are jeopardizing their chances of receiving

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assistance, or a certain standard of assistance in the future if they are too critical. This power imbalance is even more apparent in mandated services such as child welfare, where clients are highly dependent on workers during a threat of a family breakdown or for the possibility of a family reunification. Prager and Katan (1986) feel meaningful involvement of clients in evaluation efforts can serve to partially remedy this power imbalance.

Martin (1986) and Rees and Wallace (1982) argue that the typical involvement of clients in the evaluation of services has been a limited one. This is especially true in the evaluation of child welfare services. Bringing clients into the evaluation process has traditionally been met with reluctance in child protection due to a tendency to view clients as less capable, articulate, and objective than other human services recipients and to the considerable difficulties of gaining the confidence of clients for research interviews (Magura & Moses, 1984). However the move from a "service orientation" to a "consumer orientation" has increased the importance organizations place on understanding their clients' needs and perceptions of services (Love, 1991; Alaszewski & Manthorpe, 1993). This shift necessitates a greater reliance on feedback from clients, who are in the best position to know whether and how they have been helped (Love, 1991).

Martin (1986) and Rees and Wallace (1982) believe that the usual methodologies of structured interviews that have been formulated by the service providers or evaluators, often with the emphasis on client satisfaction, limits the meaningful involvement of clients in the evaluation process. They mention one reason for this is because of the tendency for this stage of an evaluation exercise to occur after crucial stages of the

evaluation have already been carried out, usually without involving clients. Martin feels

this severely limits the potential contribution of clients, as they may have quite different

views from those of service providers on what should be the purposes of an evaluation,

and the aspects of service it should focus on. For example, she indicates that clients might

have quite different criteria by which they assess whether a service is "good" or

"effective", or different views on processes that might be of concern to clients and not the

organization.

Martin (1986) suggests a number of ways clients could be included in earlier

phases of an evaluation process, hence making their involvement more meaningful.

During the preliminary stages of the evaluation she suggests efforts should be made to tap

the views of clients concerning appropriate aims and scope of the evaluation, and what

their criteria of a good service is, in order to determine those aspects of service that

matter to clients (p.193). Concerning the latter, she suggests clients involved with

mandated services could be asked what aspects of the agency's service would make it

most acceptable to them. Client involvement could be accomplished by such simple

means as conducting client focus groups, inviting clients to join steering committees set

up for the evaluation, or setting up suggestion boxes (Martin, 1986). Davis and Savas

(1996) concur with preliminary and meaningful involvement of clients in evaluation, and

feel that processes such as those mentioned above, would ensure that evaluators develop

questions that are meaningful to clients, thereby increasing the likelihood that clients will

respond to the questions because they are relevant to them. To ensure meaningful

involvement Rees and Wallace (1982) suggest utilizing guided as opposed to structured

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interviews, in order to give clients' an opportunity to express opinions and clarify ambiguous statements.

Satisfaction is a commonly used criterion of client evaluation (Rees & Wallace, 1982, p.74). They mention that the degree of satisfaction expressed by clients can be viewed as the degree of congruence between their expectations of a service and their experience of it. Zeithaml, Parasuraman and Berry (1990) take a similar view by stating service quality as perceived by consumers, is the extent of discrepancy between consumers expectations and their perceptions of the service they received. The authors believe that client expectations can be influenced by the following factors: their own past experience of receiving assistance (which may have increased or decreased their expectations), their prior knowledge and image of the particular service, their conceptions of what forms of help may be possible, and their own feelings of self worth.

Rees and Wallace (1982), Stipak (1980), and Martin (1986) also note that satisfaction with services can be strongly influenced by positive or negative feelings about particular service providers, as opposed to overall client outcome. They indicate that the most common response of clients implies that few make clear distinctions between the service provider and the service, or between the providers' personality and their professional skills. Reese and Wallace suggest if a client perceives their contact with their service provider as a primarily interpersonal relationship, they may feel uncomfortable or disloyal in expressing dissatisfaction. Howe (1989) concludes, due to the lack of this distinction, that satisfaction ratings cannot be taken as a guide to the success of the service in meeting either its own goals or those of the client. He feels these measures relate primarily to the *quality* of the encounter between worker and client,

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not to its outcome (p.98). Hence client satisfaction cannot be safely correlated to client perceptions on the usefulness or "helpfulness" of the service received.

A further difficulty in using client satisfaction as criteria in evaluations is the assumption that social work interventions are the cause for client change. As Hasenfeld (1980) indicates, the inability to control for extraneous factors and invisible or unknown processes affecting human behaviour, often make it very difficult to attribute observed client change to a particular service technology. Hasenfeld describes the phenomenon of spontaneous remission, where people improve without any kind of technology applied to them at all, and the reality that social services technology is practised in a social context that can influence the outcome of the applied technology. For these reasons, Reese and Wallace (1982) emphasise the importance of determining not only whether a client's situation has improved, but also what constituted and what was responsible for the improvement.

Not only can meaningful involvement of clients in evaluation serve to decrease the power imbalance inherent in service provider/client relationships, but it can also serve to empower clients by valuing and using their opinions in decision-making regarding service delivery. Client involvement in evaluation should not be limited to feedback on satisfaction with the services received, or to the latter phase of an evaluation, but should include participation in all stages of the evaluation process.

Evaluation Utilization

Patton (1990) believes the use of evaluation can help to improve programs, make programs more effective, and provide information for decision-making. He argues that

evaluation can directly influence change and affect decisions, and lead to immediate

program improvement and follow-through on specific recommendations for

improvement. Patton defines utilization as "intended use by intended users", meaning

getting your results used by intended users. He asserts that the concern for use should be

the driving force in an evaluation. He feels attaining use in evaluation comes from an

evaluators knowledge of how to work with programs, which includes dealing with

intended users and primary stakeholders in appropriate ways, helping train them as

information users, and working with them on a mutual commitment to the use of both the

evaluation *process* and *its findings.*

Patton (1990) advocates employing various strategies to increase an evaluation's

utilization. The first strategy he suggests is overcoming staff fear of the evaluation at the

beginning of the process. He suggests doing this by assembling the primary users, and

administrative, funding, staff, and client representatives for an initial session to discuss

what the evaluation process is going to mean, their views of evaluation and evaluators.

He feels this will begin to engender a commitment to use. This may also involve

dispelling negative stereotypes and myths about evaluation and a discussion about past

experiences with evaluation. Patton feels this discussion early on allows for an

opportunity to create a positive expectancy that the evaluation will be useful. At this

stage in the evaluation it is important for the evaluator to sell the usefulness of the

evaluation by informing intended users of its potential for current and future program

decision-making.

There are numerous reasons that contribute to staff fear of evaluation. Staff may

fear it is their individual work performance that is being evaluated. They may fear the

evaluation will be used for the purpose of worker performance appraisals, and will retard any opportunities for career advancement. Gabor, Unrau, and Grinnell (1998) believe it is simply the idea of being judged that generates fear of evaluations. Gabor et al. feel staff may be afraid for their jobs, their reputations, and their clients, or they may be afraid that their programs will be curtailed, abandoned, or modified in some unacceptable way (p.6). They state that there may also be concerns that the client confidentiality they have so carefully preserved will be breached. The authors also suggest that staff may fear the misuse of data obtained from an evaluation, which is compounded by the feeling they have no control over the data.

Gabor et al. (1998) assert this "evaluation phobia" stems from myths about what evaluation actually involves. A lack of understanding of the processes involved, such as data collection and analysis, may appear to be somewhat scientific and threatening to a person unfamiliar with evaluation. Staff may feel powerless in challenging or even questioning these processes, which may in turn contribute to even more fear and resentment around evaluation.

There may also be resistance to evaluation due to negative past experiences staff have had with evaluations. Cherin & Meezan (1998) argue that evaluators represent an outside force that brings with them the demands and requirements that must be met by the program and/or organization. They believe that this outside pressure is often met with resistance, as those being evaluated respond to the imposition of a process for which they have not been given responsibility. Furthermore, the authors feel that the imposed research questions, methodology, and procedures work in concert to alienate and disempower the organization being evaluated. For example, staff may have had an

experience with an externally imposed evaluation where those in positions of power and authority chose what would be measured in the evaluation, the evaluation design, and took control over the evaluation process and the dissemination of results. Therefore overcoming staff fear of and resistance to evaluation can only serve to increase utilization in the evaluation process and its findings.

Patton (1986) offers a second strategy to increasing evaluation utilization. He emphasizes that actively involving intended users in making decisions about the evaluation can increase evaluation utilization. Working actively with people who have a stake in the outcomes of an evaluation is aimed at increasing the potential for use by building a genuine commitment to and understanding of the evaluation over the course of the evaluation process (Patton, 1987, p.115). Patton believes that such an approach recognizes the importance of the "personal factor" in evaluation use, meaning people who are personally involved in an evaluation are more likely to use evaluation findings. Patton (1986) describes the personal factor as the presence of an identifiable individual or group of people who personally care about the evaluation and the information it will generate. He feels those who are personally interested and involved in an evaluation are more likely to use evaluation findings. In addition, he feels the personal factor represents the leadership, interest, enthusiasm, determination, commitment, assertiveness, and caring of individual people who seek information to improve their decision-making capabilities around programmatic activity. These, he says, are the primary users of evaluation.

This active involvement of intended users in making decisions about the evaluation takes some of the burden off the evaluator in carrying this responsibility alone

(Patton, 1986). He proposes that decisions about the nature, purpose, content, and methods of evaluation should be shared by an identifiable and organized group of intended users. This means personally engaging the intended users in all phases of the design from identification of specific information needs to strategies for obtaining that information to analysing and disseminating results (Smith, 1988). Smith asserts that the more involved the intended users become with the evaluation, the more targeted its results will be, and thus the more used those results will be.

Cherin and Meezan (1998) and Mowbray (1988) note research, conducted on the impact of participation of agency personnel on evaluation utilization, concludes that the degree of participation by agency staff in evaluation routines has the greatest impact on the acceptance of the evaluation process and the utilization of results. They suggest that staff can be organized into both formal and informal committees around the evaluation process to help ensure evaluation utilization, where staff can then move from the more traditional role of minor informants to the evaluator during the early phases of the evaluation, to co-investigators throughout the entire evaluation process. The authors feel these committees should include staff representatives from top management, middle management, and line staff, hence fostering organizational ownership of the evaluation. In additional they assert these committees ensure that staff and the evaluator jointly share control over the evaluation.

Cherin and Meezan (1998) note that this type of meaningful participation is much more time consuming for both parties than traditional evaluations where questions and methods are set in advance with little staff input. In more inclusive, participatory evaluations, staff need to be educated about the nature and purpose of evaluation

research, the designs and methodologies which might best answer the evaluation questions, the myriad of options available for measurement etc., so that they can become integrally involved in decision-making (Cherin and Meezan, 1998, p.7). This means staff will have to take time away from their regular duties, to allow them to meaningfully participate in the process.

It is crucial that intended users participate in the making of measurement and methods decisions so that they understand the strengths and weakness of the data-and so that they believe in the data (Patton, 1987). Patton (1986) indicates that belief in the data is increased by understanding it: understanding is enhanced by involvement in the process of making decisions about what data to collect, how to collect it, and how to analyse it. He believes one of the best ways to facilitate stakeholder understanding of and belief in evaluation data is to place a high value on the face validity of evaluation instruments.

In this respect, Patton (1986) suggests an instrument has face validity if stakeholders can look at the items and understand what is being measured. The author argues that face validity criteria can also be applied to design questions. By engaging the intended users in consideration of these issues *before data are collected*, the data are likely to be more credible and more useful (Patton, 1986, p.227). Also, a major reason for actively involving intended users in making methods decisions is to deal with weaknesses in the design, and to consider trade-off threats to data quality, *before data are generated* (Patton, 1986). He argues that after data is generated, primary users need to be involved in the processes of description and analysis of data, interpretation and judgement of data, and making recommendations. Patton believes that involvement in

these processes will help ensure stakeholders fully understand the findings from the data and their implications, and increase the commitment in using the evaluation data. It will also ensure staff have increased their capacity to understand and use research methodologies and the data generated by them (Meezan & Cherin, 1998).

In essence, this experience in meaningful, personal involvement in the entire evaluation process is a *learning experience* for stakeholders. The very process of involving stakeholders in making decisions about an evaluation will increase their commitment to use evaluation results, while also increasing their knowledge about evaluation, their sophistication in conducting program evaluations, and their ability to interpret evaluation findings (Patton, 1987). Cherin and Meezan (1998) indicate that this involvement will increase the capacity of an organization to process and make meaning out of data, and hence improve its decision-making processes. Additional benefits of evaluations that attempt to incorporate organizational learning are they can serve to desensitise and demystifies evaluation, and ideally help an organization internalise evaluation principles and practices, and make evaluation an integral part of program planning (Cherin & Meezan, 1998).

Cherin and Meezan (1998) suggest that the evaluation process needs to be seen by the organization as an opportunity to learn and employ the outcomes of the learning process. They feel if this does not occur, resistance to the evaluation process will develop and evaluations will be under-utilized. The authors suggest that evaluations should be conceived and implemented in a manner that provides both a learning experience and a model of organizational learning; evaluations and the ways in which they are performed must be viewed as "learning collaborations" between the evaluator and the organization;

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and the conduct of evaluations must become a learning enterprise which is valued by the organization, and the evaluator. They conclude that evaluation directed at organizational learning may well be an effective approach to ensure both organizational learning and the utilization of evaluation results. Therefore if both the organization and the evaluator view the evaluation as a learning opportunity instead of the process of being scrutinized, the experience will benefit both parties.

The location of the evaluator can also impact evaluation utilization. Patton indicates that external evaluators are more costly than internal evaluators, less knowledgeable about the particulars of the local situation, less sensitive to organizational relationships, and less able to follow through to facilitate the implementation of recommendations. Cherin and Meezan (1998) argue that sensitivity to and the understanding of the political and social contexts of the organization by the evaluator has a significant impact on utilization and the acceptance of the evaluation process and evaluation findings. Patton (1986) states when external evaluators complete their contract, they may take with them a great deal of knowledge and insight that is lost to the program, whereas this knowledge stays "in-house" with internal evaluators. Cummings, Nowakowski, Schwandt, Eichelberger, Kleist, Larson and Knott (1988) concur with this assertion, noting that internal evaluators help ensure an institutional memory for a program, and help spread evaluation expertise throughout the organization.

Love (1991) believes that by being part of an organization, the internal evaluator has firsthand knowledge of the organization's philosophy, policies, procedures, personnel, and management, and therefore does not have to overcome a learning curve when beginning an evaluation. Internal evaluators also have an understanding of the work

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routines and service delivery processes in the organization. He feels this permits the selection of evaluation methods tailored to the reality of the organization (p.4). Furthermore, the long-term commitment of the internal evaluator permits the formation of positive working relationships with management and staff, which goes far in reducing the normal anxiety associated with evaluation and increasing the credibility of the evaluator (Love, 1991). Cummings et al. (1988) argue that this credibility can build over time, making it easier for internal evaluators to promote the use of evaluation results and obtain stakeholder commitment to the process.

Cherin and Meezan (1998) assert that internal evaluators, and evaluators who simulate an insider perspective by engaging in continuous communications with evaluation participants, have a higher rate of impact on organizational decisions than outside evaluators. This communication and collaboration with agency personnel is critical to the utilization of evaluation results (Cherin & Meezan, 1998). Likewise, Smith (1988) believes that by virtue of being closer to the programmatic situation, the internal evaluator has greater opportunity to make evaluations useful.

Internal evaluators also face drawbacks in their role as evaluators. Love (1991) notes when the purpose of an evaluation is accountability to outside parties such as funders, external evaluators carry greater credibility as objective evaluators than internal evaluators. This may be in part because external evaluators have no long-term, ongoing position within the program or organization being evaluated, and are not directly dependent on the organization for their job and career (Patton, 1986). Love further states that although they function independently, internal evaluators are often seen as employees who are accountable to the organization's management and subject to all the

pressures within the organization, including certain loyalties to particular organizational factions. Similarly, Patton (1988) states the credibility of internal evaluators is often suspect, because internal evaluators have been known to be manipulated by superiors, and to be co-opted by political and/or peer pressures. Cummings et al. (1988) feel a drawback to internal evaluators' is that their objectivity may be affected by their frame of reference: that is, they may be less able to challenge basic organizational or program assumptions.

Internal and external evaluators both appear to face the same issues pertaining to the appearance of objectivity and credibility in their work. In this regard, the location of the evaluator to the organization may have an impact on evaluation utilization. Therefore when considering an evaluation, organizations should carefully consider the costs and benefits to the evaluation of utilizing an internal or external evaluator.

Summary

Quality assurance emerged as result of the Japanese quality revolution in the manufacturing sector following the Second World War (Fricke, 1990). Quality assurance efforts were applied predominately in the health care field until the 1980's, when these efforts began to permeate the social services sector. These methods became popular in the social services as a result of concerns surrounding accountability of social programs and unsuccessful attempts to evaluate and monitor these programs (Coulton, 1982).

As quality is an incredibly elusive concept, it must be operationally defined to be useful in the human services (Osborne, 1992; Kettner et al., 1999; Johnson et al., 1998). Osborne operationally defines quality by asserting that a service must both be fit for its

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purpose, and of excellent disposition. Kettner et al. and the Joint Commission on Accreditation of Health Care Organizations (1990) have contributed the operationalization of quality by identifying a number of measurable quality dimensions that have become common in the human service industry (e.g., accessibility, responsiveness, and appropriateness). The task of defining and operationalizing quality is further complicated because quality is defined differently depending on one's perspective, position, and agenda (Kettner et al., 1999; Johnson et al., 1998).

A plethora of definitions pertaining to quality assurance was found in the literature. Taken together, these definitions appear to focus on an organization's overall ability to produce and maintain the delivery of quality service to its' clients. Quality assurance is not only a means to ensure a certain level of service, but a collection of methodologies for doing so. These methodologies consist of audits, peer and utilization review, client satisfaction studies, and quality circles (Love, 1991; Coulton, 1982; Cooper, 1997; Nutter & Weiden, 1988; Alaszewski & Manthorpe, 1993; Davis and Savas, 1996; Stipak, 1980; LDH, 1992). These methodologies range from a focus on standards achieved, client satisfaction, client outcomes, and processes of service delivery, to implementing solutions to service related problems. The literature review revealed that the "quality movement" which encompasses quality assurance, TQM, and CQI, shares a common commitment to a primary focus on clients and client satisfaction, and to a culture of continuous improvement based on involvement of employees at all levels of an organization (Waldman, 1994; HMSO, 1992; Pfeffer & Coote, 1991; Gabor, Unrau, & Grinnell, 1998; Seelig & Pecora, 1996; The Casey Outcomes and Decision Making Project, 1998).

A general theme in the literature was the importance of and difficulties in obtaining meaningful client involvement in evaluation efforts. The nature of the power imbalance between service providers and clients in the human services can serve to increase client reluctance to criticize services they have received (Martin, 1986; Rees & Wallace, 1982). The literature also indicates that the involvement of clients in the evaluation of services has been a limited one (Martin, 1986; Rees & Wallace, 1982). Suggestions to remedy this situation include client involvement in preliminary phases of the evaluation process, through participation in focus groups, steering committees, and guided interviews (Martin, 1986; Rees & Wallace, 1982; Davis & Savas, 1996). An effort should be made to incorporate client views concerning appropriate aims and scope of the evaluation, and to determine their views on quality service (Martin, 1986).

Client satisfaction is a commonly used criterion in evaluation, and is viewed as the degree of congruence between client expectations of a service and their experience of it (Zeithaml, 1990; Rees & Wallace, 1982). Client expectations can be influenced by a variety of factors including: past experience with a service, prior knowledge of the service, conceptions of what forms of help are available, and self worth (Zeithaml, 1990; Stipak, 1980). Due to the lack of distinction clients typically make between the service provider and the service, and the multitude of extraneous variables that can influence outcomes of social service interventions, client satisfaction cannot be safely correlated to client outcomes (Hasenfeld, 1980; Rees & Wallace, 1982; Stipak 1980; Martin, 1986; Howe, 1989).

The literature suggested various approaches to increasing evaluation utilization. These included the following: overcoming staff fear and resistance to evaluation during

the beginning of the evaluation; actively involving intended users as co-investigators in making decisions about the evaluation's nature, purpose, content, and methods; ensuring intended users are organized into a formal group or committee; conceiving and implementing the evaluation in a manner that provides both a learning experience and a model for organizational learning, where organizations can internalise evaluation principles and practices as a result of the evaluation; and, determining the location of the potential evaluator through careful consideration of the appearance of objectivity and credibility in their work (Patton, 1990, 1987, 1986, Meezan & Cherin, 1998; Smith, 1988; Love, 1991; Cummings et al. 1988).

It is this author's opinion from the literature that involvement of intended primary users (i.e., of staff from the program that is undergoing a review) in the review process is paramount in enhancing 'review utilization' and organizational learning. Although there may be barriers to obtaining this involvement, such as workload issues, the meaningful involvement of program staff in the review process can provide opportunities for internalising this learning and increasing acceptance of and commitment to the process. Client involvement in a Program Planning and Review process is equally important. This involvement can serve to empower clients, identify program issues that are relevant to this group, and increase a program's ability to better meet its clients needs. It is important for the QA, R&PP to be creative in its attempts to involve clients beyond the implementation phase of a review process, where client roles are restricted to answering a set of pre-determined questions with a primary emphasis on determining satisfaction. This author also feels that operationalizing client and staff definitions of quality service can be a valuable process for programs under review. The program can then use these definitions in framing the review,

and in creating their own goals for achieving the delivery of this kind of service. This process also ensures that responsibility for these definitions are left up to those who have a vested interest in the delivery and receipt of quality service.

CHAPTER THREE
THE PRACTICUM SETTING

The Quality Assurance, Research and Planning Program of WCFS

The applied setting for the practicum is the Quality Assurance, Research and Planning Program of Winnipeg Child and Family Services.

As part of the 1999 reorganization of WCFS, the agency adopted a Quality Assurance, Research and Planning Program (QA, R&PP). The working paper from the reorganization (WCFS, 1999) indicates this Program has the responsibility for taking the lead in designing, developing and maintaining a quality assurance, research, evaluation and planning system in the agency (p.1). The QA, R&PP aims to work together with stakeholders in developing knowledge, skills, and 'best' practices that commit the agency to continuous improvement, effectiveness, and efficiency in the agency's programs and services (WCFS, 1999). The program also aims to develop processes and coordinate activities that promote creativity and innovation when solving problems and meeting client needs (WCFS, 1999).

As a new program in the agency, the QA, R&PP will engage in various activities such as an organizational-wide review once in every four year period, establishing an environmental scanning capacity within the agency, and, a systematic program review process that conducts 6-7 program reviews annually (WCFS, 1999). The working paper also states that the Program, through the facilitation of ongoing reviews and other quality assurance mechanisms, aims to provide information and opportunities for agency programs to solve problems or anticipate problems before they occur. The working paper notes observations and recommendations coming from collateral and client feedback, will further

this end.

One of the key elements of the QA, R&PP is the Program Planning and Review concept. The process is meant to incorporate peer teams and transfer of learning (TOL) principles as a means for extending the quality assurance process beyond simply any individual program or service unit review (WCFS, 1999). Peer teams (or review teams) refer to the assembling of a group of 6 to 8 internal and external collaterals for the purposes of conducting a program review event, which bring a cross-section of perspectives to the review process (WCFS, 1999). The working paper (1999) refers to TOL as the learning process for those in service units/ programs being reviewed, and to others in and beyond the agency. These individuals can then introduce quality assurance principles and their learning experience to their own service unit and/or organization.

The Program Planning and Review Model

The Program Planning and Review Model is a quality management process that aims to provide a wide range of planning and decision-making information that will assist management, and the targeted service unit to identify issues, solve service problems, improve program functioning, and achieve client and service outcomes (WCFS, 2000).

The Program Planning and Review process proceeds through several steps, which the QA, R&PP staff are responsible for facilitating. These steps are designed to explore a number of program components and to deliver findings and conclusions to the service program being reviewed within a 7-week period. Participants are asked to commit 12 to 14 half days of their time over the 7 weeks (the half days allow the participants to attend to regular work duties during the process) (WCFS, 2000).

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Step One: Consultation

This involves consultation with program managers, supervisors, staff, and other significant collaterals to identify issues that should be considered in the review (WCFS, 1999). This step is completed by QA, R&PP staff only.

Step Two: Recruitment of a Review Team

This involves recruiting appropriate management, board representatives, supervisors, staff, collaterals, and other relevant stakeholders, to obtain a cross section of perspectives. External collaterals are key in this process as the agency interacts with a variety of other organizations that provide referrals, and ancillary, support, and follow up services to the agency. As Pecora and Seelig (1996) note, without the meaningful involvement of a variety of stakeholders in quality improvement efforts, change efforts are likely to be futile. Recruitment also involves looking for particular skills, expertise or experience from individuals (WCFS, 1999). This step is completed by QA, R&PP staff only. Review teams consist of 6 to 8 individuals, who have the responsibility of data gathering and analysis, and developing conclusions from the data.

There are a number of issues to consider when recruiting a review team for the process. As the purpose of the review team is to increase the objectivity of the process, the team must not be overly balanced in the either the direction of line staff or management, or with representatives from the service unit under review. It also involves thinking strategically in terms of the following: who needs to be "won over" in the process; obtaining support of key management who have the decision making power to influence the issues at hand and the implementation of recommendations; and, locating opportunities to build bridges with various organizations, increase service coordination, and work out existing internal and external conflict. The latter is accomplished by bringing the people who have the ability to influence the problems on board, resulting in the creation of new allies.

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Step Three: Orientation Session for the Review Team

This step involves discussing the Program Planning and Review process and procedures in detail with the review team, including the following: specific program issues relevant to the review; reviewing the literature pertaining to the program area that is targeted for the review (i.e., successful intervention approaches and program models, and needs of the particular client population); and, orientating the team to the instruments that will be used as part of the review process and obtaining their feedback on these instruments (i.e., file review instruments). The QA, R&PP staff are responsible for completing the literature review, conducting the orientation, and providing the review team with an information package on the process prior to the orientation.

Step Four: Data Gathering

These efforts are directed towards gathering both quantitative data (from files and demographics etc.), as well as qualitative data from interviews, focus groups, and questionnaires (WCFS, 1999). This includes file reviews to determine service statistics and processes, client profiles, program activities and outcomes, and internal and external collateral interviews and focus groups to identify needs, issues, and satisfaction (WCFS, 1999). The instruments for assessing and interpreting target issues for the review are developed through a review of literature, the consultation process (step one), and can also be guided by existing service standards. The review team then conducts file reviews and interviews using the data gathering instruments that have been developed and pre-tested by the QA staff and reviewed by the team. Externals on the review team are required to sign a confidentiality agreement before participating in the process.

Choosing **who** to interview as part of a review requires careful thought, as some people must be interviewed out of courtesy, or to increase the likelihood they will "buy into" the results and recommendations of the process. In addition, because there are internal

review team members who may have the responsibility of conducting some internal interviews, this may increase the potential for bias in the process. For example, agency staff may be apprehensive about speaking negatively or candidly about a program to another agency staff interviewing them, especially if the interviewer is associated with the program under review. This apprehension may stem from fear of repercussions from making negative statements about a particular program.

Step Five: Data and Other Information Collation

This is done collectively by the review team, but led by the QA, R&PP staff who have the primary responsibility for compiling the data (WCFS, 1999). The data are examined, interpreted, and organized into a draft "findings report" and shared with the service unit by the review team (WCFS, 1999). The working paper (1999) identifies that sharing this draft with the service unit will allow the unit to identify errors and/or any missing information that needs to be included and/or corrected in the report.

Step Six: Recommendation and Action Steps

This step involves the service unit determining the issues that need to be addressed by the findings, and formulating their own recommendations and actions steps to do so. The conclusions from the review process will be based on identified themes from the data collection phase, and may be identified in relation to the source (e.g., a management or line worker perspective etc.). The QA, R&PP staff are responsible for writing the final report.

Recommendations developed by the service unit may include modifying and fine-tuning program processes (e.g., changing referral processes) to better meet internal and external collateral's needs, developing new service interventions, or developing new instruments to measure risk, client outcomes, and satisfaction. Other outcomes of the review process may include the identification of the following: system issues, service gaps,

and areas of program slippage; additional information that should be documented in program files; the extent to which practice is consistent with existing standards (CWL standards and agency standards and protocols); the extent to which service outcomes are consistent with the outcomes as stated in program goals and objectives (i.e., a clarification of program logic-ensuring activities are connected to needs, activities, and outcomes); indicators for effective service; barriers to service delivery which hinder standards attainment; areas for program collaboration with external organizations; and, what policies, procedures and resources need to be in place for program changes to occur.

Until now, findings reports have gone to the Program Manager of the related service unit, and the service unit itself, although this process has not been formalized as of yet. The working paper (1999) identifies where recommendations pertain to action plans beyond the decision making scope of the service unit, these plans will be articulated for consideration to those who have decision making authority within the agency. A record of these matters would be made. to be left with the service unit and distributed to other appropriate places in the agency (WCFS, 1999). The working paper further identifies that this report would become a document of record for when the program unit undergoes another future review in the agency's planning cycle.

An issue requiring clarification is whether there will be enough direction that emerges from the review process to work towards change, and if so, who will be responsible for correcting problems, implementing action plans, and monitoring these efforts.

Step Seven: Debriefing of the Review Team

This involves the review team assessing its own learning and performance as well as giving the QA, R&PP staff feedback about the utility of the process and the instruments used in the review (WCFS, 2000). Feedback from the service unit staff is shared and

discussed with the review team (WCFS, 2000). There is also further discussion with service unit staff regarding ongoing information and program evaluation needs (WCFS, 2000).

Benefits of the Planning and Review Process

It is hoped at the end of the process, the program staff and managers will have had the opportunity to identify key issues; clarify program objectives; engage in a creative problem solving process; and develop an action plan promoting continuous program improvement (WCFS, 2000). The reviews also seek to help the particular program under review to be able to make decisions based on the information provided, and become more focused in areas such as their goals, objectives, activities, and desired outcomes. The process should also contribute to a common understanding of the program between managers, staff and other stakeholders and provide direction for the development of an information system and program evaluation plan (WCFS, 2000).

It is anticipated the individuals who participated on the review team will be able to introduce the quality assurance principles learned in the review process to their service unit and/or organization (WCFS, 2000). Also, it is hoped they will have contributed their unique perspective to the development and improvement of the agency program under review, and will have gained an increased understanding of, and positive working relationship with, the program being reviewed (WCFS, 2000).

The Perinatal Program at WCFS

Similar to the QA, R&PP, the Perinatal Program was implemented as a result of the 1999 agency reorganization. The purpose of the Program was to provide a specialized service to the pregnant and parenting adolescent population, as there was considerable internal and external collateral concern that this population was not receiving adequate service. Prior to the Program's inception, case management services were delivered to

this population by various Family Service units throughout the Agency. As a result of the Agency's reorganization, these case management services were centralized to form one service unit designed to deliver a range of supportive, educational, and counseling services to pregnant and parenting adolescents within the agency.

The Perinatal program is available to pregnant and parenting adolescents. The Program's primary referrals sources are Intake, and secondary sources of referrals are from Permanent Ward and Family Service Units. The Program's goals and activities were developed based on Child Welfare League of America standards for perinatal services. The program consists of four major components. They are:

1) **Prenatal Services:** This includes the specialized services of the agency, co-ordinated with needed services of other Health, Education and Welfare agencies are provided for the single, adolescent or expectant parents to help with their concerns related to pregnancy, birth and parenthood (WCFS, 1999a).

2) **Supportive Services For Those Who Plan To Parent Their Child:** The agency provides a program of support, education, and counselling to enable new or expectant parents to assume responsibility for effective parenthood. (WCFS, 1999a).

3) **Supportive Services For Those Who Plan to Relinquish Their Child:** The agency provides a program of support, education, and counselling to enable birth parents to understand the implications of the decision to plan for adoption by another family. The agency also ensures the legal rights of each birth parent are protected throughout decision making about placement and complies with applicable statutes governing the rights of either birth parent.

4) **Supportive Services To Those Who Plan To Terminate Their Pregnancy:** The agency provides education and counselling to enable expectant parents to understand the implications of this decision and obtain post termination supportive services.

The Perinatal Program is still a relatively new program within the agency, and has recently undergone a change in supervisors. As the Program was not operating as proposed in the working paper, the Program approached the QA, R&PP in January of 2000 with a request to assist them in program planning and improvement efforts. To date, a high volume of cases being referred to the Program, and a related lack of adequate resources, has limited the breadth of services the program originally aimed to provide. The Program continues to struggle with workload issues that prevent it from becoming more than a case management form of service delivery. Due to the recent changes and difficulties the Program was experiencing, it appeared an appropriate program for a Review.

The Program requested information related to determining a client profile, internal and external satisfaction with the Program, and Program processes and activities. Specifically, the information requested from the Planning and Review process related to clarification of the following: the Program's client profile and service delivery activities; the referral services the Program utilizes; the amount of contact the Program is having with the adolescent's family members; the extent to which the Program is meeting client needs; and, internal and external collateral satisfaction with the Program. Other key issues identified by the Program were its somewhat conflictual working relationships with Adoption and Intake service units, the volume of cases they are receiving which limits the breadth of services they can provide, the lack of contact the Program is having with fathers and family members of the young parents, and the lack of a risk assessment tool that is pertinent to the expectant parent population.

After initial consultation with key Program stakeholders, a Planning and Review Process, utilizing a multidisciplinary review team, was initiated. This process began on May 18th, 2000, will continue until September 2000. This Review Team consists of internal and external service providers who have expertise in the field, including: Mount Carmel Clinic, Healthy Child Initiative, New Directions, Villa Rosa, a Family Service

Supervisor, the Perinatal Program Supervisor, two Quality Assurance Staff, and the student. As the Perinatal Program relies to a large extent on external community resources to provide services for their client population, external collaterals were an important component of this Review. This is represented in the number of external collateral representatives on the Review Team, and in the number of interviews that were conducted with externals as part of the Review.

The Quality Assurance Program at the Child and Family Support Branch

As WCFS is not the only agency committed to delivering quality services to children and families in Manitoba, this section will focus on another organization that has been engaging in these efforts for the past decade. Since 1990, the Child and Family Support Branch (CFSB) have been engaging in quality assurance activities. These activities are designed to ensure the compliance of all agencies in Manitoba that provide mandated child and family services, with the Program and Service Standards Manual. Theses activities were subsequently formalized with the implementation of the Quality Assurance Program (QAP) within the CFSB in 1992.

The QAP ensures compliance with standards through a variety of methods, including the following: file reviews, data collection and verification. data analysis, provision of service reports, and recommendations for corrective action where required (CFSB, 1994). The QAP is available to the agencies and regions that provide child and families services in Manitoba, and to the Residential Care System in Manitoba (CFSB, 1994).

Part of the QAP activities involves conducting agency reviews to support agencies in their efforts to deliver high quality service. Quality Assurance reviews at the Branch involve the following sequence of activities: establishing a review team that consists of Branch staff and seconded casework supervisors from the agency under review, with approximately three persons on the team; a planning meeting with Branch

staff to advise them of the review and to elicit feedback from the various provincial coordinators as to issues which may have been identified in their contact with the agency; a meeting with the Executive Director and management personnel of the agency requesting the review, to ensure that they have the required information on the proposed format for the review; a request to the agency under review for information on program description, objectives, target group and caseloads; random sample inspections of service files and file audits; interviews with child and family services staff, management, and other appropriate agency personnel; interviews with collaterals; on site-observations; an examination of specific management/administrative areas; a preliminary report prepared by the review team is forwarded to the Executive Director, and the findings are discussed with the appropriate provincial coordinators of the Branch; a final report is prepared; and, if appropriate, action plans for report recommendations are developed to ensure follow-up on the status of the final recommendations (CFSB, 1994).

These activities are similar to the activities utilized in QA Reviews at WCFS, with one exception: client interviews are not incorporated in the Branch's review activities. However, for CFSB Residential Care Reviews, interviews are conducted with 50% of the current residents, some former residents, and family members of current and former residents. Comparable to the QA, R&PP at WCFS, the QAP utilizes review teams in conducting their reviews, and emphasizes the transfer of learning process. For example, the Branch notes the utilization of seconded staff will allow agency supervisors to be trained in the QAP processes and will enable them to return to their agency with improved skills and experience. The key difference between the two programs is that the

QA, R&PP at WCFS does not have the sole aim of determining compliance to standards. Instead, the QA, R&PP efforts at WCFS are directed primarily towards program planning and improvement.

Upon request, consultation and specific assistance of CFSB staff can be made available to agencies and facilities to assist in the implementation of recommendations resulting from QA reviews (CFSB, 1994). The CFSB also indicates the QA review team monitors overall compliance with recommendations, and this monitoring is ongoing until the recommendations are implemented. The CFSB asserts that its process differs significantly from the traditional methods of program evaluation in that it supports and facilitates a process for intervention and follow-up with the agency/facility after a completed review and report (p.9). The Branch further argues that the process encourages a participatory and inclusive approach to developing and maintaining quality services and ensures that recommendations are acted upon within a reasonable time frame (p.9).

CHAPTER FOUR
IMPLEMENTATION OF A PROGRAM PLANNING AND REVIEW MODEL

The practicum was completed within the context of the Quality Assurance, Research and Planning Program (QA, R&PP) of WCFS between May 1st and July 26th 2000. The practicum activities encompassed a wide range of tasks associated with the perinatal review. The student also participated in various activities associated with the family preservation review that began three weeks prior to the perinatal review. As part of the practicum, the student participated as a review team member, and a full QA, R&PP staff/team member.

In addition to performing the tasks required of a review team member, tasks associated with the practicum included the following: initial consultation with the Program supervisor; identification of relevant stakeholders in the review; coordination and facilitation of the multidisciplinary review team; and a primary role in the development and implementation of data collection instruments, data analysis and collation, and the generation and writing of a final report. The student also assumed primary responsibility for the design, implementation, and analysis of the client interview component of the review.

The original plan for the perinatal review outlined a five to seven week process that was to begin on May 18th and end in the beginning of July 2000. This time line was consistent with the rapid turn around time of the Program Planning and Review Model, and would also allow for the findings to be presented to Program staff prior to summer holidays. Due to ongoing responsibilities associated with the preservation review, a delay in the file review component of the perinatal review, and a lack of administrative support attached to the QA, R&PP, the review was extended to September 2000.

The purpose of the practicum was to learn about a quality assurance process within a child welfare agency, through participating in the design and implementation phases of a Program Planning and Review Model as applied to a program for pregnant and parenting adolescents. This chapter describes the implementation of a Program Planning and Review Model as applied to the Perinatal Program at WCFS. Specifically, it describes the review design, how and why the various data collection methods were undertaken, and the limitations to these methods. It then examines the reliability and validity issues of the perinatal review, and concludes with a brief summary of the chapter.

The Preliminary Phase of the Perinatal Review

The student participated in an initial consultation interview with the perinatal supervisor, which included designing a number of questions for the interview. The aim of the interview was to identifying Program issues that should be addressed in the review. Following the consultation phase, the student participated in a number of planning meetings in which the internal and external stakeholders of the review were identified. This enabled the QA team to begin considering who should be asked to participate on the review team and in interviews for the review. This process involved thinking strategically in terms of locating opportunities to increase service coordination and work out existing internal and external conflict. Planning meetings also involved identifying review design and methodology. During the preliminary phase of the review the student also assisted in determining the sampling strategy for the file review, developing various review instruments, and pre-testing the file review instrument.

The Review Design

The intent of the review was to answer five research questions. The QA team formulated these questions based on the issues that were identified by the Assistant Program Manager and Program staff during the consultation phase. After considering the research questions and data collection methods that would best assist in answering these questions, a chart illustrating the design of the review was developed and is depicted in Figure 1 on the following page. This chart was presented to Program staff and review team members prior to implementing the review process, in order to facilitate an understanding of the research design. As illustrated in Figure 1, the three primary data collection methods consisted of *perinatal file reviews, interviews with internal and external stakeholders, and referring/shared worker questionnaires.*

FIGURE 1 PERINATAL REVIEW DESIGN

	Lit Review	Client Interview	File Review	Interview with Perinatal Workers	Admin Support/Interview	Interview with Collaterals	Referring Worker Questionaire
Who are we serving? (client profile)	X		X	X	X		
What are our client's needs and expectations?	X	X		X	X		
What are our Program activities?		X	X	X	X		
What is the perception/satisfaction of collaterals and clients with the Program?		X		X	X	X	X
Are there ways the Program should modify its process?		X	X	X	X	X	X

The Perinatal File Review

The Purpose of the File Review

The file review was undertaken with the purpose of gaining a better understanding of the Program's *client population, activities, and processes*. This process was referred to as a file "review" as its intention contrasted with the more traditional quality assurance methodology of a file "audit" which aims to assess a program's performance in relation to pre-established standards.

The Sampling Strategy

The file review included a review of 82 cases, including 23 closed and 59 open cases. The 23 closed cases were the entirety of cases that had been closed to the Perinatal Program up until April 30th 2000. Workers active case lists were used to create a stratified random sample for the open cases. The stratifications were based on age, legal status, and risk level. The QA team received outside consultation regarding the sampling procedure and was advised that the sample size was very good in terms of our ability to be confident in the results of the data.

The File Review Instrument

The QA team developed the file review instrument. The instrument collected information on the demographics of the young parents including age, ethnicity, family type and background, presenting risk factors, and number of previous pregnancies and births. This information was collected in order to obtain a client profile of the population the Program was serving. Other information such as reports noted on file, collateral

involvement, worker interventions, and clinical and service outcomes were collected as well. In the absence of Manitoba standards for perinatal services, the Child Welfare League of America Standards for Social Work and Support Services were used as a guide in developing various sections of the instrument.

While developing the instrument, the QA team had to continually refocus on our aim of collecting information relevant to the *research questions*, as opposed to information that would be *generally* interesting to provide to the Program. The QA team then pre-tested the instrument on ten files and subsequently revised it. A draft copy of this instrument was presented to the review team during the orientation meeting in order to familiarize them with the instrument and to solicit feedback on the instrument. The instrument was again refined to incorporate the review team's suggestions. A sample of the instrument can be found in Appendix A.

The original plan for the file reviews did not include a review of worker case notes. It was felt this process would be too labor intensive and would therefore limit the number of files that could be reviewed. However it was strongly felt by certain members of the review team that excluding worker's case notes would negate the purpose of the file review, by severely misrepresenting the activities that the Perinatal Program is engaged in. The decision was then made to include case notes as part of the file review to ensure that all Program activities would be identified. Obtaining the review team's input on the instrument and the file review process allowed review team members to have some influence and ownership over the process. It also provided valuable suggestions on issues that the QA team might have otherwise overlooked.

The File Review Process

A few days prior to the originally scheduled file review the QA team was informed by Senior Management that Program staff were experiencing a significant level of apprehension about the file reviews. This apprehension was at such a level that some workers were feeling reluctant to relinquish files for the review. There were a number of concerns that were contributing to this apprehension. Firstly, workers felt the review process would be used as an evaluation of their individual performance and then used against them in a negative fashion. They were concerned about how the information from the review would be utilized and where it would go. Secondly, workers had concerns regarding the confidentiality/legal issues in relation to externals viewing agency files, and clients not being asked to consent to having externals review their files.

Also, due to the workload issues the Program has faced since its inception, workers felt that their work was less than adequately expressed in the physical files. They feared that blame would be placed on individual workers for the condition of the files, not on the insufficient resources the Program was dealing with. Workers mentioned past experiences of individual workers being "burned" by the agency in similar situations. Workers were therefore uncomfortable about having persons external to the Program (some of whom they felt didn't have an established relationship with the Program) review these files. They were also concerned about the possibility of externals discussing individual workers performance amongst their own communities.

Workers also expressed discontent about their lack of involvement in the process. This included their lack of knowledge regarding review team members, and the file review instrument being more comprehensive than what they had expected. The final

concerns were related to the client interview component of the review. Workers were apprehensive about the student initially approaching clients for interviews. Staff felt they should assume this role in order to maintain the trusting relationships they had established with their clients. Some workers were also concerned that the mandated nature of the service would cause client's opinions of the services they received to be negatively biased.

The scheduled file review with the review team was subsequently cancelled, and a meeting was held with Program staff to address and alleviate their concerns. The QA team offered to have the file reviews conducted by internal review team members only, yet emphasized to staff that part of the rationale behind a multidisciplinary review team is the transfer of learning process, where externals gain an appreciation of what the Program does. It was then mutually agreed that the file reviews would be conducted through a "team" approach. This involved two persons per team, one internal review team member to review the agency file, and one external member to review the case notes. This decision alleviated anxiety, as workers felt their case notes were a more thorough and accurate representation of their work. Program staff were also informed that external review team members are required to sign an oath of confidentiality prior to taking part in a Program Planning and Review process. In addition, the QA team expressed that due to the Program's workload issue, the team had not wanted to inconvenience staff by inundating them with information (i.e., meetings and memos) about the review process.

Although unfortunate, worker resistance to the file review was a learning experience for the QA team. For example, it became apparent that there could be a higher level of apprehension within the agency about the review process than anticipated. The

QA team felt that this could be in part due to staff traditionally associating file reviews with outside agencies such as the Directorate and The Children's Advocate, where the agency's services are usually scrutinized or assessed in relation to service standards. Furthermore, it was realized that the communication process (when, how, and how much) with programs being reviewed would have to be delineated earlier in the review process.

After staff concerns had been addressed the file review process was undertaken. An advantage of the team approach to the file review was that externals on the review team did not have to familiarize themselves with the structure and content of the agency's files. A disadvantage of this approach was that it prolonged the file review process.

The student undertook a significant portion of the file review. The student reviewed files as part of the review team and individually completed this task when the review team's contribution to this phase was completed. The file reviews were conducted on site over approximately a ten-day period. This provided the student with an opportunity to build trusting relationships with Program staff. This was done through informal lunches and conversations with Program staff.

Analyzing the File Review Data

Once the file reviews were completed the QA team had to determine what was important to know from the file review data, and how this data should be reported. This proved to be a complex process. This involved reporting on numerous relationships between variables contained in the file review instrument (i.e., level of worker involvement by client clinical outcome; risk factors by worker interventions etc.) and determining whether conclusions could be drawn from this data.

The QA team then compiled the quantitative data from the file review reports into table format. This allowed the QA team to present the file review data to the review team in a manner that would facilitate the interpretation of the data. Patton (1986) argues that simple and straightforward statistical presentations are needed to allow those involved in the evaluation to be able to easily detect patterns in the data. He believes that it is important to present the data so that those involved in working with the evaluator(s) can make sense out of the data and believe that *even they* can understand and participate in the analysis; all the while being perhaps unaware of the long hours of arduous work involved in sifting through the data, organizing it, testing out relationships, and taking it apart and putting it back together.

Some of the review team members felt that the file review data did not appear to represent a "true picture" of the Program's client population and activities. It then became important for the QA team to emphasize that the information presented in the tables was representative of what was *documented in the files*, not the entirety of the Program. This process also served as a catalyst for the Program to begin considering what additional information they wanted to capture in their file recording in the future.

Limitations of the File Review

1) The File Review Instrument

The information that was noted in the physical files and case notes was not always consistent with the information that the instrument attempted to gather. For example, information such as worker interventions, frequency of contact with clients, and clinical outcomes, were not explicitly stated in files and case notes. While a considerable

effort was made to orient and familiarize the review team with the instrument and the

data collection process, it is possible that varied interpretations could have occurred. As a

result, consistency in approach to the file review may have varied to some extent due to

the subjective nature of the procedure. For example, review team members may have

differed in what they viewed as improvements in clinical outcomes such as "Personal

Adjustment" or "Interpersonal Relationships" in case notes and files.

2) Sampling Issues

The limitations of the sampling strategy that was employed for the file review process

are outlined below.

- *Some cases may have been double counted in the sample.* In situations where

  more than one case existed in relation to the teen (i.e., a child in care file, a family

  file, a protection file, and an expectant parent file), it was not completely clear

  what files were part of the same case. Therefore some cases may have been

  double counted. This factor may have contributed to some degree of sampling

  error, thus results from the data had to be interpreted with caution.

- *There was no connection between the sample and the file review instrument.* This

  was a result of having no mechanism (i.e., tick boxes) on the instrument itself that

  identified the risk level, legal status, or age of the teen mother. Therefore no

  conclusions could be drawn from the file review data regarding the stratifications

  that the original sample was based on. As the QA team felt it was important to be

  able to provide this information to the Program, a retrospective analysis was

completed from the workers active case lists that provided the Program with a breakdown of the risk level, age, and legal status of their cases.

- *The stratification system employed for the open cases was not employed for the closed files.* Therefore it was necessary for the QA team to re-examine the closed cases separately in order to determine the similarities and differences between the two populations.

Worker Questionnaires

Brief questionnaires were administered to thirty-one workers within the Agency who had referred or transferred a case to the Program, and/or shared a case with a perinatal worker. This population was seen as an excellent source of information regarding *Program processes* and *satisfaction with the Program*. Specifically, the questionnaires focused on referral and case sharing processes, and overall satisfaction with the Program. Combinations of closed and open-ended questions were developed by the QA team and included in the questionnaire to allow workers to give more in depth input. Seven of the thirty-one questionnaires were returned: a return rate somewhat lower than anticipated. Questionnaire responses were confidential. For analysis purposes, open-ended questions were described and grouped under the corresponding research questions.

Internal and External Collateral Interviews

Ten external and sixteen internal collateral interviews were conducted for the review. External collaterals interviewed included representatives from hospitals and adolescent clinics, residential facilities, and various educational and supportive programs for pregnant and parenting adolescents. Agency staff from various programs and levels within the agency were interviewed, including all of the Perinatal Program staff. Participants were chosen because of their significant knowledge and expertise that would allow them to comment on the issues relevant to the review.

The Purpose of the Internal and External Interviews

The intent of these interviews was to elicit the opinions and experiences of the Programs' stakeholders regarding the five major research questions. Participants were also asked questions regarding Program outcomes. The questions for internal and external collaterals were designed to have considerable overlap in order to facilitate the comparison of responses. However interview formats for internal collaterals varied somewhat depending on participants' positions within the agency. Samples of the interview guides for various internal collaterals are located in Appendix B and C.

The Interview Method

Structured face-to-face interviews were chosen as the method for gathering information from internal and external collaterals for a number of reasons. Firstly, this type of interview uses a formal interview schedule in which questions are asked the same way with each subject in order to facilitate the comparison of participants responses

during analysis (Mutchnick & Berg, 1996). Secondly, structured interviews also allow for more consistency in data collection when there are several researchers conducting interviews (Tutty, Rothery, & Grinnell, 1996). Maintaining consistency in data collection was key as there were nine review team members who were conducting interviews.

Finally, an interview format with internal collaterals allowed for candid discussion that may not have been possible in a focus group format, given that many participants occupy different positions in the Agency hierarchy. Interviews also allow the interviewer to probe for greater clarity, and insight into personal experiences and opinions (Kvale, 1996). For both collaterals and clients alike, it was felt that the response rate would be greater, and the information richer, from an interview format.

The Internal and External Interview Process

All review team members participated in conducting interviews with various stakeholders. The student conducted a total of five internal interviews (four of whom were Perinatal Program staff). Conducting these interviews provided the student with an opportunity to build relationships with Program staff, and gain a more in-depth understanding of Program issues.

Participation in an interview was voluntary for all interviews, as was permission to audiotape. Audio- taping ensured that the richness of responses were captured verbatim, and allowed for direct quotes to be included in the data analysis. Tutty et al. (1996) assert that the power of a direct quote from an interviewee can far exceed that of a summary statement from the interviewer, and provides the fairest way of reporting the information.

Client Interviews

In order to fulfill the second learning objective of the practicum, the student assumed primary responsibility for the design, implementation and analysis of the client interviews.

Developing the Client Interview Guide

The interview questions were developed by considering what information was required to answer the research questions pertaining to *client satisfaction with and expectations of the Program, client needs, and Program activities*. The amount of emphasis that was to be placed on each of these areas also required consideration. Existing client satisfaction instruments and literature pertaining to client satisfaction and involvement in evaluation was examined as well. The literature pertaining to client evaluation of human services stressed the importance of incorporating client definitions of what an ideal (perinatal) service would look like. Kluger and Alexander (1996) and Martin (1986) argue input from clients on their definition of quality and the aspects of services which matter to them, even if these ideals are beyond feasibility, are extremely important in evaluation. Therefore a question was incorporated in the interview guide to obtain client definitions of a quality perinatal service.

In order to ensure the interview guide would capture the information needs of the Program and assist in answering the research questions, the guide was reviewed by the student's advisor and by the QA team. This feedback allowed the student to change particular words and phrases that were too mature for the target group, to improve the

sequencing of the questions, and to include additional questions in order to capture relevant data. The final interview guide can be found in Appendix D.

Sampling Strategy

A discussion with the review team provided the student with an opportunity to obtain feedback on the client interview process, including the most appropriate data collection method for the target population and the sampling strategy. Clients were selected from a non-randomized sample that consisted of clients who had received a minimum of four months of service from the Program. This guideline ensured that an adequate reflection of worker activities would be captured.

Each perinatal worker was given a list of clients on their caseload who were included in this sample. From this list each worker was then asked to exclude any client whose situation was too sensitive to approach regarding an interview (i.e., clients who had recently been through a miscarriage, or placed their child for adoption, etc.). The original plan was for the student to contact clients initially about participating in an interview. However, workers felt that if they contacted their client initially, clients would be more trusting of the process. The student then developed a brief letter that was sent out by workers to each client who they deemed appropriate for an interview. In total, seventy-two letters were sent out. These letters asked clients if they would be interested in providing feedback about the services they were receiving from the Program, and informed them that their worker would be following up with a phone call. This allowed clients time to decide whether they wanted to participate and to formulate any questions they had about the process.

Although workers were provided with a cut off date for following up with clients, this process took much longer than anticipated. Reasons for the delay included clients not having phones, irregular client contact with workers, and workers going on holidays. In a few cases it took a number of weeks before workers obtained any client responses. A number of clients who were contacted declined the offer to participate. This may have been due to a number of concerns, including the confidentiality of the information they provide, fear of reprisal from the agency if they were to make negative comments about the services they received, or a general lack of interest.

When contacting clients for an interview, an attempt was made to maximize the diversity of case situations to include those who were receiving prenatal and postnatal services from the Program, and who varied in age, legal status, and living situation. An effort was also made to ensure a variety of workers in the Program had a client who was interviewed. This "selection" process was difficult to operationalize because of reasons including difficulties in contacting clients who were interested, client cancellations, and time constraints.

The Client Interview Process

The student conducted interviews with seven clients who were currently receiving services from the Perinatal Program. The interview format consisted of 66 questions and was designed to address the research questions concerning *client needs, client expectations of the program and satisfaction with the program*, and *program activities*. All seven interviews were held in the client's home, and followed a standardized format that took approximately 45 minutes to one hour to complete. However the student spent

time with each client prior to and after the interview engaging in informal conversation as a means of establishing trusting relationships. Only four out of the seven clients who were interviewed gave permission to be audio taped. Unfortunately this limited the number of responses that could be captured verbatim and included in the analysis. However, the student took notes throughout all seven of the interviews. Small gifts were given to those who participated at the end of every interview. These gifts were offered in part as an incentive to participate in an interview, and as a token of appreciation for their time.

An important consideration in any evaluation is to obtain the participants informed consent (Gabor et al., 1998, p.337). All clients who chose to participate in an interview signed a voluntary consent form that was designed by the student. The clients were also given a copy of the consent form to keep for themselves. The consent form outlined the purpose of the interview, how the information would be utilized, their rights as voluntary participants, and guaranteed their confidentiality throughout the process. A sample of the consent form can be found in Appendix E. As some of the participants were living at home, their legal guardians also had to be informed of the interview.

Qualitative Analysis of Interviews

The first step in analyzing the data was to convert the audiotapes from the completed interviews into transcript form. Kvale (1996) indicates that transcription from tape to text involves a series of technical and interpretational issues for which there are few rules, but rather a series of choices to be made. He asserts that if there are several transcribers for the interviews of a single study, great care should be taken to ensure that

they use the same procedures for transcribing (i.e., a specific plan for transcribing should be identified). He feels that if this is not done, cross-comparisons among the interviews will be difficult to make. Kvale argues decisions concerning style of transcribing depend on the audience for which a text is intended: Is it for the interview participants, to confirm that their views are adequately rendered in the interview and possibly an invitation to expand on what they have said? Is it for critical colleagues who want to check the basis on which the researcher draws their conclusions? Or for general readers who want some concrete illustrations from the interviews?

Several problems were encountered in transcribing the tapes. Firstly, the lack of an administrative support staff attached to the QA, R&PP resulted in audiotapes being sent to various administrative support staff throughout the agency, and eventually outside the agency due to a lack of internal resources. This contributed not only to a delay in the review, but a variety of different transcribing styles being returned to the QA team for analysis. Additional problems were technical difficulties associated with the voices of interviewers and interviewees being inaudible at various points during the interviews.

The next step in the analysis involved the QA team establishing an explicit method for analyzing the mounds of data. Patton (1990) argues the most critical detail to remember in data analysis is to remain focused on the original research question. Similar to Patton's assertion, Tutty et al. (1996) argue that the central purpose of data analysis is to organize the information that is gathered during the data collection process into categories and themes that address the original research questions.

During the family preservation review, outside consultation was obtained to assist the QA team in developing a method for the qualitative analysis of internal, external, and

client interviews and focus groups (this method was utilized for the qualitative analysis of the perinatal interviews as well). This method incorporated the five research questions guiding the review into the coding categories utilized for the analysis. The coding categories encompassed the five research questions and additional categories related to the following: client outcomes. suggestions for Program improvements, resources, workload issues, other/unanticipated comments, and quotes (these included quotes that were exceptionally poignant or illuminating). The final result was 10 distinct coding categories. All transcripts were coded according to the <u>number</u> of the particular coding category. An effort was made to complete the analysis according to the groupings of interviews (i.e., internals were analyzed first, then externals, then clients).

In total, the student coded 15 of the 32 transcripts. This involved the student assuming responsibility for coding three external, six internal, and six client interviews. This allowed the student to gain a very solid understanding of the coding process, and to begin to reflect on the data and observe various emerging themes. In order to ensure inter-rater reliability, the QA team coded the same section of one interview, and then compared our perceptions. Once it was determined our coding method was consistent, the QA team coded the subsequent transcripts individually.

The next phase of analysis involved second level coding. This procedure involved retrieving and listing all of the coded words, sentences or paragraphs in the transcripts that fit within the same coding categories. This was accomplished through a "cut and paste" method. All similarly numbered sentences or phrases were "cut" out of each transcript and then "pasted" under their identified coding category. This process was completed separately for each grouping of interviews (i.e., internal, external and client

interviews). This was done in order to allow the findings to be linked to their original context in the final report (i.e., to link what concerns were coming from each group etc).

The final step in the data analysis stage consisted of describing and explaining the data in relation to the five major research questions. Distinct description and explanation components of the analysis were completed for the internal, external, and client interviews. This involved each QA team member assuming primary responsibility for the description and explanation of one grouping of interviews. The description phase involved simply describing each of the identified coding category sections without any additional analysis. An effort was made to condense the descriptions according to the research questions as opposed to under each individual coding category.

The completed descriptions for the internal interviews were then presented to the review team. This process began the explanation component of the analysis, as the descriptions informed the explanations. Organizing the data into descriptive format allowed the QA team to present this information to the review team in a way that it could be easily understood and interpreted. The goal of this process was for the review team to begin to consider the meaning of the data, to pick out themes and relationships within and amongst the various groups of interviews (i.e., internal, external and client), and to begin to determine the data's overall relation to the research questions.

Due to the time consuming nature of this process, it was mutually decided by the review and QA team that the QA team would complete the explanation piece for the following external and client interviews. Having the review team involved in this process served to enhance their understanding of the data, and to facilitate the transfer of learning process.

Analysis of the Client interviews

The analysis of the client interviews followed the same process used for the internal and external collateral interviews. The student had also participated in the analysis of the client interviews for the preservation review, which contributed to a better understanding of this process. The practicum supervisor coded the first transcribed client interview to ensure that all relevant information in the interview would be captured with the existing coding guide. This was important as the client interview guide differed significantly from the internal and external collateral interview guides. This process resulted in the practicum supervisor and the student adding a number of coding categories to the prior coding guide.

Limitations to the Internal and External Interviews

1) *Opportunities for member checking were not provided to participants.*

Tutty et al. (1996) assert that obtaining feedback from your research participants, a process referred to as member checking, is an essential validity technique that is unique to qualitative research methods. This involves going back to your research participants asking them to confirm or refute your interpretations of what they have said (Tutty et al., 1996). The authors feel that having participants say if the interpretations accurately reflect what they've said can minimize threats to interpretation. The time frame of the review limited the opportunity to engage in member checking with review participants. Therefore participants were not provided with opportunities to approve, rephrase, withdraw, clarify or correct statements in their completed transcript. This process may

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have served to enhance the credibility and validity of the findings, and increase

participants' input and buy in to the process.

2) *With the exception of the file review instrument, instruments were not pre-tested.*

Kluger and Alexander (1996) emphasize the importance of testing newly

developed measures or questions for surveys and interviews. They argue that pre-testing

enables evaluators to increase the accuracy and quality of the information they are

attempting to obtain, by testing for client/worker understanding of the instruments (i.e., to

be certain that the questions are clear and answerable). For example, some perinatal

workers had difficulty answering questions concerning percentages of time they spent

with their clients. In addition, some phrases in the client interview guide proved to be

difficult for some clients to understand. Pre-testing may have led to suggestions for

changes including comments on the clarity of wording and the comprehensibility of the

instruments content, and perhaps would have prevented these difficulties.

3) *There was variation in interviewer practices.*

The final limitation relates to the effect of having numerous individuals conduct

interviews. As there were nine people who conducted interviews, variations occurred in

following question wording exactly (i.e., some people posed questions differently to

participants, or rephrased them in their own words) and the sequencing of questions.

Mutchnick and Berg (1996) argue that changes in the wording of a given question can

lead to different responses being obtained from participants. For these reasons,

interviewers may have obtained different responses had they followed the interview

guide more precisely. This may have affected the reliability of the interview data. This variation presented less of a problem with the client interviews, as only the student conducted these interviews. However, some questions did not exactly fit a given participant's situation, and the student had to then determine how the question should be rephrased for that particular situation.

Limitations to the Client Interviews

Some of the general limitations associated with the interviews such as the lack of member checking and pre-testing of instruments, were identified previously. The specific limitations of the client interviews pertain to sample characteristics, the interview guide, and the use of client satisfaction studies in evaluation.

Firstly, given the small sample size, the findings from the interviews cannot be generalized to the Program's larger client population. Also, five of the seven respondents were currently parenting, and therefore the data is largely describing a specific segment of this population. Another limitation of the sample is that five of the seven respondents were 16 years of age and one was 22 years of age. This is a high concentration of respondents who are older, and therefore possibly more mature. This may have affected their responses and as a result the data may not be representative of a younger adolescent sample.

Secondly, the findings from the client interviews were *very positive*. A detailed description of the findings from the client interviews can be found in Appendix F. These findings should be interpreted with caution for a number of reasons. Positive client responses can be affected by social desirability biases. These biases include a desire to

please by giving the "right" answer, or a reluctance to criticize service providers, regardless of the assurances that their responses will be kept confidential (Kluger & Alexander, 1996). In addition, Love (1991) notes that the limitations to client satisfaction studies are that clients who participate in these studies are more likely to be satisfied with the services they received.

Although the interview guide did ask clients about changes they would like to see to the program, the guide lacked questions regarding *specific* areas of service needing change, and specific program areas that they found problematic (i.e., having to change workers). Davis and Savass (1996) and Stipak (1980) argue that without these types of questions, findings from consumers are simply glowing testimonials about the virtues of a program that fail to capture valid criticisms or needed recommendations for change.

Rees and Wallace (1982) and Zeithaml et al. (1990) note that the degree of satisfaction expressed by clients can be viewed as the degree of congruence between their expectations of a service and their experience of it. These authors also indicate that client expectations can be influenced by past experience of receiving a service, and their prior knowledge and image of the service. A number of clients who were interviewed had previously been in care or had had prior contact with the agency. The majority of these clients expressed dissatisfaction with their previous workers. In addition, some clients had very negative expectations of the service (i.e., clients thought their children would be apprehended) and some did not have any expectations of the service what so ever. These negative past experiences with the agency and low expectations of the Program may have influenced the high level of satisfaction that client's expressed with the Program.

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Rees and Wallace (1982), Stipak (1980), and Martin (1986) suggest that satisfaction with services can be strongly influenced by positive or negative feelings about particular service providers, as opposed the service itself, the professional skills of the service provider, or overall client outcome. A few clients described the positive personal characteristics of their workers, which may have also influenced the positive responses that were provided.

The final limitation pertains to clients being asked about what difference the Perinatal Program had on their situation, with no follow up questions inquiring what else in their lives may have been responsible for the identified differences. Rees and Wallace (1982) and Hasenfeld (1980) acknowledge that the indeterminate nature of human service technology presents difficulties in attributing client change to a particular service technology. Therefore these authors argue that there is a need to determine not only what difference or improvement there has been in a client's situation, but what was responsible for the improvement.

Conclusions and Action Plans

This stage of the review involved the QA team bringing the findings from the descriptions and explanations from the internal, external, and client interviews, and file review data together in order to present this to the review team. This allowed the review team to begin brainstorming about the major findings and themes from the data that would be incorporated into the final conclusions of the review. The strongest themes were the ones that emerged across the internal, external, and client interviews. After the initial brainstorming session with the review team, conclusions were then further

consolidated by the QA team and organized according to major findings and other secondary issues such as outside system issues that impact the Program (i.e., the hospital and educational systems).

A "draft" of this final report will be presented to the Program staff and Senior Management in September 2000, by the QA team. The review team will also attend the presentation session and will be asked to contribute to discussion. During this session the QA team to discusses and reviews the findings and interpret these findings with Program staff. The aim of the session is also to answer any questions or comments Program staff may have, and to determine whether there is any missing information or additional issues they feel should be included in the final report.

The final stage of the review process will involve a session with the Program staff that is facilitated by the QA team. The aim of this session is for the Program to begin generating recommendations and action plans to implement these recommendations (i.e., the timelines and resources required to carry out the action plans) by utilizing the findings from the review as a guide in doing so. This process allows Program staff to have control over their own change efforts while at the same time assuring a strategy for action is being taken seriously by assigning responsibility to the Program for developing their own action plans, and the timelines for the implementation of these plans. It is realized however, that some of the required changes will be beyond the Program's control and should therefore be assigned to those in positions of power and authority to act on them. Once the Program has developed their recommendations and action plans, the report can then be shared with the rest of the agency. However, it appears that a formal process for

dissemination has not yet been determined (i.e., guidelines for time frames and who the findings are provided to etc.)

Writing the Final Report

The student assumed primary responsibility for writing the introduction, methodology, client description and analysis, and various quantitative tables for the final report. The student also assisted in proofing the report and making suggestions for improvements in the presentation of the report.

Dissemination of Findings

Practicum activities related to the dissemination of findings involved a meeting with Program staff. This meeting occurred approximately half way through the completion of the review. The purpose of the meeting was to update Program staff regarding the progress of the review, to provide information on preliminary findings up to that point, and to solicit feedback from staff about their feelings and observations about the review process. This involved the student providing preliminary information regarding the findings from the client interviews. Unfortunately, a number of Program staff were absent from the meeting. This resulted in a very limited amount feedback being provided to the QA team about staff thoughts and observations about the review process to date.

Reliability and Validity Issues

Utilizing the method of triangulation served to increase the validity of the review. Patton (1987) describes triangulation as the use of a variety of data sources in a study,

such as interviewing people in different positions, or with different points of view. This variety of data from different sources can be used to corroborate, elaborate, or illuminate the research in question (Marshall & Rossman, 1989). Data triangulation was used in the review process, as the data came from several sources, including various levels of agency staff, external collaterals, and clients. This ensured that a diverse range of individual perspectives regarding the Program was obtained. This process served to increase the validity and credibility of the review as it brought more than one source of data to bear on particular issues and research questions.

Investigator triangulation (Patton, 1987) was employed also. This involved the use of each of the nine review team members in the data collection and analysis phases of the review. In addition, methodological triangulation was used in the review process. This entailed file reviews, interviews, and questionnaires as methods of data collection. Triangulation was utilized with the aim of providing a comprehensive package of information to assist in the Program's future decision making, as well as to increase the validity and credibility of the findings.

Tutty et al. (1996) assert that investigator triangulation during analysis ensures that multiple perspectives are compared, and establishes the trustworthiness of qualitative data. The authors suggest that triangulation can involve having a colleague use your data collection rules to see if they make the same decisions about categories and themes. They conclude the hope is that the different perspectives will confirm each other, adding weight to the credibility of the analysis. This practice ensures *inter-rater reliability*, which was critical in the data analysis phase of the review as there were three individuals coding the interview transcriptions. Inter-rater reliability was established through each

member of the QA team coding the same section of a particular interview and then comparing our choices of coding categories. This ensured individual approaches to coding were consistent.

A process that Tutty et al. (1996) describe as "peer debriefing" was also used throughout the review. This process enhances the credibility of research studies through systematic reviews of the study's substantive, methodological, and legal matters with fellow colleagues. This method was employed through initial consultation with the student's practicum advisor and the review team regarding the purpose of and data collection strategy for the client interviews, and the ongoing consultation with the QA team regarding the format and content of the instrument, sample selection, and legal issues such as parental consent. It was also utilized by obtaining outside consultation from professors at the University of Winnipeg regarding the sampling strategy for the file review and qualitative data analysis process for the interviews. This served to increase the credibility and trustworthiness of the findings.

Summary

This chapter has described the implementation of a Program Planning and Review Model as applied to the Perinatal Program at WCFS. Overall, the instruments and data collection methods utilized in the perinatal review appeared to serve their purpose in answering the research questions that guided the review, despite the identified limitations. These limitations were primarily related to the sampling strategy and subjective nature of the file review process, the lack of pre-testing of various instruments and member checking, and the lack of specificity of the client interview guide. Regarding

the latter, this lack of specificity may have contributed to the high level of satisfaction expressed by clients. Input from the review team proved to be a valuable asset when considering the various data collection instruments and procedures. However, Program staff expressed dissatisfaction with their lack of input regarding these instruments and procedures. Methods such as triangulation and peer debriefing that were employed throughout the process served to enhance the validity, reliability, and credibility of the review.

CHAPTER FIVE
EVALUATION OF THE STUDENT'S LEARNING EXPEREINCE AND PERFORMANCE

This report is an account of an implementation of a Program Planning and Review Model, as applied to a program for pregnant and parenting adolescents within a child welfare organization. The practicum outlined in this report occurred within the context of the Quality Assurance, Research and Planning Program of Winnipeg Child and Family Services over a four-month period from April 2000 to July 2000. The activities associated with the implementation of the Program Planning and Review Model were carried out as part of a review that was initiated by Senior Management and the Perinatal Program of WCFS. The following learning objectives formed the foundation of the practicum:

1) To gain a solid understanding of the inclusive, internal Program Planning and Review Model utilized by the QA, R&PP at WCFS, through participating in a review of the agency's Perinatal Program.

2) To gain an understanding of how to design, conduct and analyse qualitative interviews.

3) To critically reflect on the results of the above objectives through assessing the utility of the model and its practical application.

The learning objectives were formulated to be met through four specific components of the practicum: (1) a review of the literature; (2) an implementation of the Program Planning and Review Model; (3) qualitative interviews with clients; and (4) a critique of the process and a discussion of the implications for the utility of the

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Model. This chapter provides an evaluation of the student's learning and performance.

Evaluation of the Student's Learning and Performance

The student's learning experience and demonstrated competence to perform the tasks associated with the practicum were evaluated in two ways. First, a formal feedback form regarding the student's contribution and performance throughout each phase of the perinatal review was completed by the QA team (this included the two individuals who worked most closely with the student). A combination of written feedback and performance indicators that rated the student's contribution to each phase of the review process were utilized in determining how well certain activities were completed. This feedback form can be found in Appendix G. Second, a student log was kept throughout the practicum experience. This log was a self-evaluation tool that was comprised of two primary elements: i) a description of the activities that the student engaged in throughout the review, and a reflection of how well the student performed these tasks, and ii) a reflection of the process the student engaged in, including significant insights, issues, and challenges that the QA team and student encountered throughout the review. This chapter utilizes the results from above methods in evaluating the student's learning and performance.

Evaluation of Student Performance

Overall, the student evaluation feedback forms indicated that student's performance as a QA team member with the QA, R&PP was sufficient. In relation to

review activities, the student participated with enthusiasm and displayed commitment to all stages of the review process. A strength of the student's involvement was her ability to integrate the knowledge attained from the literature and graduate coursework in the field of evaluation with practice. By drawing on the literature throughout the review process, the student was able to make a number of concrete suggestions related to data collection instruments and procedures, and evaluation utilization. For example, when it appeared that Program staff were not receiving timely feedback regarding the review process, the student suggested a meeting with the Perinatal Program staff with the aim of providing an oral summary of preliminary findings and an update on the progress of the review. The student also made an effort to provide the QA, R&PP with a number of articles and references that were relevant to evaluation practice and data collection and analysis procedures.

However, the student believes that a limitation to the use of the literature throughout the practicum experience was that the greater part of the literature review for the practicum report was completed mid-way through the practicum. The student feels that if this component of the intervention plan for the practicum had been completed prior to beginning the practicum, this perhaps may have circumvented various shortcomings of the review process. For example, the student may have been able to advocate for the use of various strategies to increase meaningful involvement of clients and Program staff throughout the review process. This may have also assisted in developing a more sophisticated client interview guide that would have captured valid criticisms and recommendations for specific areas of program change. The student believes that an additional weakness in her performance was associated with her lack of initiative to take

a larger role in the facilitation of review team meetings. Although the student was able to fully participate and contribute to discussion in these meetings, and describe various review processes and specific methodologies, this role was somewhat limited.

The feedback forms also indicated that the student's motivation and commitment to the review was demonstrated through her willingness to take on additional tasks, throughout the data collection phase in particular. This included undertaking a significant portion of the file reviews and Program staff interviews. The student made ongoing attempts to ensure that this data was collected in a consistent and accurate fashion. For example the student made an effort to follow the wording of interview guides as closely as possible, and to ensure that the decision-making processes employed when collecting file review data were consistent across individual cases. The student also participated in completing tasks associated with the family preservation review. The student believes that this had the advantage of both familiarizing the student with data collection and analysis procedures prior to undertaking these procedures as part of the perinatal review, and of allowing the student to gain more insight into various obstacles to the Program Planning and Review process.

Finally, while the student was conducting file reviews and interviews with Program staff on site, the student attempted to establish trusting relationships with Program staff through engaging in activities that were not directly related to the review (i.e., through informal lunches and conversations). With respect to the client interview component, the student was persistent in her efforts to obtain a diverse sample for the interviews, although at times this presented difficulties due to time constraints and complications in connecting with workers. However, the student was accessible to

Perinatal Program staff to discuss the client interview process and follow up with contacting clients. The student also made attempts to spend time with clients before each interview in order to establish a trusting relationship and create a comfortable atmosphere for the interview to take place.

The student log proved to be a valuable asset in achieving the third learning objective. Various obstacles and issues that arose throughout the perinatal review, along with various insights that the QA team had regarding these obstacles were recorded in this log. This documentation then became the basis for the critique of the Model and the development of recommendations for future reviews. The log was also valuable as it enabled the student to keep track of the rationale behind the decisions that were made regarding various data collection and analysis procedures the QA team engaged in.

Evaluation of the Student' Learning

A number of skills were developed through the completion of this practicum. The first area of acquired skill is related to the development of instrumentation. The process of determining the appropriate questions to ask in order to answer specific research questions may be recognized as a significant task in skill development. The data analysis phase (both qualitative and quantitative) highlighted the importance of utilizing the research questions as the foundation when developing instruments in subsequent reviews. For example, the QA team noted that some of the interview questions posed to collaterals were not particularly germane to the research questions. In addition, the feedback forms indicated that the student was able to integrate the literature and the issues raised in the

consultation phase of the review when developing instruments, and to identify the strengths and limitations of various instruments.

The student also developed skills in the area of data collection. Through conducting a total of 12 qualitative interviews (with internal collaterals and clients), the student was able to hone her interview skills in the areas of preparing for and conducting structured interviews. This also involved preparing *the interviewee* for the interview, and building rapport with interviewees. Conducting these interviews also allowed the student to begin to develop a thorough understanding of Program issues. In addition, assuming responsibility for the client interviews and a number of the Program staff interviews provided the student with opportunity to obtain a significant degree of familiarity with these interview guides. This familiarity was conducive to obtaining a comfortable flow and atmosphere in the interviews.

In addition, the student developed skills in the areas of both quantitative and qualitative data analysis. This was accomplished through analyzing data from file reviews, interviews, and focus groups (from the preservation review). Various activities that facilitated this skill development of both quantitative and qualitative data analysis included the following: determining an appropriate methodology (i.e., coding categories and description and explanation procedures) for the analysis; testing out various relationships among variables; summarizing and organizing raw data into forms (i.e., table and narrative formats) that permitted interpretation and conclusion drawing by the review team; and determining meaning and themes in and among the various groupings of data. However, the student believes that one of her strongest areas of skill

accomplishment was related to qualitative data analysis. Assuming primary responsibility for the description and analysis of the client interviews facilitated this accomplishment.

The final skill developed through the practicum was associated with the generation of the final report. The student assumed primary responsibility for writing the introduction, methodology, client description and explanation, and compiling various statistical tables for the report. This involved ensuring that the description of how the Perinatal Program was reviewed and its findings would be accurately represented and comprehensible to Program staff. The student also made a significant contribution to the development of the report's conclusions. Skills involved in this task included being able to draw on and consolidate the knowledge acquired from the data analysis phase (i.e., explanations and meaning of the data, and the common themes throughout the data).

Unfortunately, the delay in the review process impacted the student's ability to fully achieve the first and third learning objective. In relation to the first learning objective, the student was not able to gain a solid understanding of the final stages of the review process. These final stages include the following: presenting and discussing the final report with the Program staff, Senior Management, and the review team; soliciting feedback from Program staff and review team members regarding their thoughts on the review process; and facilitating a session with Program staff where they develop their own recommendations and actions plans. The student will still have the opportunity to participate in these final stages, although this participation will not be a part of the practicum experience.

In relation to the third learning objective, the delay in the review influenced the critique of the Model. The formal feedback given by the review team and Program staff

at the end of the review process could have provided valuable information on which to suggest Program Planning and Review issues that required further consideration. Participating in the findings presentation and discussion session would have provided an opportunity to assess the Program's initial reaction to and confidence in the findings (i.e., staff buy in and acceptance of the findings) and hence the potential for utilization of the review findings. The subsequent session for the development of action plans may have enhanced the student's understanding of how Program staff will begin to use the findings for program improvement efforts.

Despite the above limitations to achieving the first and third learning objectives, the student was satisfied with the degree to which all three learning objectives were met. The student gained valuable knowledge and skill related to evaluation practice and research methodology. The student also gained an understanding of how quality assurance methods can be incorporated within a child welfare agency. The review of the literature offered a good foundation from which to acquire knowledge on the underlying principles and methodologies of quality assurance, strategies to enhance client involvement in evaluation of human services, and evaluation utilization. The literature review also offered a good foundation from which to integrate practice and theory for both the purpose of the perinatal review and the student's own critique of the Model.

Overall, the student believes that the practicum experience was a very valuable learning opportunity. In addition, the obstacles that presented themselves throughout the review provided the student with a number of valuable learning experiences. For example, initial worker resistance to the review process, the difficulties associated with the various data collection methods and procedures, and the use of a

multidisciplinary review team all contributed to meaningful learning experiences related

to evaluation utilization, quality assurance methodologies, and the complexities

associated with evaluation in human service organizations.

CHAPTER SIX
IMPLICATIONS FOR THE UTILITY OF THE MODEL

This practicum involved the implementation of a Program Planning and Review Model within the context of a program for pregnant and parenting adolescents. A specific aim of this practicum was to assess the utility of the Model and its practical application. This was to be accomplished through a critique of the Program Planning and Review process. The purpose of the critique was to examine the strengths and weaknesses of the process, and to discuss the implications for the utility of the Model. This chapter begins with a critique of the Program Planning and Review process. through drawing on issues and limitations associated with the perinatal and family preservation reviews. The chapter then explores a number of options that can be considered in future Program Planning and Review efforts. The chapter concludes with a discussion of the implications for the utility of the Program Planning and Review Model.

A Critique of the Program Planning and Review Process

Overall, it appears that the Program Planning and Review process is able to provide useful information to agency programs, including direct service providers, and middle and senior management to assist them in their program planning and improvement efforts. It seems that there is enough substance in the data that will mobilize programs to make decisions and changes. For example, the information provided by the perinatal review clearly answered the identified research questions and therefore met the Program's information needs. The review was able to provide a comprehensive description of the population the Program is serving, including their needs and

expectations, identify program processes that require clarification and/or modification, describe the activities that direct service providers are engaged in, and identify internal and external collateral satisfaction with the Program.

However, the full potential of the benefits resulting from the perinatal review are difficult to determine at this time, as Program staff and Senior Management have not yet reviewed the final report and its conclusions. Therefore it is premature to speculate on how and if the Program will utilize this information to guide their program planning and improvement efforts. Although the information from a Program Planning and Review process appears to be able to assist programs in their future decision-making and planning efforts, the potential for utilization of this information may have been limited by several factors.

Firstly, the emotional nature of undergoing a review process has not been addressed with programs up front. Patton (1990) notes that fear is a very real thing in evaluation. Patton, Gabor et al. (1998) and Cherin and Meezan (1998) describe a number of things that contribute to this fear, including past experiences with evaluation and evaluators, myths and stereotypes of evaluation, the idea of being judged, and a lack of understanding of the "scientific" processes involved in evaluation. As identified in chapter four, there was considerable staff anxiety concerning the perinatal review process. Staff were feeling vulnerable and resistant to the review, in large part because they felt the intent of the review was an evaluation of their work. Unfortunately, by the time the QA team was made aware of this anxiety and able to address it, buy in and commitment to the process for some staff was unachievable.

The second factor is related to the level of participation of and communication with program staff throughout a review process. In the case of the perinatal review, although the QA team did solicit the participation of perinatal workers on the review team, workers declined the offer due to workload issues. With the exception of the Perinatal Program supervisor, no other Program staff participated as members of the review team. This was disappointing as program staff are ultimately the primary intended users of a review. As mentioned earlier, Perinatal Program staff expressed their displeasure with their lack of involvement in various aspects of the process (i.e., in the selection of review team members, the content of the file review instrument, and the process for obtaining client feedback). This situation may have been more amenable to staff if the QA team had initially inquired about how involved and in what way did staff want to be involved if they could not participate as review team members.

With the exception of staff involvement in the initial consultation phase of the perinatal review and the Program supervisor's participation on the review team, these primary users were not actively involved in making decisions about the review process. Unfortunately, staff input in the file review and client interview process was a result of their initial displeasure of how the QA team had decided these processes were going to be carried out.

To date, program staff have been informed of the overall design of the review (i.e., research questions, data collection instruments and methods etc.) after these critical decisions have already been made with little input from them. Patton (1986) asserts that by engaging the primary intended users in consideration of these issues before data are collected, the data are likely to be more credible and more useful. He feels this is

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important because primary intended users are sure to have opinions on these issues after the data are collected, particularly if findings are negative. For example, perinatal workers were somewhat displeased with the file review instrument and the worker interview guide, as these instruments only requested information on face-to-face contact with clients, leaving out significant aspects of worker activities such as telephone contact with clients. Perhaps with more feedback from Program staff prior to the data collection phase, these instruments could have more accurately captured various aspects of worker activities and interventions. Worker input on the content of review instruments may have also enhanced their buy in to the process and their opinions on the credibility of the instruments. Providing opportunities for this input may have also served to alleviate apprehension about the review.

The level of communication with program staff throughout a review process is a final factor impacting utilization. In the case of the perinatal review, there was a lack of regular communication with Program staff throughout the process. Although the QA team did meet with Program staff mid-way through the review to provide information about the initial findings of the review, direct communication (i.e., memos and meetings) between the QA team and the Program staff (with the exception of the Perinatal supervisor) was limited. A more frequent and formal process of communication may have made the review process appear more accessible and less ominous to staff.

The final limitation to the Program Planning and Review process is that to date, client participation in the process has been limited. A generally accepted premise in human service organizations is that consumers have a basic right to participate in those organizations that affect their lives, and that this premise itself is highly congruent with

social work values such as self-determination, empowerment, and human dignity (Katan & Prager, 1986). This statement reflects the importance of seeking client participation in evaluation efforts that are directed towards program improvement.

Clients have been provided with opportunities to participate in a review process, however these opportunities have been limited to participation in structured interviews. Therefore client involvement has been restricted to the implementation phase of a review, where clients are asked to answer a set of structured questions that have been formulated by the QA team. This stage of a review occurs after other crucial stages have been carried out, such as the preliminary design phase where the research questions, data collection methods and instruments for the review are determined, without the involvement or consultation of clients. Martin (1986) argues that such as process severely limits the potential contribution of consumers. She suggests that consumers may have very different views from those designing the evaluation on what should be the purpose of an evaluation, and the aspects of the service it should focus on.

Not withstanding the identified weaknesses of the Program Planning and Review process, the process utilized by the QA, R&PP has a number of strengths. A unique aspect of the Program Planning and Review process appears to lie in the way in which it encourages program staff to generate their own recommendations and action plans. This process is designed to put the responsibility for quality improvement with program staff rather than with the QA, R&PP. As Kluger and Alexander (1996) argue, staff ownership of program change is critical for success (p.120). This statement emphasizes that giving staff opportunities for input in any program changes that are made is a critical aspect of

the process. This process will hopefully serve to increase program staff's commitment to acting as change agents and to ensuring that action plans are carried out.

It is important to note that with regards to the Program Planning and Review process, the final report is not a directive that is being given to the program. The program not does not have to make all their future decisions based on the information in the report. Instead, the report is to be viewed by the program as a guide or stimulus for future decision-making and action the program engages in. In essence then, the Program Planning and Review Model functions as a catalyst to stimulate program change, not to impose it.

A further strength of the process is its use of peer review teams. To date, line staff, middle management, and various external agency representatives that provide client referrals, ancillary services, and follow up support for agency clients have been able to participate on review teams. It is this author's opinion that in relation to the perinatal review, members on the review team gained an increased understanding of and respect for the work perinatal program does, and of evaluation and quality improvement strategies. However, the *extent* of this learning cannot be determined at this time as the debriefing session in which the review team assesses its own learning has not yet occurred. In addition, this process also facilitated building stronger relationships with outside agencies.

Another strength of utilizing a review team is related to the diversity of perspectives and suggestions that members are able to provide regarding instrumentation, data collection, analysis, and conclusions. Members of the perinatal review team were able to provide important suggestions on issues that the QA team may have otherwise

overlooked. Obtaining review team member's input on various instruments and data collection procedures allows members to have influence and ownership over the process. A primary strength in utilizing review teams in a review process is the additional resources team members provide in the labour intensive data collection phase of a review.

The final strength of the Program Planning and Review process is associated with the internal nature of the process. Firstly, the QA team members previous experience with case management and/or supervisory responsibilities is a valuable asset during the process of identifying relevant internal and external stakeholders who should participate on review teams and in interviews and/or focus groups. In addition, the QA team's knowledge and expertise of the organizational relationships, internal politics, and service delivery processes can serve to increase the potential for the transfer of learning to occur with externals on a review team. Finally, the internal nature of the review process increases the potential for the knowledge gained from the review to be internalized, and for action plans to be monitored and implemented. Regarding the latter, this potential is increased by virtue of the QA team being more accessible to programs and aware of the ongoing planning and change efforts of various agency programs.

Although the literature identifies that strength of an internal evaluation procedure is the impact it can have on reducing the normal anxiety associated with evaluation, this was not evident in the perinatal review process. As discussed earlier, the level of staff fear and anxiety related to the review process was significant. There may have been a number of factors that contributed to this reaction: 1) the process may not have been viewed by staff as a fully 'internal' approach, as the review team was comprised of external members. Program staff appeared to find this element of the review process

particularly threatening, 2) although the QA, R&PP is an internal program within the agency, staff may view the Program as somewhat of an 'external department' which is affiliated with management. This may contribute to staff viewing the review process as an externally imposed process with its own agenda separate from that of the program. The above factors present possible explanations for why the internal review process did not appear to have to effect of ameliorating the normal anxiety that is associated with evaluation procedures.

To summarize, the potential for the utilization of information provided by Program Planning and Review processes has been impacted by several factors. These include the emotional nature of the review process not being addressed up front with programs, and the lack of involvement of and communication with program staff throughout the process. In relation to the perinatal review, attempts at obtaining staff involvement in the process were not successful as workload issues presented barriers to participation on the review team. This may have also been related to the QA team not determining what level of involvement the Program would have been comfortable with. The student believes this in turn impacted the level of staff buy in to the review process, as it was evident that commitment to the process varied significantly among staff. The lack of meaningful involvement of clients thus far in the Program Planning and Review process is a final weakness in the process. Opportunities that have been provided to clients to participate in reviews have been limited to the implementation phase of a review, where they have been asked to answer a set of pre-determined questions.

The strengths of the Model are related to its function as a vehicle for program change, the transfer of learning process, and its internal capacity. By leaving the

responsibility for developing recommendations and action plans up to the program, staff are given ownership over the change process. This process will hopefully serve to increase program staff's commitment to ensuring action plans are carried out. The utilization of review teams is a unique way of involving various levels of agency staff and external collaterals, enhancing the transfer of learning process, and building relationships with allied agencies. Finally, the internal nature of the review process increases the potential for the knowledge gained from the review to be internalized, and for action plans to be monitored and implemented.

Issues for Further Consideration

As the Program Planning and Review process is still in its developmental stage, it was not surprising that a number of issues and obstacles emerged throughout the perinatal review process. The following section discusses a number of issues that can be considered in future Program Planning and Planning Review efforts. It does this by identifying review processes that may require clarification and/or modification and suggesting practices that may be valuable to incorporate into the Program Planning and Review process. The following discussion draws on the preceding critique of the Model, and a number of discussions that occurred with the QA team throughout the student's practicum. It should be noted that a number of these issues and suggestions are currently being considered by the QA, R&PP. The discussion focuses primarily on issues for further consideration that are related to the involvement of primary stakeholders in the review process, and organizational learning. Additional issues addressed are related to

program monitoring, the dissemination of findings, and the ongoing professional development of the QA, R&PP.

1) The Identification of Primary Intended Users

The first step in an evaluation is the identification of the *primary* stakeholders of the evaluation (Patton, 1986, 1987, 1990; Love, 1991; Smith, 1988). By *explicitly* acknowledging who the primary stakeholders are *whose interests and information needs shape the review*, these primary stakeholders can then be labeled the "primary intended users" (Patton, 1987) of the review. The reason for identifying the users is to be sure that the people who are going to be the primary users of the evaluation findings are the same people who are included in making decisions about the evaluation-including decisions about focus, design, methods, analysis, interpretation, and dissemination (Patton, 1990). These primary users are in essence the "clients" of the QA, R&PP. Identifying the primary intended users of a Program Planning and Review process might be of assistance if situations arise where senior management has requested a review process despite dissension from middle management or line staff. Nevertheless, the program staff, including middle management (i.e., supervisors) and line staff will mostly likely always be the primary intended users of a review.

2) The Emotional Response to Undergoing a Review Process

It was made apparent during the perinatal review that the review process has the potential to evoke fear and resistance in agency staff. Patton (1990) and Cherin and Meezan (1998) advocate overcoming staff fear of the evaluation at the beginning of the

process. Patton suggests that assembling the primary intended users for an initial session to discuss what the evaluation process is going to mean can do this. Patton (1986) believes that a reasonable starting place in working with primary intended users is to find out how *they* think about and define evaluation. He feels that evaluators should work to discover the perceptions, confusions, expectations, and beliefs of the intended users about evaluation. He suggests simply asking the intended users "When you hear the word evaluation, what comes to mind?" Patton states that this can be a verbal or written exercise. and done in small or large groups.

A discussion similar to what Patton describes, can occur with program staff and management during the initial consultation phase of the review. Staff could also be asked questions such as what are your worst fears related to the review process? What are your hopes? What would happen if findings were negative? If they were positive? What are your expectations of the review process? A discussion of individual past experiences with and perceptions of evaluation and evaluators may also be beneficial (Patton, 1990).

It was also made apparent through the perinatal review that workers feared that the review process was an attempt to evaluate their individual performance. For this reason, it may also be beneficial for the QA team to reassure program staff that the strength of quality assurance approaches lie in their focus on aggregations rather than individual workers, and on patterns of problems that transcend the purview of an individual worker (i.e., the scrutiny of work not the worker) (Cooper, 1993; Love, 1991; Kluger & Alexander, 1996).

This discussion may be a valuable beginning exercise for program staff that are about to undergo a Program Planning and Review process. A discussion of this sort would

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hopefully have the effect of normalizing emotional responses to the review, dispelling myths and stereotypes related to evaluation, alleviating any unnecessary fears, and ultimately increasing the potential for utilization. This discussion may also provide the opportunity to promote the review process and its ability to meet the program's specific information needs and assist in their future decision making efforts.

Supervisors are important to this discussion and in ongoing efforts to alleviate workers fear and resistance. Supervisors need to be "on board" throughout the review process, and gage their workers emotional reactions to the review process. The QA team needs to receive regular updates from program supervisors regarding the emotional status of their staff, so both parties can work together to ameliorate unnecessary anxiety or resistance to the process. Having supervisors who are also working to alleviate staff concerns associated with evaluation (such as those articulated by the Perinatal Program staff) will assure that the responsibility for this job is not left solely in the hands of the QA, R&PP.

3) The Role of Intended Users in a Review Process

Patton (1986) suggests that there are only two fundamental requirements in the approach to utilization-focused evaluation. First, once the primary intended users of the evaluation are identified, these intended users need to be brought together or organized in some fashion (i.e., an evaluation task force or committee) to work with the evaluator(s) and share in making major decisions about the evaluation (p.330). Second, he argues that evaluators must work actively with these intended users to make decisions regarding the evaluation's focus, design, methods, analysis and interpretation. Patton states that

involvement of primary intended users in these decisions is aimed at increasing the potential for use by building a genuine commitment to and understanding of the evaluation over the course of the evaluation process.

An option to increase the involvement of intended users may be to set up an advisory committee, consisting of 8-10 program staff at the onset of the Program Planning and Review process (in addition to a review team). This would have the benefit of ensuring a significant number of program staff are able to meaningfully participate in the review process (more so than is possible with a review team comprised of external and various internals who are not directly related to the program). The QA team could be responsible for the coordination and facilitation of this committee. This committee could be involved in a number specific discussion and feedback sessions in which the plan for the review is discussed and negotiated with intended users. The initial discussion session could be educational, covering a wide range of methods and measurement options etc.for the review.

Following this the review purpose, design, and methods could be negotiated and subsequently confirmed with the advisory committee. Morris, Fitz-Gibbon, and Freeman (1987) suggest utilizing a process where the evaluator drafts and circulates an initial plan for how the program is to be evaluated to program personnel, with this plan being open to negotiation. The authors feel that this process will assist in discovering the evaluation practices that staff object to as early as possible. Reaching an agreement with Program staff on the design and methods of the review would serve to obtain support for the design of the review (including the data sources and the data collection instruments), and possibly preventing it from being open to question and attack in the future. The

committee could also provide input into the selection of various external agencies that should be represented on the review team. This advisory committee could increase the potential for maximizing staff input in the review and hence it's utilization.

However, there are limitations to the above suggestions. Although the literature (Patton, 1990, 1987, 1986; Smith, 1988; Cherin & Meezan, 1998; Coulton, 1982; Mowbray, 1988) emphasizes that a high level of involvement from primary intended users is required for evaluation utilization, this may not be feasible due to the nature of child welfare work. Consequently, the level of involvement that primary intended users will have in any given review process may be contingent upon the current workload an individual program is experiencing. Additional workload activities, such as participation on a review team or an advisory committee, may not be feasible for agency staff. Structural variables including time spent away from the job and workload coverage can influence the success of change and improvement efforts when staff are involved in teams, committees, or task groups (Pine, Warsh, & Maluccio, 1998). Therefore the QA, R&PP must be sensitive to the time constraints of staff, which may present barriers to staff participation on any form of committee or team. Further consideration needs to be given by *senior management* to how participation in a Program Planning and Review process can be made accessible to the primary intended users of the review.

There is an option that addresses this dilemma to some degree. This option involves programs who are about to engage in a Program Planning and Review process contracting with the QA, R&PP up front regarding the level of involvement they would like and that is feasible, throughout the process. This could be accomplished by asking the program initially about how involved and in what way do they want to be involved.

Determining this level of involvement is particularly important if the program is experiencing workload issues. Although not consistent with the literature in increasing utilization, this might be a more feasible option. However the feasibility of this alternative presents problems when conducting larger reviews, such as a review of the agency's intake and family service units. There may be difficulties in achieving agreement from a large number of staff the level of involvement desired.

This author feels that it is important for the review process to enable the active involvement of intended users to perform significant tasks such as providing input in the design, methods, and analysis of the review. As evident in the perinatal review, buy in and commitment to the review process appeared to vary significantly among staff. This was possibly a result of their initial displeasure with the decisions made by the QA team regarding the data collection processes and the selection process of the review team. Perhaps employing some of the above suggestions to enhance commitment to and understanding of the process could have prevented this. Unfortunately, the meeting that was held mid-way through the review in order to provide feedback on the initial findings and to solicit feedback from staff regarding their observations and thoughts about the review process was poorly attended by Program staff. This resulted in very little feedback upon which the student could base suggestions regarding staff involvement in a Program Planning and Review process.

4) The Function and Composition of Review Teams

To some degree, there appears to be an inherent contradiction between the role of the review team, and its composition. Review team members function as co-investigators

in the review process, taking on the responsibility of providing feedback regarding various data collection instruments, and participating in data gathering, analysis, and the generation of conclusions. The literature maintains that involvement of intended users in these phases of an evaluation is critical to evaluation utilization. However, the Model encourages the participation of external collaterals and internal staff from all levels and programs within the agency (with the aim of enhancing the transfer of learning and building collaborative relationships) as review team members. The end result being that intended users may not have a strong role as 'co-investigators' in the process.

Part of the rationale behind the composition of the review team is to increase the objectivity of the process. It appears that the review team should maintain the responsibility for data collection. By having externals and internals who are not related to the program carry the responsibility for the data collection phase of a review, the potential for bias in this phase is reduced. As mentioned in chapter three, this potential bias can stem from having an internal member associated with the program under review interviewing other internal collaterals about the program. Gabor et al. (1998) concur that the credibility of an evaluation's findings are enhanced when individuals who are neutral to the evaluation process collect data. It appears that the responsibilities of the review team and the issue of the review team's composition may require further consideration.

5) Communication Between the QA, R&PP and Programs Undergoing a Review

Love (1991) indicates that it is important to contract about who provides *liaison* with the program and the internal evaluation unit. In the case of the perinatal review, problems surfaced regarding the lack of communication with the Program staff (i.e., the

QA team being unaware of the high level of anxiety regarding the file review procedure). It was presumed by the QA team that because there was a Program staff who was a member of the review team, that information regarding the deliberations of the review team meetings was being communicated to Program staff. It is speculated that a factor in this problem was that the responsibility for communication was not clearly delineated.

A suggestion to address this issue may be for the QA, R&PP to establish a formal process of communication with programs at the onset of a request for a review. This could involve verbal progress reports and preliminary findings being presented by the QA, R&PP at program unit meetings on a regular basis. This is a more valuable form of communication than e-mails or memos. These meetings could be followed up by brief periodic reports as well. It is particularly important that programs view informal presentations of this sort as ongoing feedback.

6) The Client Role in the Review Process

To date, client involvement in the review process has been limited to participation in the implementation phase of the review through structured interviews. Consideration needs to be given to providing opportunities for clients to participate in as many of the review phases as possible. For example, it may not be feasible to include clients in determining the review design and methodology; this would remain the responsibility of the QA and the primary users. Yet thought can be given to how clients can participate more meaningfully in the initial, implementation, and findings phases of a review.

Martin (1986), Cherin and Meezan (1998), and the American Evaluation Association [AEA] (1995) advocate for efforts to be made to tap the interests of consumers

concerning the appropriate aims and scope of the evaluation, *in the planning stages of an evaluation*. Martin suggests that clients can be asked what the evaluation should cover and what it should try and find out (p.193). She states that the intent at this stage is to identify relevant issues to the evaluation. The above suggestions may assist in developing research questions for subsequent reviews that incorporate client perspectives and concerns on various issues that matter to them.

Coulton (1982) and the HMSO (1992) believes that any quality assurance process should provide some avenue for including consumer's definitions of quality services, as the consumer is in the best position to suggest the criteria on which the quality of services may be based. Martin suggests (1986) that involuntary clients could be asked what aspects of the service would make it most acceptable to them. Programs will then be in a better position to anticipate and meet their clients' expectations of their service. Clients could also be asked what outcomes they would like to see for themselves and other service users, and what makes a service useful or helpful to them. The intent at this stage is to ensure that the criteria and standards that are incorporated into the evaluation do not omit those which are relevant to the consumers' judgments of the service (Martin, 1986, p.193). Martin concludes that otherwise, subsequent questions asked of them may well appear irrelevant to them, an will not be comprehensive. This client feedback may also assist programs in operationalizing their definition of quality service, thus assisting them in framing the aims of a review, in articulating their own service delivery standards and goals.

As the participation of clients on review teams presents complications due to the legalities concerning confidentiality, this involvement could be obtained through

conducting exploratory focus groups with clients to reveal their ideas on what the review should try and find out, and simply brainstorming with them to determine their perceptions of and experiences with the particular program under review. A focus group can help craft interview/survey questions that are meaningful to clients, identify a select group of meaningful issues for a quality improvement effort, and shed light on why these issues are important (Davis & Savas, 1996). When planning a focus group for clients, the QA, R&PP would have to consider the types and representativeness of respondents to be included, and incentives to participate, including transportation to and from the focus group and child-care during the group.

A survey or suggestion box method could also be employed to obtain client feedback on review issues, although literacy issues may present barriers for some clients. Suggestions boxes could be left at community offices (of the program being reviewed), and workers could inform clients of the review process and encourage their clients to provide their feedback, written or oral.

Rees and Wallace (1982) suggest utilizing an in-depth as opposed to a more traditional structured interview format with clients, to facilitate accurate and frank expression of client's views and accounts of the services they received. With this type of an interview, conversation becomes discursive and allows the interviewer and interviewee to explore an issue beyond the constraints of a set of standardized questions.

Another option may be to have a small steering or advisory committee comprised exclusively of clients, who could discuss their main interests and concerns, and give their suggestions and feedback throughout the review process. For example, clients could be consulted on the initial aims and purpose of the review, instruments that will be

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developed for collecting data from clients, including content and clarity of the questions and vocabulary, and asked for their opinions on initial findings. This group could also be invited to periodic review planning meetings.

Kluger and Alexander (1996) suggest that clients can be involved in determining how results are used to modify and improve services through client meetings with the evaluation team in which the findings are presented (in laymen's terms) and clients are asked to give reactions and suggestions for program improvement. However it is important to note that it is unreasonable to expect clients to translate their service concerns or their suggestions for improvement into program language.

The above methods provide opportunities for more meaningful involvement of clients in the review process. Client involvement through utilizing a combination of the previously described methods may not only contribute to ensuring the relevance of the aims and procedures of the review to *all stakeholders*, but also empower clients by valuing and using their opinions in decision-making regarding a program's quality improvement efforts.

A final issue concerning client involvement in the review process is related to the process of obtaining feedback on client satisfaction with services they have received. As discussed in chapter four, a primary limitation to the client interviews was a lack of specificity of some areas of the interview guide. Martin (1986), Davis and Savass (1996), and Rees and Wallace (1982) suggest that specific inquiries should be made to remedy this problem. They suggest inquiring about the following: *specific* areas of service needing change and program areas that clients found problematic; the *degree* of satisfaction with the services they received, how helpful they found particular service,

and how helpful *each* action of the worker was to the client; identifying what more the worker could have done to help them; and determining what was responsible for identified client change. These types of questions may be more helpful to programs in determining what particular areas of the program should be targeted for change.

In addition, Martin (1986), Rees and Wallace (1982), and Stipak (1980) warn that high ratings of satisfaction may reflect a combination of past experiences, low expectations, low self-esteem, social desirability response and the view that the service provider was a kind person. Nevertheless, the subjective feelings of consumers are important; the implication of the cautionary reminders is not that consumer satisfaction is unimportant, but that attempts to assess it must be less simplistic and naïve (Martin, 1986, p. 190).

7) The Time Frame of the Program Planning and Review Process

The intention of the five to seven week time frame of the Model is to provide a quick turn around time for reviews in order to increase agency satisfaction with the process. Unfortunately, the time frame associated with the Model prevents the involvement of primary users and clients to their full potential. For example, if staff and/or client advisory committees were to be established for a Program Planning and Review process, the task of coordinating and facilitating these committees would most likely impede the completion of a review within a five to seven week period. Cherin and Meezan (1998) argue that meaningful participation of staff in evaluation is much more time consuming for both parties than traditional evaluation where questions and methods are set in advance with little staff input. They indicate the additional time required for this

process is related to the need for the primary users to be educated about design and methodologies which might best answer the evaluation questions so that they can become involved in decision making. Another consideration is that a lack of involvement of intended users in the process may have the affect of *decreasing* satisfaction with the process. Furthermore, the Model's current time frame prevents valuable procedures such as member checking and pre-testing instrumentation from occurring.

There are also a number of available options that would assist the QA, R&PP in 'freeing up' time to concentrate on more critical activities such as the coordination and facilitation of various advisory committees. 1) *Purchasing a qualitative software package*. Due to the time consuming nature of the qualitative data analysis component of a review, any method to expedite this analysis would be of value to the Program. There are numerous computer programs designed specifically for use in qualitative research. Consultation from an outside "expert" may assist the QA team in determining if this option would be an efficient use of their resources, and if so what computer program would be most suitable. 2) *Conducting focus groups when appropriate*. This data collection method proved to be very effective when utilized during the family preservation review. It allowed the QA team to collect valuable data in a short period of time. For example, conducting an expert focus group with external collaterals for the perinatal review may have provided just as valuable information as conducting 10 individual interviews, in a shorter period of time. However, this data collection method may better suited for external rather than internal collaterals, as a group comprised of individuals from different levels in the agency hierarchy may be reluctant to speak candidly in front of colleagues.

8) The Monitoring and Implementation of Program Action Plans

The current practice after a Program Planning and Review process has been completed is that the program then 'owns' the final report. This practice is somewhat problematic, as it is not linked to a formal structure for accountability regarding the implementation of action plans that have resulted from a review process. This dilemma illustrates a need for a formal mechanism to address the issue of who is responsible for the implementation of action plans resulting from a review process. There are a number of options that may address this issue: 1) The QA, R&PP can be given the authority for monitoring and assuring implementation from Senior Management within the agency 2) The program has to demonstrate in some way (i.e., a periodic report on the status of the action plans) to Senior Management and/or the QA, R&PP how they are dealing with and implementing their stated actions plans, or 3) An 'Implementation Team' comprised of QA, R&PP staff, Senior Management and program staff is developed to have the sole responsibility of ensuring the implementation of program action plans. The above suggestions may serve to ensure that a formal authoritative mechanism for follow-up regarding action plans is clearly delineated.

In relation to the first option, the monitoring and implementation of action plans resulting from evaluation findings is consistent with the literature pertaining to the function of quality assurance programs in general. Coulton (1982), Cooper (1993), and Love (1991) describe quality assurance programs as having the function of monitoring change strategies to rectify deficiencies, and following up to assure that action strategies have been effective. Coulton asserts that corrective action is an explicit part of any

quality assurance process, as it assures that evaluation will actually lead to improved quality services. She concludes that corrective action must be taken, with the results of the action being monitored until the problem is resolved.

This particular strategy is similar to the program monitoring procedure that is currently utilized by the Quality Assurance Program at the Child and Family Support Branch. In congruence with the QA, R&PP's commitment to an ongoing consultative relationship with agency programs, consultation and specific assistance of the QA, R&PP could be made available to programs to assist them in the implementation of action plans resulting from a review. As Kluger and Alexander (1996) indicate, staff members may need time to see the relationship between the study's findings and the necessary actions, as staff participation in an evaluation does not always mean staff members know how to use the findings for program improvement efforts.

Monitoring could involve meetings with program staff and management once a month for a few months following the review, and then possibly once every three to four months thereafter. The QA team may also want to solicit feedback from program staff prior to this, to determine what the program sees as the QA, R&PP's role in one, two, or even 12 months in the future. The purpose of these meetings could be to determine the status of the implementation of the action plans, including what is working, what problems have surfaced, what has been accomplished, what plans need to be revised, and if plans are being implemented as planned. The QA, R&PP could facilitate resolving problems with action plans and in strategizing around these plans. These ongoing monitoring efforts could continue until the action plans are fully implemented (CFSB, 1994). Methods for sustained self-evaluation once implementation occurs could also be

discussed with programs. This process would support and facilitate a means for intervention and follow-up with agency programs after a review is completed. The process would also encourage a participatory approach to developing and maintaining quality services and ensures that a program's action plans are implemented within a reasonable time frame.

9) The Process for Dissemination of Review Findings

An additional issue related to the Model is that a formal process regarding the dissemination of findings has not yet been established. Establishing a process of this sort may include decision-making regarding the composition of the major audiences (i.e., internal and external collaterals), the methods, and the timing of dissemination (Love, 1991). Gabor and Grinnell (1998), the AEA (1995) and Kluger and Alexander (1996) indicate that dissemination ensures that an evaluation's findings are made available to *all involved stakeholders*. In a Program Planning and Review process, this would entail providing a findings report to all respondents who participated in a focus group, interview, or in completing a questionnaire. The authors argue that findings should be disseminated as immediately and widely as possible (i.e., across the whole agency). They believe that this process can help create an environment in which the report is viewed as information that in turn guides the ongoing improvement of a program. In addition they feel this fosters openness, honesty, and a constructive climate for future quality improvement efforts within the agency.

The authors also feel that evaluators have an ethical responsibility to ensure that each client who participated in the evaluation is provided with a findings report. These

reports could be briefer and simpler in nature. If literacy issues present a barrier to this option, an alternative could be to have client's workers summarize the findings verbally to them, or to invite clients to a presentation in which findings are presented to them in a way they can understand. The AEA (1995) suggests that reports that are tailored to a given stakeholder group should always include all important results that may bear on the interests of that stakeholder, and acknowledge that findings reports have been tailored specifically to particular stakeholders. Being provided with this information may be empowering for clients, as they realize their input has been taken into consideration in program-decision making efforts.

Currently, programs that have undergone a review process retain and own the final report until program staff have formulated their own recommendations for future action. Unfortunately, this may prevent more immediate dissemination of the findings report from occurring. This may also present a large time lag between the time that various internal and external collaterals are asked to participate in the review process (i.e., in an interview or focus group) and the time that they are provided with a copy of the findings report.

10) Documenting a Program Planning and Review Process

Cherin and Meezan (1998) argue that learning does not stop when the evaluation is completed. The authors suggest that the evaluation process should be documented for all organizational personnel to access in order to learn about the evaluation process. They feel that documentation of the evaluation process opens it up to the entire organization as well as to future organizational personnel. Cherin and Meezan and Zirps and Cassafer

(1996) indicate that this step is almost always forgotten, and as a consequence while the evaluation process may have facilitated learning, the ability to replicate it is lost to anecdotes and to those people who were part of the internal evaluation team.

To prevent this knowledge from being lost, Cherin and Meezan (1998) feel that a recorder should be assigned at the beginning of the evaluation study to keep a record of the entire process. They indicate that the recorder's task would be to document the discovery, challenges, analysis, and team issues throughout the process. Tutty et al. (1996) argue that a log that records the procedures followed (e.g., the rules guiding the definition of coding categories for data analysis) the decisions made, and the rationale for them increases the credibility and reliability of the research study. Cherin and Meezan state that parts of such a log can be disseminated throughout the organization in order to enhance the transfer of learning and organizational ownership of the process.

Documentation of review process could involve maintaining a log that is similar in content to the student's log that was kept throughout the perinatal review process. This log recorded various issues that emerged throughout the review and the QA team's reflections on these issues, and the various steps and procedures associated with the design, data collection, and analysis phases of the review. Perhaps a limitation to this review was that the student's recording efforts were not undertaken with the intention of this documentation being disseminated to the rest of the agency to enhance the transfer of learning process. This document then, in combination with the findings report of a particular review being disseminated, may serve to greatly enhance the transfer of learning within the agency regarding the review process and the credibility of the review.

11) Conducting Reviews on Site

Conducting reviews on site can provide opportunities for on-site observations of program activities and building trusting relationships with staff. These opportunities were made apparent to the student while conducting the perinatal file reviews on site. Valuable information can be revealed during informal conversations with program staff in lunchrooms, hallways and over coffee breaks. This provides opportunities for obtaining rich and candid information about the program. Being on site may also allow the QA team to begin to experience and see the program as program staff do. Furthermore, having the QA team on site may help to demystify the review process, reduce staff anxiety related to the review process, and make the review more accessible to intended users. Smith (1988) and Cherin and Meezan (1998) indicate the importance of being accessible to program staff during the evaluation to learn of and share staff perspectives on the process and the data. Conducing these activities on site fostered a greater level of comfort with the review process among staff and might have been more beneficial had the entire review been conducted on site. However conducting reviews on site may present difficulties when programs have a large number of service unit locations (i.e., family service). The feasibility of this option is also affected by the availability of office space for the QA team to work out of.

12) Enhancing Program Planning and Review Practices

The QA, R&PP is currently considering establishing a formal connection with an academic institution that can provide expertise to the Program in the areas of research methods and program evaluation. This relationship would function in advisory and

consultative capacity to the QA, R&PP. For example, consultation and expertise could be provided in the areas of sampling strategies and qualitative and quantitative data analysis, and evaluation utilization strategies. The University of Manitoba's Child and Family Research Group, or an organization such as Prairie Research Associates could possibly provide this expertise. This advisory relationship would also serve as form of ongoing professional development. Through this relationship, the QA team could continually improve their skills and abilities in the areas of evaluation practice and research, by learning from other research experts and evaluators in the field. This kind of collaboration may enhance the evaluation practices that the QA, R&PP engages in.

Summary and Discussion

It is important for the QA, R&PP to identify the intended users of a review as its first step. Once this has been accomplished, these users could be organized into a formal group, such as an advisory committee. The emotional nature of undergoing a Program Planning and Review process could be discussed with this group. This committee could then be involved in all major decision- making regarding the design, methods, and measurements to be employed in the review. Clients could also be organized into a similar group, or provided with opportunities to participate in focus groups or interviews throughout all stages of a review. In order for this type of meaningful involvement to occur with primary stakeholders, consideration may need to be given to expanding the Model's time frame. Despite the premise that primary intended users require a comprehensive role in the evaluation process in order to enhance the potential for utilization, this may not be feasible for particular programs within the agency that face

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significant workload issues (i.e., intake and family service). As illustrated with the perinatal review, direct service providers in the Program could not participate due to this reason. Therefore the level of involvement by intended users may have to be determined by the program itself.

Responsibility for monitoring and ensuring the implementation of program action plans resulting from a review process could be carried by the QA, R&PP. This could involve regular meetings with programs who have been part of a review process, where the QA team facilitates resolving problems with action plans and strategizing around these plans. These monitoring efforts could continue until action plans are fully implemented. In addition, a formal process for the dissemination of review findings could be established to ensure that a review's findings are made available to all involved stakeholders in a timely manner. This may involve tailorizing review findings for specific stakeholder groups.

Consideration can be given to archiving each review that is undertaken. This could be done by means of a log that records the discovery, challenges, analysis and team issues throughout the process. This log could be made available to the rest of the agency to enhance the transfer of learning process. In addition, when feasible, program reviews could be conducted on site in order to reduce staff anxiety about the process, increase the accessibility of the process to users, and increase the potential for positive, trusting relationships to be established between the QA, R&PP and program staff. Finally, consideration can be given by QA, R&PP to establishing a collaborative relationship to an academic institution or professional organization in order to enhance review practices the Program engages in.

It is hoped that the preceding discussion addressed the identified limitations to the Model and provided solutions to overcome these limitations. A number of these suggestions support the premises on which the Model was based (i.e., transfer of learning, and an inclusive, participatory approach). A number of the suggestions are believed to be useful in increasing the Model's amenability to utilization which is a primary purpose of the Model: to collect information on a program's behalf that will be useful for the program in its future decision making and planning efforts.

It is also hoped that formal feedback from those who have been involved in a Program Planning and Review process will provide ideas and suggestions regarding how the process may be enhanced. Once a review has been completed, program staff are asked to complete a formal evaluation form regarding the review process. This form requests feedback pertaining to staff satisfaction with the review process, including their level of involvement and how helpful they found the process. This evaluation form can be found in Appendix H. This formal feedback, combined with the feedback provided in debriefing session with the review team, functions as a continuous improvement mechanism to facilitate the ongoing improvement of future reviews.

The literature (Patton, 1990, 1987, 1986; Smith, 1988; Cherin & Meezan, 1998; Coulton, 1982; Mowbray, 1988) indicates that increasing the potential for utilization is directly related to the level of involvement of primary users in decision making related to the evaluation. Based on the literature, a Program Planning and Review process that ensures this involvement will accomplish the most to increase the potential for utilization. The case of the perinatal review has illustrated that the Model's utility may be highly dependent on the involvement of program staff. A Program Planning and Review Process

requires a great deal of involvement and cooperation from staff. As evaluation utilization can best be secured through involvement of primary users, this group holds a critical role in the review process. Because of this, the Model requires formal mechanisms, in addition to participation on a review team, that include these primary users in all phases of the review (with the exception of the data collection phase) and meets their ongoing information needs.

The implementation of such a process requires a strong commitment by the QA, R&PP in providing opportunities for meaningful involvement of primary intended users in the process. This means joint decision making between the intended users and the QA, R&PP concerning the methods and design of the review. Patton (1986) indicates a criteria for making these types of decisions is the relevance of the design and measuring instruments to intended users. Intended users need to be involved on a continual basis in making methods and measurements decisions as circumstances change. It appears that this process is likely to be most beneficial to intended users if they are involved in decisions regarding the review's purpose, design and methodology.

Involvement of program staff should be strongly encouraged, as it may ultimately serve to increase the talent pool within the agency regarding evaluation procedures. It may also increase the capacity of program staff that have been involved in a review process to initiate and carry out quality improvement efforts separate from the QA, R&PP reviews. Coulton (1982) indicates an additional benefit to this involvement. She argues that when service providers participate in the formulation of the study design and its implementation, there is more incentive from this group to try and solve the problems

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that are encountered in the study. Therefore this involvement may increase the incentive for primary users to act as change agents in implementing action plans.

Client involvement in a Program Planning and Review process also requires a strong commitment by the QA, R&PP. Involving clients in evaluation is a means to increase positive collaboration with clients, and to understand client's perspectives so that appropriate modification in practices can be made to improve services (Magura & Moses, 1984). Efforts to increase the former are particularly important in child welfare services, as traditionally these efforts have been met with reluctance due a tendency to view these clients as less capable, articulate, and objective than other human service recipients (Magura & Moses, 1984). This means involving clients beyond the limited role of simply answering pre-formulated questions and obtaining their input in the planning, implementation and findings phases of a review. It is important that a review process is developed to adapt to the particular client population of the program under review, and to maximize their meaningful involvement throughout the process.

Meaningful involvement of primary stakeholders is also necessary to maximize the potential of the Model's transfer of learning process. As one of the Model's primary premises is the transfer of learning, then mechanisms need to be in place to ensure that intended users (in addition to those who may participate as review team members) and clients will also be the recipients of this learning experience.

The Program Planning and Review process is essentially a stakeholder learning experience, where those involved in the review, including primary intended users, review team members, and clients become more sophisticated about evaluation methods and practice. Making these stakeholders more sophisticated about evaluation can also

contribute to greater use of evaluation processes over time (Patton, 1990). Critical information for evaluation is held by primary stakeholders, and the key to successful evaluation, the use of evaluation findings, and learning, is sharing in the discovery and understanding of this information (Guba & Lincon, 1990, cited by Cherin & Meezan, 1998).

Overall, this quality assurance approach which incorporates a transfer of learning process and peer teams based on internal and external participation appears to be a viable means to attaining information for agency program planning and improvement efforts. However, a greater level of involvement for both the primary intended users and clients is required to achieve the greatest benefits from the Program Planning and Review Model. The challenge remains to involve primary stakeholders in ways that make them a part of the quality mission, and to enhance opportunities for utilization and learning to occur.

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Appendix A

SAMPLE OF THE PERINATAL FILE REVIEW INSTRUMENT

Perinatal File Review Instrument

CLIENT PROFILE

1. **Family** **(i.e., Teen's Family of Origin)**

a. Postal Code _____

b. Racial/Ethnic Background of Biological Mother

❑ Caucasian ❑ Not Determined
❑ Treaty (Status) ❑ Metis
❑ Assumed Aboriginal ❑ Non-Status
❑ Inuit ❑ Other _____

c. Family Type

❑ Single Parent ❑ Two Parent ❑ Blended/Step-Family ❑ Extended
❑ Adoptive

d. Employment Status

❑ Employed (Full-Time/Part-Time) ❑ Student/Work Program
❑ Income Assistance (Includes EI, Workers Comp., Social Allowance)

e. **Age of Teen's Biological Mother/Primary Caregiver**

_____/_____/_____
D   M   Y

f. **Age of Teen's Biological Father/Step-Father**

_____/_____/_____
D   M   Y

g. **Number of children in Teen's Family Home (please circle one)**

None   1   2   3   4   5   6   7   8
More than 8

h. Have any of these siblings experienced teen pregnancies?

❑ Yes   ❑ No   ❑ Unknown

i. Risk Factors in Teen's Family of Origin (please check all that apply):

❑ Family Lives in Poverty   ❑ Child Sexual Abuse
❑ Neglect   ❑ Family Violence
❑ Emotional Abuse (e.g.Rejecting of pregnant teen).❑ Drug/Alcohol Abuse
❑ Parent Teen Conflict
❑ Caregiver Involved in Illegal Activity/Incarcerated
❑ Caregiver Mental Health Issues
❑ Blended Family/Step Family Issues
❑ Caregiver Cognitively Impaired and/or Emotionally Immature (i.e. Puts
   own needs ahead of children, serial relationships etc.)
❑ Mother affected by FAS/FAE
❑ Child Physical Abuse and/or Excessive/Inappropriate Discipline
❑ Previous Child Welfare Involvement and/or Children Have Been, or
   are in Substitute Care

Teen Parent Profile

a. MOTHER

i. Teen Mother's Birthdate   ____/____/____
                                         D   M   Y

ii. Teen Mother's Racial/Ethnic Background

❑ Caucasian   ❑ Not Determined
❑ Treaty   ❑ Metis
❑ Non-Status   ❑ Inuit
❑ Assumed Aboriginal   ❑ Other _____

iii. Expected Date of Infant's Birth   ____/____/____
                                              D   M   Y

iv. Date of Infant's Birth   ____/____/____
                                              D   M   Y

v. Previous Live Births (Please circle.)   0   1   2   3

vi. Where are these children living?

❑   With teen mother who lives independently.
❑   With teen mother and her parents.
❑   With putative father.
❑   In care (i.e.; foster care).
❑   Adopted.
❑   Other _____

vii.   Previous Miscarriages:

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viii. ❑ 1 ❑ 2 ❑ 3 ❑ Unknown

Previous Abortions:
❑1 ❑ 2 ❑ 3 ❑ Unknown

ix. At the time of referral to the program, if baby has been born and placed with teen, where are they residing:
❑ Living at home with her parents
❑ Living with extended family (e.g., aunt, grandparent)
❑ Living with putative father and his parents.
❑ Independent living with putative father.
❑ Living with boyfriend and his parents.
❑ Living independently with boyfriend.
❑ Foster Care
❑ Expectant Parent Residential Care Setting
❑ Independent Living-Agency Run: Please specify: _____
❑ Living on her own (includes with a friend).
❑ Other (write in place of residence):

_____

x. At the time of this audit, if baby has been born and placed with teen, where are they residing:
❑ Living at home with her parents
❑ Living with extended family (e.g., aunt, grandparent)
❑ Living with putative father and his parents.
❑ Independent living with putative father.
❑ Living with boyfriend and his parents.
❑ Living independently with boyfriend.
❑ Foster Care
❑ Expectant Parent Residential Care Setting
❑ Independent Living (Agency Run)
❑ Living on her own (includes with a friend).
❑ Other (write in place of residence: _____

xi. At the time of referral, if baby has been born and is not placed with Teen mother, where is baby placed?
❑ Living with Maternal Grandparent   ❑ Living with Paternal
   Grandparents
❑ Living with Putative Father   ❑ Foster Care
❑ Adoptive Home   ❑ Hospital

xii. At the time of this audit, if baby has been born and is not placed with Teen Mother, where is baby placed?
❑Living with Maternal Grandparent
❑ Living with Paternal Grandparents

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- ❏ Living with Putative Father
- ❏ Foster Care
- ❏ Adoptive Home
- ❏ Hospital/Long Term Health
  Facility

xiii. At the time of this audit, if baby has been born, and mother and child are not together, where is the mother residing:

- ❏ Living at home with her parents
- ❏ Living with putative father and his parents
- ❏ Living with extended family
- ❏ Place of Safety
- ❏ Independent living with putative father.
- ❏ Living independently with boyfriend.
- ❏ Living with boyfriend and his parents.
- ❏ Living on her own (includes with a friend).
- ❏ Foster Care
- ❏ Expectant Parent Residential Care Setting
- ❏ Independent Living (Agency Run)
- ❏ Other (write in place of residence): _____

xiv. At the time of referral, if baby has not been born, where was mother living:

- ❏ Living at home with her parents
- ❏ Living with extended family
- ❏ Living with putative father and his parents.
- ❏ Independent living with putative father.
- ❏ Living with boyfriend and his parents.
- ❏ Living independently with boyfriend.
- ❏ Foster Care
- ❏ Expectant Parent Residential Care Setting
- ❏ Independent Living (Agency Run)
- ❏ Living on her own (includes with a friend).
- ❏ Other (write in place of residence
- ❏ Place of Safety

xv. Legal Status of Mother (please check one):
- ❏ None
- ❏ Voluntary Placement Agreement (VPA)
- ❏ Apprehension (App.)
- ❏ Temporary Ward (TW)
- ❏ Permanent Ward (PW
- ❏ Voluntary Surrender of Guardianship (VSG)

xvi. Legal Status of Baby (please check one):
❏ None
❏ Voluntary Placement Agreement (VPA)
❏ Apprehension (App.)
❏ Temporary Ward (TW)
❏ Permanent Ward (PW
❏ Voluntary Surrender of Guardianship (VSG)

xvii. Number of Times Teen Mother in Care Prior to Expectant Parent Service
❏ 0   ❏ 1   ❏ 2   ❏ 3   ❏ More than three.

xviii. Was the teen mother attending a day program, at the time of referral to the Perinatal program/at Intake (please check one):

❏ Adolescent Parent Centre (APC)   ❏ TERF
❏ School: _____   ❏ RAP
              (please specify)   ❏ Vocational Training
❏ Working   ❏ Villa Rosa Day Program
❏ None   Other: _____

xviii. Was the teen mother attending a day program, at the time of this audit:

❏ Adolescent Parent Centre (APC)   ❏ TERF
❏ School: _____   ❏ RAP
              (please specify)   ❏ Vocational Training
❏ Working   ❏ Villa Rosa Day Program
❏ None   Other:

_____

xviiii. Teen Mother Risk Factors/Presenting Issues (Check all that apply.)
❏ Chronic Running (more than 3x's)
❏ Substance Abuse   ❏ Prostitution, Illegal Activity
❏ Depression   ❏ Gang Involvement
❏ Violent Behavior   ❏ Mental Health Problems
❏ Domestic Violence/Volatile Relationship ❏ Health Problems
❏ No Family Support   ❏ Cognitive Delay
❏ No Informal Supports   ❏ Not In School
❏ No Formal Supports   ❏ Fae/Fas affected teenager
❏ Past History of Abuse   ❏ No Prenatal Care Before 6 Mos.
❏ Special Needs Infant (i.e. Medical Needs) ❏ Complications in Labour and
                                             Delivery
❏ Parent is 15 yrs. Old or Younger
Other: _____

b. PUTATIVE FATHER

i. Birthdate of Putative Father _____ / _____ / _____
                                          D   M   Y

ii. Putative Father's Racial/Ethnic Background
❑ Caucasian ❑ Not Determined ❑ Treaty ❑ Metis ❑ Non-Status
❑ Inuit
❑ Assumed Aboriginal   ❑ Other _____

iii. Level of Involvement
❑ Not Involved   ❑ Moderately Involved
❑ Somewhat Involved   ❑ Very Involved

iv. Putative Father's Risk Factors/Presenting Issues (please check all that apply)
❑ Chronic Running (more than 3x's)
❑ Substance Abuse   ❑ Prostitution, Illegal Activity
❑ Not In School
❑ Special Needs Infant   ❑ Past History of Abuse
❑ Health Problems
❑ No family support   ❑ Depression
❑ Gang Involvement
❑ No informal support   ❑ Fae/Fas affected teen
❑ Violent Behavior
❑ No formal support   ❑ Mental Health Problems
❑ Cognitive Delay
❑ Domestic Violence: ❑ Parent is 15 yrs. or Younger
   Volatile Relationship   Other: _____

B SERVICE DELIVERY

a. Date of Most Recent Case Opening   _____ / _____ / _____
    To The Agency   D   M   Y
b. Date of Transfer to Perinatal   _____ / _____ / _____
                                           D   M   Y
c. Date of Assignment   _____ / _____ / _____
                                           D   M   Y
d. Date of Closure or Transfer   _____ / _____ / _____
                                           D   M   Y
e. Date of File Audit   _____ / _____ / _____
                                           D   M   Y

e. Previous Agency Contacts with Teen's Family
❑ None   ❑ Less Than 3 Times   ❑ 3 or More Times

f. Date of First Face to Face Contact   _____ / _____ / _____

	D	M	Y

g. Date Infant Placed for adoption, if Applicable   ____/____/____
                                                          D   M   Y

h. Adoption Services
i. If infant was/is to be placed for adoption, is the plan:
❑ Voluntary Surrender of Guardianship (VSG)
❑ Permanent Order (PO)
❑ Guardianship

ii. Adoption Type:
❑ Agency- Select   ❑ Agency-Private   ❑ Private

i. Is there evidence of a social/medical history on file, to be given to adoptive family?
❑ Yes   ❑ No

2. Referrals

a. Referring Service Unit
❑ Intake ❑ Abuse Intake ❑ Family Services ❑ Permanent Ward
❑ Directly from community

b. If case is shared, who is the Perinatal Worker sharing the case with?
❑ Family Service Worker ❑ Permanent Ward Worker ❑ Intake Worker ❑ Adoption Worker.

3.   REPORTS
a. Which Reports Are on File   (Please Check all that apply)
❑ Intake
❑ Case Assessment Summary
❑ Report(s) of Alleged Abuse
❑ No Reports on File

b. If there is a case assessment summary on file, what is the date it was completed?:
_____/_____/_____
      D   M   Y

b. Did any of the reports contain the following? (Please check all that apply.)
❑ Safety Assessment
❑ Family of Origin Assessment
  Expectant Teen Assessment
❑ The capacities and strengths of pregnant teen are identified.
❑ The capacities and strengths of the putative father are identified.
❑ The factors that help or hinder the young parent's ability to meet their

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responsibilities are identified.
❑ Support systems for the young parents are identified.
❑ Planning – Case Plans/Objectives
❑ Recommendations at Closing/Transfer

C. PROGRAM ACTIVITIES

1. Interventions (Please check all activities noted on file.)

❑ Attempts were made to involve the father during the initial stages of planning.
❑ Attempts were made to involve the father's family during the initial stages of planning.
❑ Attempts were made to involve other people (e.g., grandparents, teacher) who are supports to either the teen mother and/or father during the initial stages of planning.
❑ Make aware of and encourage young parents to make use of their own community resources.
❑ Arrange for legal advice and counselling regarding legal rights.
❑ Pregnancy counselling, i.e. make aware of options.
❑ Counselling to assist young parents with emotional, environmental, financial and housing problems
❑ Involvement with teen parents' family members (i.e., mother, siblings).
❑ Assist young parents to obtain prenatal care, and/or diagnosis and treatment of health problems.
❑ Offer assistance in obtaining continuing education and/or vocational planning.
❑ When living situation is not suitable, alternative living arrangements are made.
❑ Family Counselling – assists entire family system of which the teen is a part.
❑ Encourage young parents to be active participants in goal setting and planning for themselves and their child.
❑ Family planning counselling.
❑ Post-pregnancy services, (adoption, foster care, placement, housing etc.)
❑ Parent education by Perinatal Worker including early childhood development, infant stimulation, accident prevention
Other interventions:

---

2. Client Involvement

a. Perinatal Worker Involvement with Teen Mother:
❑ Frequent Face to Face Contact
❑ Moderate Face to Face Contact
❑ Infrequent Face to Face Contact
❑ No Contact Noted on File
If no contact noted on file, please specify why: _____

b. Perinatal Worker Involvement with Putative Father:
❑ Frequent Face to Face Contact   ❑ Moderate Face to Face Contact
❑ Infrequent Face to Face Contact   ❑ No Contact Noted on File

If no contact noted on file, please specify why: _____

c. Perinatal Worker Involvement with Teen Mother's Family:
(Includes Parents and/or Siblings)
❑ Frequent Face to Face Contact   ❑ Moderate Face to Face Contact
❑ Infrequent Face to Face Contact   ❑ No Contact Noted on File
If no contact noted on file, please specify why: _____

D.   RESOURCES

1.   **What internal agency resources are used during the perinatal service and/or recommended at closure/transfer?** (Please check all that apply.)
❑ After Hours Service (Night Duty)   ❑ Family Support – Respite
❑ Independent Living
❑ Family Support-Teaching Homemaker
❑ Community Based Early Intervention   ❑ Adoption Services
❑ Family Preservation/ReunificationOther: _____

2.   **What external resources were used during the perinatal service and/or commended at closure/transfer?** (please check all that apply)
❑ Individual Therapy   ❑ School Counsellor
❑ Family Therapy   ❑ St.Norbert Foundation
❑ Couple Therapy
❑ Youth Emergency Crisis Stabilization Service
❑ Group Therapy   ❑ Parenting Group
❑ Villa Rosa   ❑ Adolescent Parent Centre (APC)
❑ RAP   ❑ Private Physician
❑ AFM
❑ TERF   ❑ Hospital
❑ AA or NA
❑ Northwest Co-op   ❑ WIN
❑ River House
❑ MATC   ❑ Women's Health Clinic
❑ Native Addictions
❑ Probation   ❑ Public Health
❑ Mt. Carmel Clinic   ❑ Babies First
❑ No resources noted
❑ Indian Affairs   ❑ Income Security
❑ Ma Mawi Wi Chi Itata Centre   ❑ Ma Ma Wi Teen Program
❑ Native Women's Transition Centre   ❑ North End Women's Centre
❑ Andrews Street Family Centre   ❑ Nadinewe
❑ Manitoba Youth Centre   ❑ FAE/FAS Program
❑ Psychiatrist/Psychologist Assessment and/or Other Assessment
Other: _____

E. OUTCOMES

1.Service Outcome:
❑ Client Placed for Adoption
❑ Consent Order
❑ Child Removed from Teen Parents due to Protection Concerns
❑ Client Kept Child
❑ Pregnancy Terminated (miscarriage)
❑ Pregnancy Terminated (abortion)

2.Clinical Outcomes (Please check all that apply.)

a. Were improvements/evidence noted in file in the following areas? (please check all that apply):

❑ Decrease in High Risk Behavior (e.g. Substance abuse, prostitution)
❑ Increased Awareness of Community Resources
❑ Placement and/or enrolment in educational or vocational program
❑ Increased Knowledge of Infant/Child Development
❑ Healthy Parent-Infant Attachment
❑ Development of Life Skills
❑ Positive Interpersonal Relationships (e.g. family, young father)
❑ Use of Birth Control and Safe Sex Practices
❑ Personal Adjustment (includes maturity and self-esteem)
❑ Knowledge of Child Safety and Accident Prevention
❑ Involvement of teen parents' family members in counselling and/or case planning
❑ Involvement of teen parents in case planning

3.Case Closure
a. Reasons for Case Closure (Please check one only)
❑ Pregnancy Terminated (miscarriage, abortion)
❑ Transferred to a Family Service Unit or Permanent Ward Unit
❑ Death of Infant
❑ Expectant Parent Moved Out of Winnipeg
❑ Mother Turned 18 years and/or Child Turned One Year and There Were No Significant Protection Concerns
❑ Child Placed for Adoption
❑ Guardianship Awarded

b. Did any incidence of abuse or neglect occur during the service?

❑Yes   ❑ No

Appendix B

SAMPLE OF INTERNAL INTERVIEW GUIDE

INTERVIEW QUESTIONS FOR PERINATAL REVIEW
(Senior Management-
Community Based Early Intervention Program)

1. What is your program's role in providing service to adolescent parents?

2. What do you feel the Perinatal Program should offer that is different from other community services offered to adolescent parents?

3. What is your program's connection with the Perinatal Program?

4. Are there any areas where this connection can be improved?

5 From your position in the agency, have any issues/concerns arisen regarding the Perinatal Program?

6. In your opinion how can these be resolved?

7. Have there been any positive observations regarding the Perinatal Program from program staff?

8. What is the value of the Perinatal service to the agency, on a scale of one to ten, with ten being very important and one being not important at all. Why?

9. Are there any other comments you would like to make?

Appendix C

SAMPLE OF INTERNAL INTERVIEW GUIDE

INTERVIEW QUESTIONS FOR PERINATAL REVIEW
(Senior Management)

1. From your position in the agency, have any issues/concerns arisen regarding the Perinatal Program?

2. In your opinion how can these be resolved?

3. What is the process that intake staff should follow when making a referral to the Perinatal Program?

4. Can you comment on how this referral process is working?

5. Does the Program have clear referral criteria?

6. Are there any other barriers to referring to the Perinatal Program?

7. Have there been any positive observations regarding the Program from Program staff?

8. Does intake have a role in assessing risk in cases that are referred to the Perinatal Program?

9. What is the value of the Perinatal service as a specialized service to the agency on a scale of one to ten, with ten being very important and one being not important at all. Why?

10. Are there any other comments you would like to make?

Appendix D

SAMPLE OF CLIENT INTERVIEW GUIDE

Perinatal Client Interview Guide

I. **Client Profile**

1. Age____   2. Address_____ Ethnicity_____

3. Legal Status_____

4. Who are you currently residing with?

5. What kind of service are you receiving from the Perinatal Program?
   Prenatal Services_____   Post Natal Services_____

II. **Initial Involvement with and Expectations of the Program**

6. How did you become involved with the Perinatal Program?

7. How did you feel about this?

8. How long did it take for you to meet with a Perinatal Worker, after you were told you would be getting a worker?

9. How do you feel about the length of time you waited until you got service?

10. What do you think an ideal service for pregnant and parenting teens would be like?

11. What were you hoping the perinatal service at CFS would provide for you?

12. Are you getting the service you were hoping for? Why?

13. What do you want to accomplish, if anything, with the Program's help?

14. Are you accomplishing what you expected? Why?

15. As a pregnant or parenting teen, what do you need?

16. Do you feel the Perinatal Program is meeting your needs? Why?

III. **Program Activities**

17. How often do you meet with your Perinatal Worker?

18. Are the locations of your meetings good for you?

19.   Are the meeting times good for you?

20.   How available is your Perinatal Worker to you? Why?

21.   Do you feel your Perinatal Worker is able to help you?

22.   Do you feel your Perinatal Worker has a good understanding about your needs and situation?

23.   What specific things is your worker doing with you?

24.   What are the most helpful things your Perinatal Worker does?

25.   What are the least helpful things the Perinatal Worker does?

26.   Do you feel you have an opportunity to set your own goals?   Why?

IV.   **Informal and Formal Supports**

27.   Who else is a help to you? (i.e., during your pregnancy, while parenting, deciding place for adoption)

28.   Has your Perinatal Worker made you aware of other services that can meet your needs?

29.   If yes, how?

30.   Are you using any of these services?

31.   If yes, are these services helpful to you?

V.   **Involvement of Father/Boyfriend**

32.   Was your pregnancy planned?

33.   Were you in a relationship with the father when you became pregnant?

34.   If yes, once you became pregnant, did this relationship continue?

35.   If yes, are you still in this relationship?

36.   If no, are you currently in a relationship?

37. If yes to either **35 or 36**, do you want the child's father/your boyfriend involved in planning for you and your child?

38. If yes, did your Perinatal Worker try to get the father/your boyfriend involved in planning for you and your child?

39. If yes, what did the worker do to try and involve the father/your boyfriend in planning for you and your child?

40. Did this work? **If yes, go to #43**

41. If your Perinatal Worker didn't try to get the father/boyfriend involved, why?

42. What could your Perinatal Worker have done to get the father/your boyfriend involved in planning for you and your child?

43. How is the father/your boyfriend involved in planning for you and your child?

44. Is the father/your boyfriend involved in planning in a way you want him to be?

VI. **Teen's Family of Origin Involvement**

45. Is your family involved in planning for you and your child?

46. Do you want your family involved in this planning?

47. If yes, did your Perinatal Worker try to get your family involved in planning for you and your child?

48. If yes, what did your Perinatal Worker do to try and involve your family in planning for you and your child?

49. Did this work? If yes, go to question **#52**

50. If your Perinatal Worker did not try to get your family involved, why?

51. What could your Perinatal Worker have done to get your family involved in planning for you and your child?

52. How is your family involved in planning for you and your child?

53. Is your family involved in this planning in a way you want them to be?

VII. Involvement of Father and/or Boyfriend's Family of Origin

54.   Is the father's/your boyfriend's family involved in planning for you and your child?

55.   Do you want the father/your boyfriend's family involved in this planning?

56.   If yes, did your Perinatal Worker try to get his family involved in planning for you and your child?

57.   If yes, what did your Perinatal Worker do to try and involve his family in this planning?

58.   Did this work? **If yes, go to #61**

59.   If your Perinatal Worker didn't try to get his family involved, why?

60.   What could your Perinatal Worker have done to get the father's/your boyfriend's family involved in this planning?

61.   How is the father's/your boyfriend's family involved in planning for you and your child?

62.   Is the father's/your boyfriend's family involved in this planning in a way you want?

VIII. Satisfaction

63.   What difference, if any, do you feel the Perinatal Program has had on your situation?

64.   Overall, how do you feel about your experience with the Perinatal Program?

65.   Is there anything you would like to see changed about the Perinatal Program?

66.   Are there any other comments you would like to make?

Appendix E

STATEMENT OF INFORMED CONSENT

STATEMENT OF INFORMED CONSENT

The purpose of this interview is to obtain your feedback on the services you received from Perinatal Program at Winnipeg Child and Family Services, so that the services can be improved to better meet the needs of pregnant and parenting teens.

I understand that my participation in this interview is voluntary. I understand the interview will last approximately 1 hr, and will be recorded on paper and/or tape. I understand that any information I provide in the course of this interview will be kept strictly confidential, and in no way will my name be revealed throughout the process.

I understand that agency staff and Review Team members will have access to the information provided in this interview. I understand that the results from this interview will be part of a report for the agency that will make recommendations on how the Program can be improved, and part of Christy Holnbeck's student report to the University.

I understand that the notes and/or tape from the interview will be destroyed after the final report is complete.

I understand that I can ask questions throughout the interview. I understand that I can refuse to answer any questions that I don't want to. I understand that I may end the interview at any point, and if I chose to do so, I can withdraw the information I have provided. I understand that my participation or non-participation in the interview will have no effect on my relationship with the agency in any way.

I understand that I can contact Christy Holnbeck at 944-4699 if I have any questions about the interview process.

I have received a copy of this consent form.

Having read and understood the above conditions, I agree to voluntarily participate in this interview as part of Winnipeg Child and Family Services review of the Perinatal Program.

Participant's
Signature_____
Date   _____

Appendix F

DESCRIPTION OF CLIENT INTERVIEW FINDINGS

DESCRIPTION OF CLIENT INTERVIEWS

Interviews were held with seven (7) clients who are currently receiving services from the Program. These clients had been referred to the Program between October 1st 1999 and February 1st 2000. The interview format consisted of sixty-six (66) questions and was designed to address the research questions concerning *client needs, client expectations of and satisfaction with the Program, and Program activities.*

Of the seven interviews that were conducted, five (5) clients were of Aboriginal decent, one (1) was of Spanish decent, and one (1) was Caucasian; five (5) clients were 16 years of age, one (1) was 15 years of age, and one (1) was 22 years of age; four (4) clients had legal status with the agency, three (3) of whom were under voluntary placement agreements, and one (1) of whom was a temporary ward; five (5) clients were receiving post-natal services to assist them in parenting, one (1) was receiving pre-natal services, and one (1) had received adoption services from the Program; and, five (5) clients were living independently, and two (2) were living at home. Of the five (5) clients living independently, four (4) were living in subsidized housing or apartment complexes. All seven (7) of the clients interviewed were living in neighborhoods of middle to lower socio-economic status. Four (4) of the seven (7) clients interviewed were residing in core areas of Winnipeg.

Due to the small number of clients interviewed (7 out of approximately 250) the results from the interviews cannot be generalized to suggest that all the Program's clients share the same views as those reported here. It should also be noted that an effort was made to ensure a variety of workers in the Program had a client who was interviewed. The following description is based on the seven client interviews that were conducted.

Who Are We Serving?

Client Needs

Clients were asked to describe their needs as pregnant and parenting teens. Responses ranged from emotional to more concrete kinds of needs. Clients commented on needing a lot of emotional support, including someone to answer their questions for them. One client commented that a worker who is a good match for them is important. She stated, "you need a worker who has kind of been there with you, because with teens sometimes if you put a worker who is a really good person, but who has never really experienced the kind of lifestyle that you have, or doesn't have any idea of what you've been through, it's hard to relate."

Concrete needs included the following: transportation; grocery shopping and running errands; low cost baby items; and child-care. Clients felt that child-care was important as it allowed them to have time to themselves. One client stated, " I just really need to sometimes get away. When my support worker comes, I can run to the store and that's just ten minutes *but it does a lot.*" Another client commented "I need someone to say to

me "do you want help with your kids today so you can relax?' "

Support

Clients referred to common individuals and agencies that are a support to them. These included the fathers, parents, grandparents, siblings, peers, and agency support workers. Agencies and programs mentioned included APC, the Agency's Independent Living Program, WIN, and the Twins Agency.

Involvement of the Teen's Family/Father/Father's Family

Participants were asked a number of questions regarding their relationship with the father, and the father's current involvement with their situation. All seven (7) clients indicated their pregnancies were not planned. All seven (7) clients indicated they were in a relationship with the father when they became pregnant, and that this relationship continued throughout the pregnancy. Five (5) of the seven participants have remained in this relationship, and two (2) are currently single. Of the five (5) participants who are still in a relationship with the father, they indicated that they want the father involved, and that they are generally satisfied with the way in which the father is involved. However one client did mention she would like the father to be more involved with their child. The fathers' involvement consisted of providing child-care, financial and emotional support, playing with the child, taking the child places, and involvement in decision-making regarding the child.

Of the two (2) clients who are not involved with the father, one client expressed she did not want the father to be involved in any way; the other client cited she wanted the father to parent his son and provide financial assistance. She commented "it's hurting me to see that he doesn't want anything to do with his son because he's such a beautiful thing and he doesn't realize what he's missing out on. He will always be his father but I can't force him to be his dad."

Participants were also asked a series of questions regarding their family's involvement in planning for themselves and their child. Six (6) of the seven clients interviewed indicated that their family is involved with their situation in some form, and generally involved in a way that they like. One client did not want her family involved in planning for her and her child at all. Family involvement consisted of providing child-care, baby items, and furniture, and just visiting. Involved family members that were mentioned included parents and siblings.

Three (3) of the seven clients interviewed indicated that the father's family is involved in planning for themselves and their child. This involvement consisted of providing financial and emotional support, child-care, and purchasing baby items. Involved family members who were mentioned included the father's grandparents, parents, and aunts. Of the four (4) client situations where the father's family was not involved in planning, two (2) clients did not want the family's involvement in any way; the other two (2) did want

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their involvement, however these feelings were not reciprocated. One client expressed that although she likes her own family and the father's family involvement in planning, both families have a tendency to become over involved.

What are our Clients Expectations of the Program?

Client expectations of the Program included: having their questions answered, being listened to, assistance with the transition to independent living; and support and financial assistance. One participant mentioned that she hoped the Program would "get you where you wanted to go, and help you know where you would be living, and how you would be surviving in order to get there." The participant who received adoption services indicated that her expectations of the Program were helping her find an appropriate family, helping her with an open adoption, and making her aware of her rights. Clients also indicated that their expectations of the Program have been met.

Two (2) clients expected the Program to be somewhat of a "spy service" that would "check up" on them all the time. One client stated "I was mad because I thought they were going to be a spy and try and take my baby away. I thought they were just going to be strict and keep their eyes on me. I thought that's what they were about because I wasn't explained to what they were about." Both of these clients feel the Program is not what they expected, and both are very happy with the service they are receiving. A few clients mentioned they did not have any expectations of the Program.

How Clients Felt About Becoming Involved with the Program

Participants were asked how they felt about becoming involved with the Program. Two participants stated they were very frightened about becoming involved with the Program. For one client, this fear was related to being transferred to another worker once again. The other client explained, "at first I was extremely scared, and unaware. I thought things were going to be different from what they actually were. When you're walking into something and your not realizing what it's completely about, obviously one's reaction is going to be scared and you tend to make a bigger picture out of it than it is."

A few clients mentioned that they were impartial about becoming involved with the Program because they have had a number of prior CFS workers. One participant described being confused as to why the Program's involvement was required, and one client was happy to have the Program involved in her situation.

Client Thoughts on an "Ideal" Perinatal Service for Teens

Clients were asked what they thought an ideal service for pregnant and parenting teens would be like. Client responses ranged from a number of activities to worker characteristics they felt were important for a perinatal service. Activities that were identified included: providing support and financial assistance; informing teens what it

means to be a parent and what options are available to them; and helping teens to understand the information they need. As one participant put it " it would let them know what is out there for them, and that there are solutions to their situations." Worker characteristics mentioned included friendliness, and the ability to relate to and communicate with the client.

What Are the Activities Employed by the Perinatal Program?

Participants were asked to describe specific things their Perinatal Worker does with them. Responses ranged from concrete, to more counseling kinds of activities. The following concrete activities were identified: providing information to facilitate the ability of clients to make informed choices; answering questions; arranging for support workers and homemakers; and assistance with filling out forms, budgeting and finances, shopping, running errands, moving, and in obtaining childcare, housing, and transportation. Regarding the latter, one participant commented "during my pregnancy I had a tough time physically, so my worker would always make sure I got to where I needed to go comfortably and she still does that." Other activities included such things as workers hand delivering independent living checks, bus tickets, vouchers, and baby clothes, and taking clients to doctors appointments and out for lunches and drives.

Worker activities concerning adoption services included providing information on various procedures (i.e., open adoptions), the timelines of these procedures, adoptive families, and legal forms and rights.

Clients also identified various counseling activities the workers engage in. These activities consisted of the following: providing emotional support through one-to-one discussions concerning personal issues, emotions, and feelings about the teen's situation; discussing substance abuse and relationships issues with *both* the young parents; and providing encouragement and motivation regarding lifestyle decisions (such as going back to school) and parenting abilities.

Most clients mentioned that their workers made them aware of other resources and agencies that were available to help meet their own personal needs, their needs as a parent, and their baby's needs. Workers did this verbally, and by providing clients with books, magazines and pamphlets. One client described "I had boxes of information from different agencies, distress places, shelters, what to do for hiccups, what to do for this and that, which is really good because I didn't know a lot of this stuff."

Participants were also asked to comment on their worker's attempts to try and involve their family, the father, and the father's family in planning for themselves and their child. Participants responded that workers engage in the following activities to try and include these parties: including the father and the teen's family in meetings; asking the father directly about his feelings and directly involving him in conversations; updating the teen's family with regard to planning (i.e., plans for moving out, school, the baby etc.);

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phone contact with the teens family and the father; and visiting with parents at the teen's residence. Most clients indicated that their worker asked them initially who is involved in their situation and who do they want to be involved. A number of clients felt that attempts by their worker to involve their family and the father were successful.

A few clients commented they told their worker directly not to try and contact their families, the father or his family as they do not want them involved, or because these individuals are resistant to any contact from CFS. In some situations the client simply did not tell their worker they wanted a particular party involved. In other situations workers did not have to make attempts at involvement, as the teen's family, the father, and/or his family were already very involved with the teen in a way they liked. One client mentioned that she did not like it when her worker spoke to her parents before her about her situation.

In addition, participants were asked to describe the most and least helpful things their workerdoes. All seven (7) participants had no comments in regards to the latter. The most helpful things that clients referred to include the provision of the following: financial assistance, respite, baby clothes, information and answers to questions, and assistance with the transition to living independently. One client described the most helpful thing as "just having someone to talk to."

Participants were asked how often they meet with their Perinatal Worker. Responses ranged from a number of times a week to once a month. Overall, meetings with clients were held in the clients' homes. One client made reference to this being easier for her "that way I didn'teven have to attempt to take the bus with my daughter." One participant commented meetings were sometimes held at her school or foster home. All seven (7) clients felt the locations and times of meetings with their worker were convenient for them. A number of clients mentioned their worker usually calls before coming over to ask if the time is suitable for them. Most respondents felt that their workers plan meetings in accordance with their schedules. Moreover, many participants mentioned having regular phone contact with their workers. One participant commented "usually she'll just phone me about what I want, or how I'm doing, to see if I'm getting what I need, or just to say 'hi, how's it going'."

Clients were also asked to comment on how available their workers are to them. Clients noted their workers made themselves very available to them by doing such things as offering to drive them to school, or informing them to call whenever they needed to. One participant stated "my worker told me any time I needed to get a hold of her, just call night duty and they'll tell her and she'll call me back day or night, even if it's two o'clock in the morning." The same client expressed, "usually she's pretty much available, even if it's ten or fifteen minutes, just to pop in, drop off a pamphlet and say hi. And if I call and leave a message, sometimes she will call back 7:00 or 8:00 at night, but she'll call me back." A number of participants indicated that after leaving a message, their worker would usually call them back with 24 hours or less. A few participants noted if their message is urgent, their worker's response is even more expedient.

Client Involvement in Goal Setting

Clients were asked to comment on if they feel they have an opportunity to set their own goals. All seven (7) clients felt they have opportunities to set their own goals. Clients described this was because their workers ask them what they want for themselves, and do not tell them they have to do certain things, but instead may offer their opinions or advice. In response to this question, one client stated, " yes, because my worker doesn't tell me what I want. I tell her what I want and she helps me to make things the way that I want them to be, like with housing and all sorts of things she tries to make me comfortable and wants to see me comfortable and happy." The one participant who had received adoption services appreciated that she was able to tell her worker what she wanted in a family, instead of being told what she should and shouldn't look for in an adoptive family.

One respondent felt in some areas she was able to set her own goals, such as with school and her purchases, but in other areas such as sleeping at her boyfriend's house she was not able to do this. She did comment "sometimes they plan stuff for me and that's because I'm still young."

Suggestions for Program Activities

The most common suggestions for Program activities pertained to implementing support groups and programs for *both* the young parents. One participant cited "if the Program were to make some kind of monthly get-together with all the clients, then we could renew a lot of friendships, reconnect with a lot of people that would be helpful in our lives because obviously we were all pregnant. A lot of us know each other from somewhere, whether it is the youth center, foster homes or just partying, because a lot of us used to be involved in gangs and have turned around. If you could meet with those people that you used to do these things with, then you could see the difference and the positives that you are all doing. Because once you have a baby, you don't have the friends you used to, your life really changes, so if you could have friends who have kids, that would be helpful. There's no better way to organize that than within the agency, because all the workers can say 'Hey, why don't you come out and have some coffee and juice and do this'."

Another client felt that it was important to have programs that focus on both the young mother and father. This particular client felt that both parents should go on independent living together, as opposed to just the young mom and baby. She felt that this would help keep families together. One participant suggested that workers should run a program for young girls and boys who have not had children yet. This program would entail having parenting teen's come in and speak to the group about what it's like to be a parenting teen.

Another client felt that additional start up money is required to prepare single pregnant teens who are going to be parenting on their own. This participant felt this money should

be used to acquire the basic necessities, including furniture and baby needs, prior to the baby's birth. She felt that sometimes this preparation tends to be left to the last minute.

What is the Perception/Satisfaction of Clients with the Program?

Overall, the clients interviewed felt positively about their experience with the Perinatal Program, and felt that the Program was able to meet their needs. One client expressed, "right now personally, I think I'm getting the best out of the service because I have a really good social worker and she's on the ball, like if I need something she gets it done right away and she makes me as comfortable as she can. I've been in and out of CFS since I was nine, and this is the only time I've ever been in CFS where I feel comfortable and I feel good about my social worker and I have a good relationship with her, and I can be honest and talk to her." Another client felt she received what she wanted in terms of being able to live on her own and not in a group home, and received the material items she needed for independent living and for her baby.

One client spoke of personal attributes of her worker that made the experience positive, such as being fair, caring, and positive. This client further stated, "the experience that I got, I think it's a very well put together and thought out program. I was very impressed by the whole thing." One participant expressed "the Program doesn't judge people on something they're not, it looks at you as a person and gives you a chance to do something." One client concluded the interview with, "I like the Program a lot. Like some girls, they say CFS is bad. No they're not, they helped me out a lot. They don't seem to be bad people."

What Clients Accomplished with the Program's Help

Clients felt the Program had helped them accomplish a variety of things, including: the transition to independent living; educational goals; improved parenting skills; and the resolution of relationship, substance abuse and lifestyle issues. Regarding the latter, one client stated "before I was pregnant, I was involved with a lot of bad things like gangs and partying, but I managed to stop all that and settle down, try to go to school, make a home for myself and my son, and take care of him." One participant who had received adoption services from the Program remarked, "I accomplished a sense of closure. CFS had a lot to do with that, with providing the information, and answering my questions the way I needed them answered. In a sense, that's what I accomplished through them."

Program Impact

Clients were asked what difference they felt the Perinatal Program has had on their situation. One client indicated that she still has her baby, she's living independently, and the father is involved, which the Perinatal Program allows and encourages. Another client felt she had become more mature and smarter as a result of her involvement with the Program, as she in now taking care of her own home and her son. Furthermore, one

client expressed that receiving assistance with relationship and substance abuse issues, and being linked to positive resources has made a difference in her situation. Other comments included "it's made me a lot more free", referring to one participant who feels likes she's being given a chance to prove that she can parent on her own. Three (3) clients commented that being involved with the Program has made their situations easier. Of the three respondents who felt this, one felt this was because her worker encourages and motivates her about her parenting abilities; one cited this was because "they've been there when I needed them, and have been as helpful as they possibly could with daily things and just being able to talk and get advice-they make it a whole lot easier because it's so hard"; and the other felt this was because she was provided with information in a way that she could understand.

Overall, client's opinions of and experiences with the Perinatal Program have been very positive. Although some clients expressed initially being fearful of the Program's involvement, these fears dissipated once they became involved with their worker. Client's comments on their experiences with the Program suggest that such things as worker's responsiveness to their individual needs, whether it be tangible or emotional, their availability, and the opportunities they are provided with to participate in their own planning, have an impact on their perceptions and satisfaction with the Program in general.

Are There Ways the Program Should Modify/Improve its Processes?

Program Procedures

Clients were asked how they became involved with the Perinatal Program. Four (4) of the seven respondents explained they became involved because their previous CFS worker transferred their case to the Perinatal Program. Three (3) clients became involved with the Program through the hospital system. The length of time between clients being told they would receive a Perinatal Worker and meeting their Perinatal Worker ranged from the same day to one and half months. Overall, clients felt the length of time they waited was acceptable. However, one client did express that she felt there was a gap in service while her case was being transferred, and that this was an inconvenience.

Workload and Caseload Size

Although the Program's workload did not emerge as a strong theme throughout the client interviews, the issue was well captured by one participant. She stated "they need to hire more workers because once a worker starts getting too many cases, then our services are limited, and it's too much on the worker and they burn out easier. It's a really tough job what they do and they shouldn't have to carry such high numbers of cases because a name assigned to a worker; it's much more than just a file on somebody's desk. It's more of a *relationship*, and because we're in this Program for a year that's really good for our

children, because our children have to be comfortable with those people and see them on a regular basis." This client also noted that as her worker's caseload has become higher, she's become more limited to talk to and see. This comment suggests that the number of cases can affect the quality and quantity of services workers are able to provide once they become to high.

The same client felt that caseloads in the Program should be reduced. She expressed "the only thing I think that really needs some changes is these workers have way too many cases. I know that funding is limited, but I think it would make it a lot easier because these people do so much, and if they've got 60 girls to do things for, they're going to get burned out and then the quality of service is just going to drop, and how can you do things when your burned out?"

Communication

One participant mentioned that she has a number of workers, including a support worker, an independent living worker, and her Perinatal Worker. She felt that all three workers communicated regularly without problems. She stated "it's good because it doesn't get too crowded, but it's like everybody is communicating and I've noticed that if you're honest and you communicate with them on a regular basis, good things can come out of it."

Referral Criteria

Although referral criteria did not emerge as a theme throughout the interviews, one comment was made that appeared to illuminate the issue. This comment was made in the context of the client describing the assistance she was receiving from her social worker and support workers. This participant stated " it's really easy to depend on people but sometimes I have to hold back because I'm going to be on my own next year, so I take what I can now because pretty soon I'm on my own and I will have no one to do this stuff for me."

Appendix G

STUDENT EVALUATION FEEDBACK FORM

Feedback Form for Student Evaluation: An Application of the Program Planning and Review Model to the Perinatal Unit of WCFS

This practicum has a number of learning objectives that the student wishes to accomplish. In order for the student and the practicum advisory committee to assess the student's work that is done in the field, individuals with whom the student works are asked to provide constructive feedback. This form will be used by the student and the advisory committee to assess the student's work. Your time in completing this form is greatly appreciated.

Part I. Preliminary Review Activities

For this section, please think about the contribution the student made to the preliminary/design phase of the Perinatal Review (i.e., activities undertaken prior to the actual start date of the Review, such as consultation, identification of key stakeholders in the Review, determining the file audit sampling strategy etc.)

1. What did the student contribute to the preliminary phase of the Review?

_____

_____

_____

2. Using a scale of 1-5, how would you rate the contribution of the student to the preliminary phase of the Review? (1=unsatisfactory; 5=excellent contribution)

1_____2_____   3_____   4_____   5_____

Please explain

_____

_____

_____

_____

_____

Part II. Instrumentation

For this section, please think about the student's contribution to the development of the various instruments that were used for the Review.

1. What did the student contribute to the development of the various instruments used for the Review?

_____

_____

_____

_____

2. Using a scale of 1-5, how would you rate the contribution of the student to development of the Review instruments? (1=unsatisfactory; 5=excellent contribution)

1____2_____   3_____   4_____   5_____

Please explain

_____

_____

_____

_____

_____

_____

_____

_____

Part III. Data Collection

For this section, please think about the contribution the student made to the data collection phase of the Review (i.e., interviews with Program staff, internals, clients and the file audits).

1. What did the student contribute to the data collection phase of the Review?

_____

_____

_____

_____

2. Using a scale of 1-5, how would you rate the contribution of the student to the data collection phase of the Review? (1=unsatisfactory; 5=excellent contribution)

1_____2_____   3_____   4_____   5_____

Please explain

_____

_____

_____

_____

_____

_____

_____

_____

Part IV. Data analysis and Collation

For this section, please think about the contribution the student made to the data analysis and collation phase of the Review.

1. What did the student contribute to the data analysis and collation phase of the Review?

_____

_____

_____

_____

2. Using a scale of 1-5, how would you rate the contribution of the student to the data analysis and collation phase of the Review? (1=unsatisfactory; 5=excellent contribution)

1____2_____   3_____   4_____   5_____

Please explain

_____

_____

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Part V. Final Report

For this section, please think about the sections of the final report that the student wrote (i.e., tables, descriptions, explanations, and introduction & methodology), and the student's contribution to the recommendations for the final report.

1. How would you rate the presentation of these sections, including writing style?

1_____   2_____   3_____   4_____   5_____

2. Please comment on the quality of these written contributions.

_____

_____

_____

3. Please comment on the student's contribution to the report's recommendations.

_____

_____

_____

Part VI. Student Presentation and Conduct in Review Team Meetings

Throughout the time you worked with the student, there were a number of Review Team meetings that the student participated in. There were also two meetings with the Service Unit.

1a) Thinking about the Review Team meetings the student participated in, how would you rate the contribution of the student?

1_____   2_____   3_____   4_____   5_____

b) Thinking about the Service Unit meetings the student participated in, how would you rate the contribution of the student?

1_____   2_____   3_____   4_____   5_____

c) What were your impressions of the student's comments and questions during these meetings?

_____

_____

_____

_____

Part VII. Suggestions for Improvement and Overall Comments

Please make any suggestions you have for the student for improvement in any of the previous sections, and any other comment's about the student's work that has not been covered in the questions above. Thank you again for taking the time to complete this form and contribute to the student's learning.

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Appendix H

**QUALITY ASSURANCE, RESEARCH AND PLANNING PROGRAM
EVALUATION FORM**

QUALITY ASSURANCE, RESEARCH AND PLANNING PROGRAM
EVALUATION

Now that the Program Planning and Review process is completed, we would like to evaluate our own performance. We would really appreciate it if you could fill out this brief questionnaire and return it to 2393A Ness Avenue, at your earliest convenience. We welcome your honest feedback. We will use your comments to improve our process as we conduct future reviews.

1.   **How helpful did you find the Review process in regard to Program planning?**

1	2	3	4	5
Not Helpful		Neither Helpful or Unhelpful		Extremely Helpful

Please explain:

_____

_____

_____

_____

2.   **How satisfied were you with the level of involvement you were invited to have in the Review process?**

1	2	3	4	5
Not Satisfied		Neither Satisfied or Unsatisfied		Extremely Satisfied

Please explain:

_____

_____

_____

_____

3.   **What did you find most helpful about the Program Planning and Review process?**

_____

_____

_____

4.   **What did you find least helpful about the Program Planning and Review process?**

_____

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_____

5.   **What improvements would you suggest for future reviews?**

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If you have additional comments, we would like to hear them.

_____

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Thank you for taking the time to complete this questionnaire.