

Measuring what matters: a systems approach to evaluating impact and effectiveness in children's social care

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What to measure?

- OUTCOMES!
- But which ones?
- Common approaches (Hood, 2019):
 - Performance-based accountability (Friedman, 1997, 2001)
 - Evidence-based frameworks (e.g. LaValle et al., 2019)
 - Psychometrics (Hood et al., 2020)
- Emerging systems concept: nominal value

Performance-based accountability

	Quantity (how much did we do?)	Quality (how well did we do it?)
Effort (what did we do?)	<ul style="list-style-type: none"> • Number of referrals • Number of assessments completed • Number of children in need (per 10,000 child population) • Number of children on child-protection (CP) plans • Number of care proceedings issued 	<ul style="list-style-type: none"> • Percentage of assessments completed within 45 days • Percentage of case conferences held within 10 days of strategy meeting • Percentage of agency social workers
Effect (is anyone better off?)	<ul style="list-style-type: none"> • Number of cases closed • Number of care orders made • Number of referrals to non-statutory agencies • Number of referrals to specialist services 	<ul style="list-style-type: none"> • Percentage of CP plans where children had prior CP plan • Percentage of referrals within 12 months of a prior referral

Examples of PBA measures in children's social care (Hood, 2019: 469, adapted from Friedman, 2001)

Evidence-based framework

The right conditions and culture to support good practice	Reaching children and families who need help	Children and families are valued and involved	Child outcomes
Effective leadership	Partner agencies are able to identify children who are potentially in need	Children trust staff and have a stable and supportive relationship with them	Children are safe where they live (at home/placement and their community)
Commitment to social work values and ethics	Effective identification of children in need	Parents/carers trust staff and have a stable and supportive relationship with them	Children are settled and happy where they live
Culture that supports reflective learning	Effective identification of children at risk of harm	Children are involved in identifying their needs and planning their support	Children achieve stability and permanence
Effective multi-agency working	Effective identification of children who cannot be cared for safely at home	Parents/carers are involved in identifying their needs and planning their support	Children make good progress in their behavioural, emotional and social development
Adequate support infrastructure	Support is appropriate to meet a child's needs	Children think services are	Children have their mental health needs met
Shared understanding of what good practice looks like	Care leavers continue to be supported by their corporate parent		Children engage in early years education
Stable workforce at all levels			
Motivated workforce			

LaValle et al.
(2019), p.10

Psychometrics



Strengths and Difficulties QUESTIONNAIRE

TO BE COMPLETED BY A MAIN CARER OF A CHILD AGED BETWEEN 3 AND 4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain, or the items seem daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name _____ Male/Female _____ Date of Birth _____

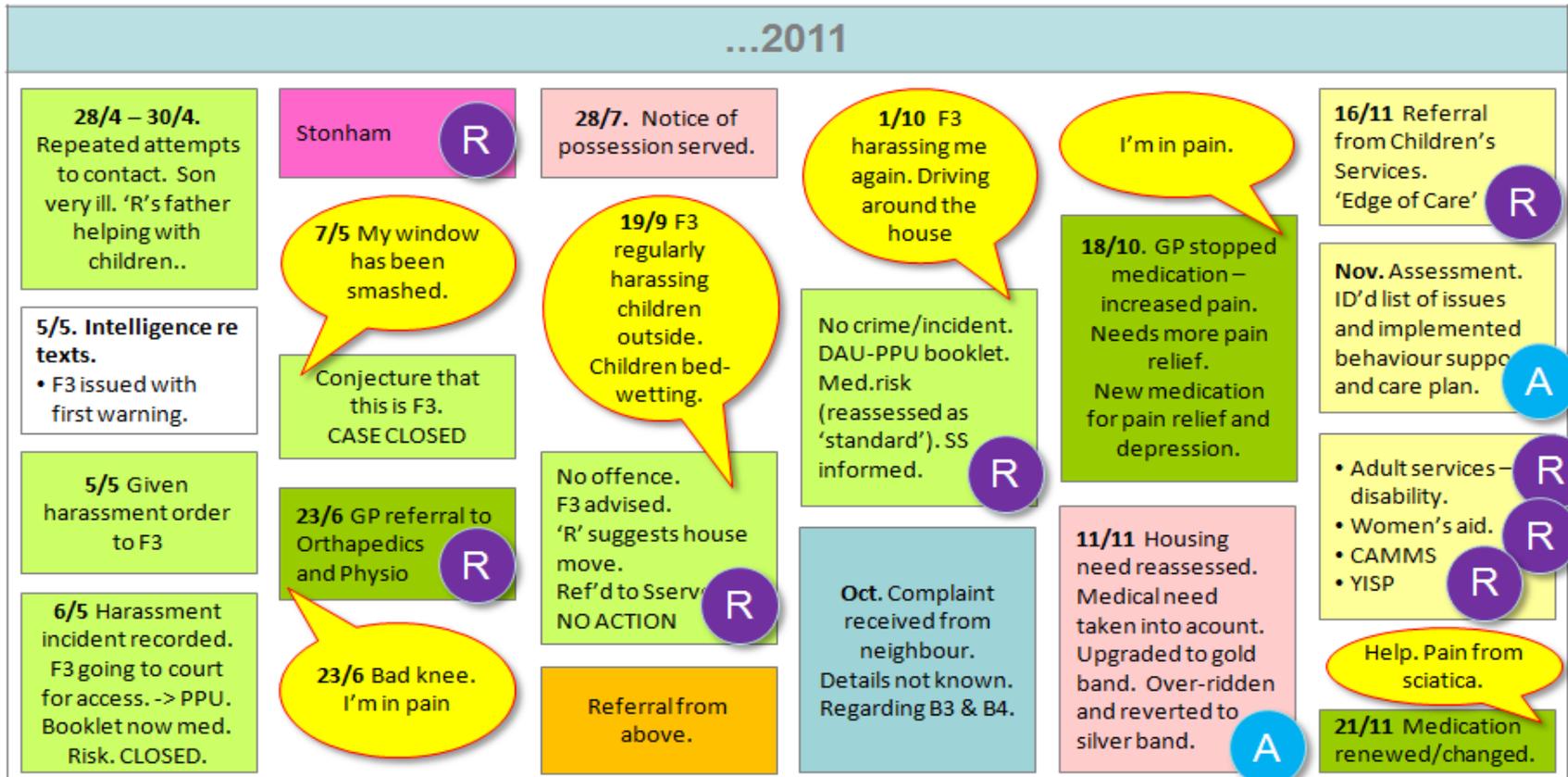
	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extract from the
SDQ (Goodman,
1997)

Effectiveness

- Organisational perspective may conflict with that of the CYP and their family
- Failure to do 'what matters' leads to many forms of loss to society, including 'failure demand' – a failure to do something or to do something right for the end user (Seddon 2003: 26)

Ruth: a mapped case (Locality 2014)



Police

Housing (Benefits)

Social Services

GP

VCS

ASB Team

FIP

Ruth: a mapped case (Locality 2014)

What Ruth said she wanted:

"I need help with housework and..."

"..getting upstairs in my house."

"These two things would make a huge difference to me and my kids."

What Ruth received:

2 x Anger Management Courses for 2 boys

'Triple P' Parenting Programme x 2

Help cleaning 1 bedroom

Toilet frame, Perching stool & Bath board (for a bath she could not access).

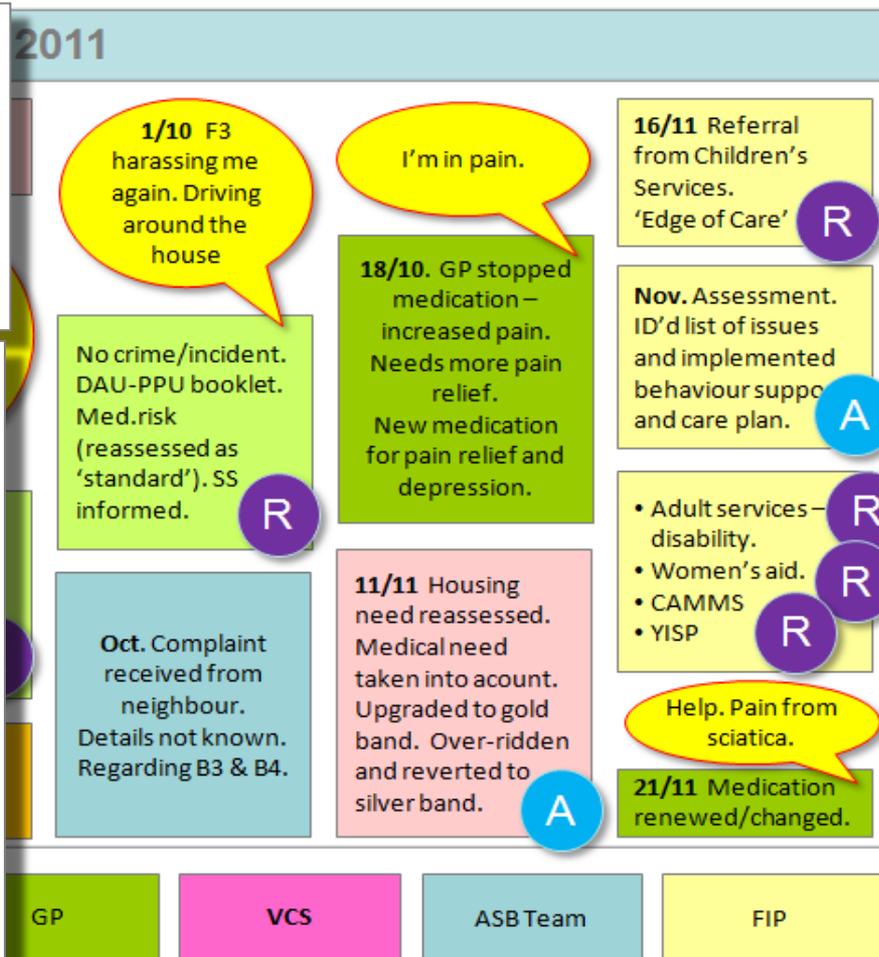
And it took this many people to deliver it...

8 Social Workers

22 Support Workers allocated

30 Referrals /16 Assessments in core flow

36 Teams/Services



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Cost of what Ruth wanted:

Cleaner, 10hrs/wk for 4 years	£14,560
Move to suitable property (current home unsuitable for adaptation)	£1,200
Stair lift	£5,000
Total	£20,760

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No crime/incident. DAU-PPU booklet. Med.risk (reassessed as ‘standard’). SS informed. **R**

increased pain. Needs more pain relief. New medication for pain relief and depression. **A**

and implemented behaviour support and care plan. **A**

- Adult services – disability. **R**
- Women’s aid. **R**
- CAMMS **R**
- YISP **R**

Oct. Complaint received from neighbour. Details not known. Regarding B3 & B4.

11/11 Housing need reassessed. Medical need taken into account. Upgraded to gold band. Over-ridden and reverted to silver band. **A**

Help. Pain from sciatica.

21/11 Medication renewed/changed.

GP

VCS

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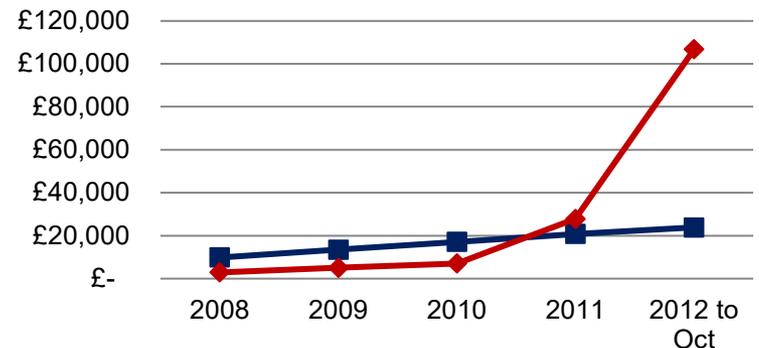
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Cost of what Ruth had received to date:

Under-estimate of all activities since mid-2008.

Use of 2009 costs. **TOTAL: £106,777**



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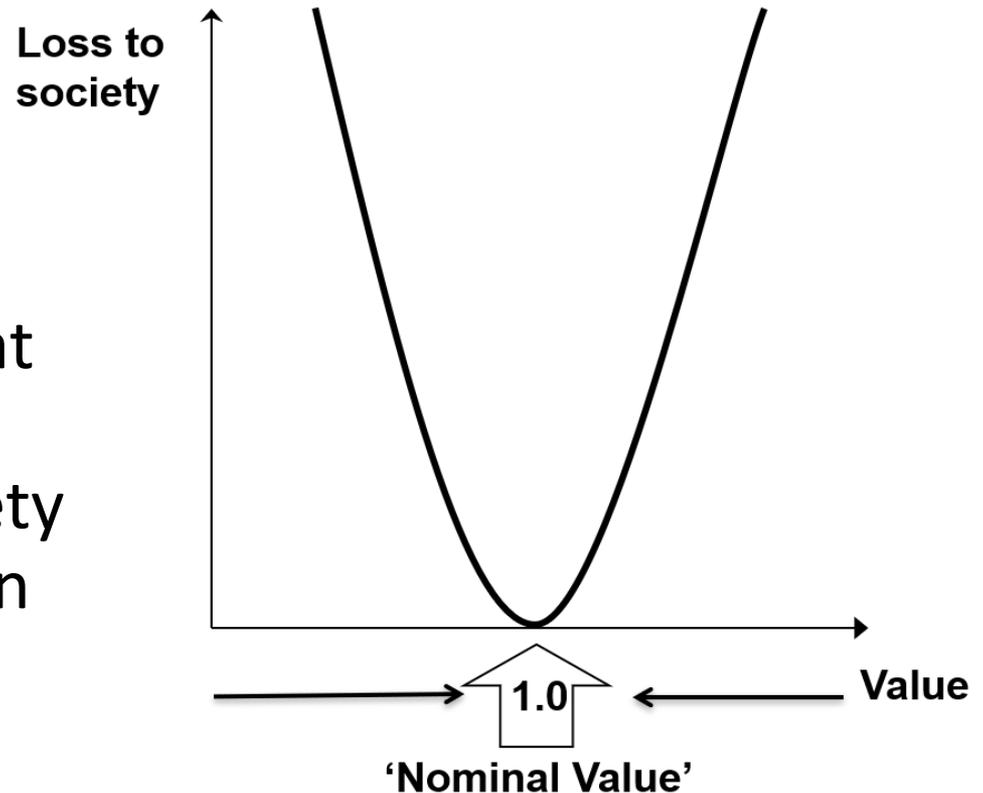
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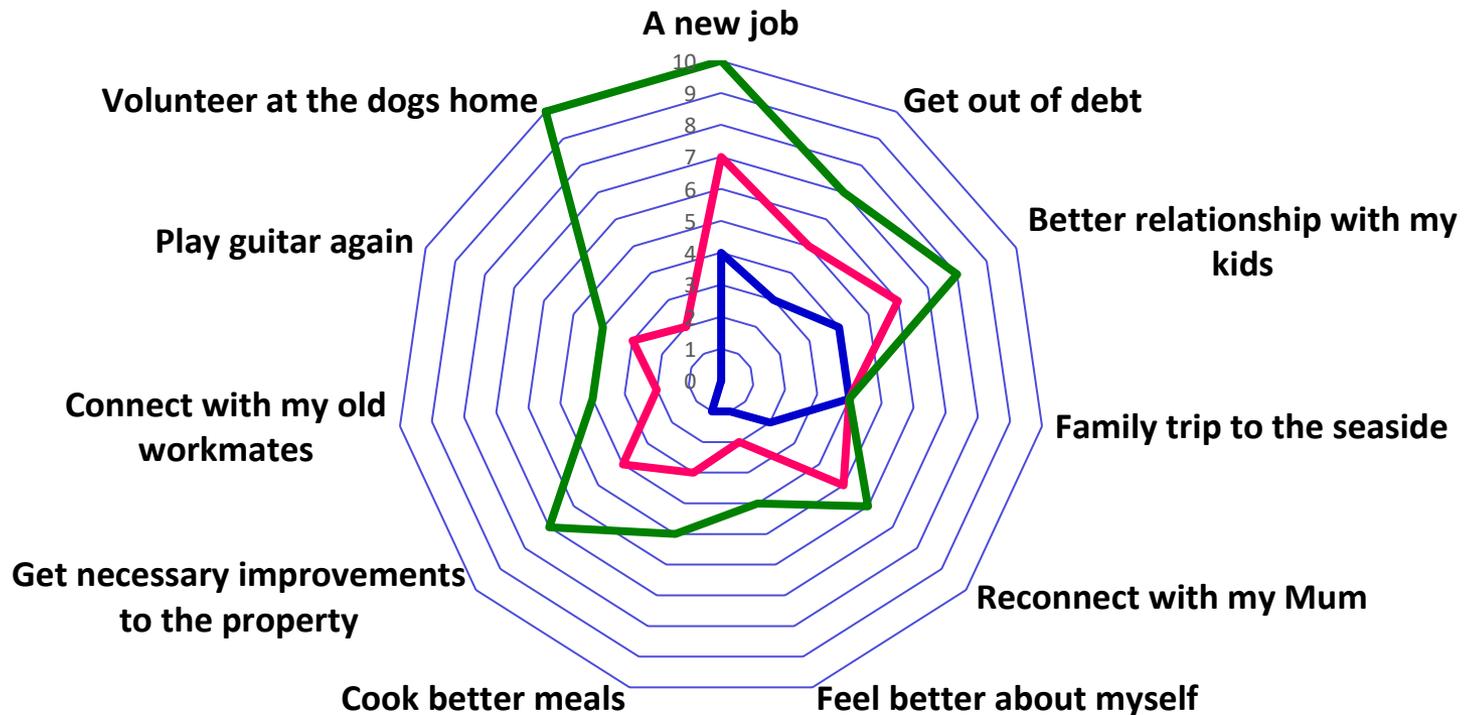
What to measure? Nominal Value

- New concept being applied in the sector
- Posits that there's an ideal or **nominal value** and deviation from that value leads to rapidly increasing loss to society - Taguchi's loss function (Taguchi and Clausing 1990)



Example – Spidergram (Hood et al., 2020)

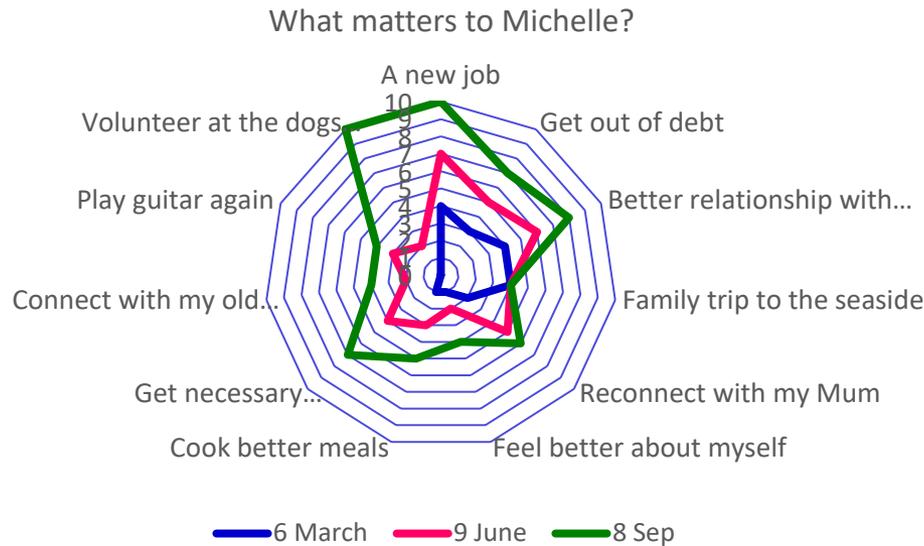
What matters to Michelle?



— 6 March — 9 June — 8 Sep

Central role for nominal value

Planning measures:
1. Demand
2. Capacity



Lagging measures:
1. Performance in this system
2. Performance in wider system

Capability measures:
Was 'what matters' achieved?

Implications for evaluation

- PBA only sees the parts of the system deemed important by those in charge
- ‘What works’ - evaluations of isolated interventions in a programmatic way
- Nominal value requires starting from what’s important to the person receiving the care, not what the service wants
- Evaluation positioned differently – did we do ‘what matters’ for the CYP and their family?
- Welsh government introduced requirement for term in adult services (Llywodryeth Cymru Welsh Government (2016) Social Services and Well-being (Wales) Act 2014. Part 2 Code of Practice) ¹⁶

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- Contact us for more details

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