

Chapter 8

Implementation Stage: Improving How Programs and Practice Work

*How is the intervention supposed to be implemented?
How is it actually implemented?*

Documenting and monitoring how an intervention is implemented are vital areas of evaluation and essential for program integrity. During the implementation stage, many questions are asked and answered that revolve around the theme of how well the program or practice approach is working. Figure 8.1 provides an overview of many of the activities that are important to the implementation stage. As figure 8.1 indicates, some of the activities

FIGURE 8.1 Spectrum of Activities Involved in the Implementation Stage

Implementation Stage
(Examining Processes)

Types of evaluations

- Program consistency with the logic model
- Program meets its intention
- Quality improvement
- Program accessibility
- Client satisfaction
- Staff views/attitudes and performance
- Documenting how program works
- Monitoring practice
- Practice accessibility

Other types of activities involved in process evaluation

- Refining measurable objectives
 - Refining program designs
 - Experimenting with variations in program interventions
 - Evaluating staff performance
 - Improving decision-making processes
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are types of evaluations; others are also pertinent to this stage and often affect or are affected by evaluations.

As discussed in the last two chapters, the logic model provides a helpful organizing framework for understanding evaluations. Introducing the logic model at the stage of implementing an intervention provides a framework for considering many ways to improve an intervention, to correct its course if needed, and to maintain its quality. The logic model helps focus on the sequence of steps that link the implementation of the program back to the clients' unmet needs and forward to the clients' anticipated outcomes or accomplishments. In this regard, interventions should address the needs of program recipients and the underlying causes of their needs. Furthermore, the implementation of an intervention should result in the clients achieving their anticipated outcomes.

Increasingly, funding agencies are endorsing and adopting the reasoning behind the logic model in requirements for most grant proposals. Grant writers are expected to document such things as the links between clients' problems and the program approach they propose to implement. In brief, a convincing explanation needs to be mounted to the funding agency for how a proposed program can help clients resolve the problems of concern.

The Links among Problems, Needs, Causes, and Interventions

During the input or planning stage, major attention is focused on the problems and needs of prospective clients. As stated in chapter 6, a need is an aspect of a larger problem identified by a client that is perceived to be amenable to change. Meeting a set of needs is the intended focus of a proposed program. Another issue is also important to explore: what are the underlying causes that prevent the need from being met? This is a critical question because the proposed program is expected to address the underlying causes for such a problem or need. An example of the logical link between the causes of a problem and the approach used by a program to address it is briefly illustrated in table 8.1 for the problem of child abuse.

As table 8.1 suggests, several known causes of child abuse have been identified in studies, including abuse being passed down from generation to generation, inadequate parenting skills such as disciplining a child, stresses

TABLE 8.1 Link between Causes of a Problem and the Logical Intervention

<i>Identified cause of child abuse</i>	<i>Logical program intervention</i>
A. Intergenerational cause (abusing parent was abused as a child)	A. Facilitation of insight into intergenerational link through therapy
B. Lack of parenting knowledge and skill	B. Training in parenting skills
C. Economic stress from a low-income job	C. Increase in income through new job training and/or job change
D. Stress from social isolation	D. Peer support group of parents

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from not having enough economic resources, and isolation from important social supports. Each cause suggests a different program response.

The child abuse example is somewhat simplistic because it infers that a complex problem like child abuse has a single cause, which is usually not the case. Yet the example makes an important point. An intervention should be logically linked to the underlying causes of a problem. Each of the causes of child abuse begs for a response that will address it. As the example suggests, child abuse perpetrated by parents who were abused as children will not be reversed if it does not include some type of insight therapy or reeducation as part of the intervention. Similarly, parenting-skills training is absolutely essential if parents abuse their children when disciplining them without knowledge of alternative disciplinary techniques. The link is also evident in addressing an inadequate income by preparing parents for a higher-paying job; if social isolation is an underlying cause of abuse, offering healthy social contacts is a logical response.

Variety of Ways to Evaluate Program Processes

The implementation stage of an intervention is an opportune time to conduct a variety of evaluations that focus on the program's implementation. These evaluations can raise numerous important, if not essential, questions about the integrity of a program. For example, are all the required components of a program implemented as planned? What program components seem to work and which ones do not? Has a team of qualified and competent staff members and volunteers been hired to provide the designated services? Are the key parties (administrators, staff, volunteers, and clients) communicating adequately? Many of the types of process evaluations covered in the chapter are identified in table 8.2, along with the general evalu-

TABLE 8.2 Types of Program Process Evaluations and the Question Posed

<i>Types of process evaluations</i>	<i>General question asked</i>
1) Linking the client problems and the program approach	1) Can the program's approach be used to successfully resolve the clients' problems and the causes?
2) Implementing the program as intended	2) Is the program being implemented as intended or proposed?
3) Program quality	3) Is the program's quality level acceptable to stakeholders?
4) Program accessibility	4) How accessible is the program to all the important intended client groups?
5) Client satisfaction	5) How satisfied are clients with interventions?
6) Staff studies	6) What are the views, attitudes, and practices of staff and volunteers related to program implementation?

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ation question that each of them raises. Although this is not intended to be an exhaustive list of evaluations of program processes, it offers numerous examples of what is important.

Linking Client Problems with the Program Approach

Some important implementation questions are raised as a result of the logic model. Does the program's approach seem to be directly linked to clients' problems, and, more to the point, is there evidence that the approach can provide solutions to these problems?

According to Pawson and Tilley (1997) an evaluation of the links between the causes of a problem and the program approach answers three key questions:

1. What are the mechanisms for change triggered by a program?
2. How do these mechanisms counteract the existing social processes?
3. What is the evidence that these mechanisms actually are effective?

For example, what are the mechanisms of an Alcoholic Anonymous (AA) support group that can overcome the addictive tendency of substance abusers to continue to drink? Is it, as the philosophy of AA suggests, the spiritual ideology and message of the twelve steps? Is it the support that comes from others going through the same struggles? Is it a combination of their spiritual ideology and support of other recovering alcoholics? Or is it something else? Evidence of what makes AA work for so many people can be found in the answers to these questions from an evaluation of a representative sample of some of the hundreds of thousands of AA programs that meet regularly across the country.

Evaluation studies also have to answer the question about the social and cultural conditions necessary for change to occur among program recipients. In other words, how are the sociocultural factors recognized and addressed within a program? A new mentoring program for young African American men who did not have an adequate father figure for bonding provides an example. Several sociocultural questions could be asked of an agency sponsoring such a program. For example, to what extent and how does this program recognize the sociocultural factor? Are older African American men available to serve as mentors? Are the mentors capable of providing some of the missing pieces in well-being that these teenagers need? Do the mentors have any training or other preparation in male bonding based on an evidence-based curriculum?

One evaluation identified the essential elements of a program for preventing crimes on the premises of a housing complex for low-income residents. The evaluation team identified ten key elements of a crime prevention housing program that would be needed based on evidence of prior programs with a similar purpose that were effective.

Example of an Evaluation of the Essential Elements of a Housing Program

Foster and Hope (1993) wanted to identify the essential elements for preventing crime within a housing complex. Their evaluation focused on identifying a list of key elements found to be essential in the effectiveness of prior programs of a similar nature. They concluded that ten elements were essential:

1. A local housing office for the program
 2. A local repair team
 3. Locally controlled procedures for signing on and terminating tenants in housing units
 4. Local control of rent collection and arrears
 5. Tenants assume responsibility for caretaking and cleaning of the open space around units with the assistance of a locally supervised staff team
 6. Existence of an active tenant advisory group with a liaison to the management of the program
 7. Resources available for any possible small-scale capital improvements
 8. Well-trained staff that delegate authority
 9. The project manager is the key figure to be accountable for management of the program
 10. A locally controlled budget for management and maintenance
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In the housing example, the evaluators accumulated substantial evidence that the successful housing complexes in their city had ten essential elements. Housing complexes that were not totally effective were without all, some, or even one of the elements. As the elements suggest, some common themes included a housing management team with local control, realistic expectations of the tenants, availability of important resources, an active tenant advisory council, and a collaborative relationship between the council and the management team.

Is the Program Implemented as Intended?

Other types of questions address whether the program is actually implemented as proposed or intended. How a program is supposed to function may relate back to an initial grant proposal or other early planning documents. Implementation as intended could also be based on more current reports describing the policies and practices of programs that have been running for some time. Provision of a detailed description of a program as it is supposed to be implemented is a first step in this kind of evaluation.

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A clear description of the program is needed prior to monitoring how a program is implemented. Therefore, it is often a good idea to begin with an accurate, written description of the program, whether articulated in an initial grant proposal or somewhere else. It is wise to describe a program in enough detail so that it can be replicated. An example of a program description is in an article about a visitation program for noncustodial parents (Fischer, 2002). The purposes of the program are to assist parents in establishing an access agreement with the custodial parent and in pursuing their legal rights and responsibilities as parents. The article documents the process of establishing and maintaining visitation agreements and identifies the principle barriers to establishing visitation. It includes a description of the policy and legal context for the program, a review of the pertinent literature, a description of a pilot program, a pilot process assessment, and a pilot outcome assessment. Data are also included on the factors associated with successful visitation. The program description came from several sources, such as case files, administrative records, and results of the pilot assessments.

Some further questions in attempting to find out whether a program is implemented as intended include the following:

- Are the clients being served the ones proposed or intended to be served?
- Are current staff members adequately qualified and trained to provide the proposed services at the required level of specialty and quality?
- Are the program's goals and objectives evident or identifiable in the way in which the program is implemented?
- What happens on a typical day in a program (e.g., a daily routine study)?
- How do staff from different disciplines collaborate or work together?
- How are the roles of BSW and MSW staff members differentiated and complementary?

Weinbach (2005) points out that new programs may need to ask different questions from those of older programs when it comes to how the program is being implemented. Newer programs may need to ask:

- Is the program at its anticipated stage of development?
- How many clients have been served to date?
- Is the program fully staffed with qualified people?
- How well known is the program in the community?
- How well have sources of client referrals been developed?
- In what ways is the program supported and in what ways is it being questioned within the agency and community?

According to Weinbach (2005), programs that have been implemented for a few years or more and are considered more mature may ask another set of questions:

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- Do the services and programs appear to have the potential to achieve their objectives?
- Are the services and other activities of the program consistent with the program model?
- Is the program serving the clients for whom it was intended? If not, why?
- Is the program visible and respected in the professional and consumer community?
- How much attrition has there been among clients and staff?
- Do staff perceive that administrative support is adequate?
- How satisfied are clients with the program?

Often programs are not implemented as they were intended or proposed, or they may have gone adrift of their intended course. This can occur for several reasons. Perhaps the program approach or model was not adequately articulated and discussed. Perhaps the program goals and objectives were not fully developed, were crafted as unrealistic, or were displaced for some changing circumstances. Also, a program could decide to change course because of the changing needs and/or understanding about the client population. Finally, the people in charge of implementing a program could be different from those who proposed and planned it. In this case, if close collaboration did not occur between the two sets of people, a lack of continuity from the planning stage to the implementation stage is likely. Also, if all or most stakeholders are not involved at least in an advisory way in both stages, there may not be accountability to ensure that the planning decisions are implemented at a later time.

Example of an Overlooked Target Group

A Head Start program was established in a local community in which there was an important stakeholder group, a neighborhood civic organization. The organization was very concerned with needs of local children. This group wanted to make sure that families with the least available resources and the least ability to find an alternative program for their preschool children were given top priority. Once the Head Start program fully enrolled its cohort of children, the civic group decided to find out the social circumstances of the children and their families. To the surprise of some, they discovered that almost all the children were from very resourceful families with modest incomes that were likely to have access to comparable alternative programs. Therefore, the civic group raised its concern with the Head Start organization. When it received an unfavorable response, it pursued a lawsuit against the Head Start organization demanding that because the neediest families were the mandated target group they must be served. This lawsuit eventually ended up as

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a class action suit that resulted in a ruling that all Head Start programs in that city had to reserve a percentage of their openings for this neediest group of families.

Gardner (2000) offers an example of one way to create a description of a program involving a team of stakeholders. This program was developed using the logic model. One purpose of this exercise was to provide a clear program description; another was to more fully orient staff toward the program and its workings. At one point, some general questions were raised and discussed among all staff members, including “How would you describe how you go about working with clients?” and “What would be the important elements in the process of working with families?” Gradually, a diagram developed consisting of a series of boxes, each of which described a step in the process. Stage 1 described how families were encouraged to request services from this program. Stage 2 included helping families assess their strengths and the constraints they faced. Stage 3 involved goal setting. Stage 4 involved matching resources to family goals. How the family and staff worked to reach the goals was the focus of Stage 6, and Stage 7 involved completing the contract. The program description was then tested by asking some of the families, staff members, and other agencies how they perceived that the program actually worked using their experiences with it. Although the results of the interviews largely validated the proposed stages and principles that had been identified, the results also suggested the need to qualify and further refine some principles.

Monitoring a program’s implementation can be done in several different ways. Sometimes agencies conduct staff activity studies using a list of prescribed activities, such as direct contact with clients, contact with other programs on behalf of clients, phone contact with clients, record keeping, staff meetings, and so on. In some instances, the studies may be interested in finding out whether too much time is spent on one type of activity, such as record keeping; in other instances, the interest may be in finding ways to increase time spent in direct contact with clients. These studies tend to be largely quantitative in nature (e.g., staff members tally the number of hours and minutes in each activity, each day, for a week or so).

Other evaluations attempt to find out more about the intricacies of the practice interventions provided to clients. The evaluations can be open-ended qualitative studies that identify what the social worker is actually doing on the basis of observations, videotapes, or analyzing journal entries recorded by the practitioners that describe what they are doing. Or the evaluations can be more deductive and quantitative by examining the extent to which prescribed activities reflecting a particular practice theory or practice model are implemented.

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Exploration of the intricacies of a practitioner approach can be developed by prescribing an intervention protocol. For example, a protocol can be encouraged for medical social workers of a home-health program when clients manifest different types of problems. A frequently encountered problem in home-health settings are clients who are socially isolated, lack contact with friends and family, and are alone most of the time. In this case, a protocol could be to implement some or all of the following interventions:

- Provide a list of resources available to the clients that can reduce their social isolation.
- If clients are interested, assist with referral to a support group relevant to their interests/needs.
- Encourage activities appropriate to their medical condition.
- Explore and facilitate the clients' expression of interests in particular activities.
- Help clients express their feelings about themselves, their sense of satisfaction with their lifestyle, and any desire to change it.
- Help clients explore and resolve feelings related to social isolation, such as grief from loss, a recent loss of a previous health status, or an unresolved, conflicted relationship.

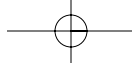
Once these and other activities are implemented, efforts can be made to document any evidence that the client has progressed toward specific outcomes, such as additional supports from other agencies, increased contact with others, and less time alone.

Program Quality

Although virtually all program implementation evaluations are interested in improving the quality of a program or practice intervention to some degree, some are especially known for their interest in program quality. When standards of quality are clearly defined and measurable, it is fairly easy to measure the performance of a program or practice intervention against these standards. In some cases, however, clearly defined, minimal performance standards are not defined or do not even exist. Also, quality evaluations primarily use qualitative methodologies, and measures tend to be subjective. Thus, quality evaluations are not as exact and predictable as one would hope.

Example of an Exercise on Evaluation of Practice Quality

Social work practice classes at the MSW level often can get into discussions about how to implement a particular practice theory or approach, such as the solution-focused or person-centered approach. An often fruitful way to explore such a question is to select



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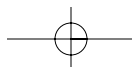
a specific client case, real or made up, that one group could role-play (after preparation) using the solution-focused approach and another group using the person-centered approach. Other classmates could observe the role-plays and attempt to identify specific techniques and behaviors that reflected the respective approaches and those that did not. Afterward, the entire class could summarize the salient elements in each approach that manifested in the role-plays.

Some of the common models of quality evaluations described in chapter 4 included accreditation studies of programs and quality assurance evaluations. A fuller discussion of these types of evaluations will help illustrate the complexities of evaluating a program's quality.

Accrediting a Professional Program. The process of accrediting a professional academic program, such as professional social work, is one form of quality control. The accrediting agencies propagate professional standards that academic programs are expected to adopt and implement. Member agencies typically are expected to prepare lengthy reports, referred to as "self-studies," to document how they meet these standards in their programs and in their administration. The self-study report is submitted to the accrediting agency, which assigns a team of accreditation officials to carefully review the self-study and conduct a site visit of the program. Site visits are used to find multiple sources of evidence that the member agencies are actually doing what they report in the self-study. Multiple sources of evidence include random samples of student records; informal observations; data on outcomes for graduates; and eliciting of the views of administrators, staff and faculty members, field instructors, and students. The standards of an accrediting agency tend to be broad and subjective.

Example of the Accreditation Process

The Council on Social Work Education expects all professional programs at both the BSW and the MSW level to prepare their students with content on social and economic justice. Programs are expected to show how they do this in the self-study and in each syllabus through lectures, outside speakers, assigned readings, assignments, and other methods. As long as the self-study and each individual syllabus shows how and where social justice content is covered and how students are expected to demonstrate that they understand and apply it in their practice, the standard is essentially met. However, this form of quality control is quite subjective and leaves open the possibility of a lot of unanswered questions. For ex-



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ample, what types of social justice are acceptable? How does the accreditation agency know that the content has actually been covered in every section of a particular course? How can faculty determine that students have embraced a belief system that supports this content? How can they know that graduates will actually use the content in their work once they have graduated?

Quality Assurance. Quality assurance programs exemplify a focus on quality evaluations. Some agencies also sometimes refer to quality assurance as quality improvement or quality control. Quality assurance activities focus on a sampling of events and records that provide a snapshot of how the program and its staff members work. The key to quality assurance is determining whether an acceptable level of quality is reached. In a practical sense, the results of quality assurance data collection efforts can be immediately used to improve or fill omissions in a program. A case example was given in chapter 4 of a quality assurance evaluation of an agency providing residential programs for youths in foster homes. The example described the specific procedures that the agency used to conduct the evaluation.

Social agencies that have a quality assurance evaluation typically take a close look at several aspects of a program using multiple methods of data collection. These methods include staff peer reviews of a random sampling of client cases, a close-up review of some client records, inquiries into client perceptions and satisfaction, and observations of a few services. Quality assurance is usually conducted by a team of staff members, not agency administrators, who are employed either by the agency being evaluated or by another agency. Because the process involves staff members, there is likely a strong tendency that reviewers are supportive of staff members and possibly biased in favor of their viewpoints and practices.

Program Accessibility

How accessible is the program for clients and potential clients who are intended to be recipients? This is an important question to ask periodically. Access is a problem if the clients originally intended to be the recipients are underrepresented, tend to drop out, or are left out. Access is also an issue if a particular racial, ethnic, or cultural group that needs the program's services is underrepresented among the group of recipients.

If comprehensive client records are kept, it can be fairly easy to determine whether some groups are accessing the program and others are not, or if some use the program more than others. A first step in determining whether there are accessibility problems is to identify the types of people that the program has decided to serve. Next, determine the characteristics

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of the clients actually being served or those most likely to continue in the program beyond the initial session or stage. Finding the discrepancies between the characteristics of the two groups can reveal the characteristics of client groups that are underrepresented.

Exercise on Accessibility

Assume that you work for a family-counseling agency that has designed an outreach program to provide crisis-oriented family counseling to multiproblem families with young children. The program designers viewed the client target group as those without the financial resources or insurance coverage to contract services with private family therapists or fee-for-service agencies. When the staff members initially began accepting families, data were not systematically collected on the types of accepted families. What questions would you ask to find out whether the target group is being reached? Depending on what you find out, what steps would you take to monitor whether the target group will be assured of service in the future?

In the case of inaccessibility, the program sponsor may need to mount a more systematic effort to identify and recruit the originally intended target clients. Some specific questions on program accessibility that would be relevant to explore are the following:

- How are clients recruited? What is the marketing strategy, if any, in advertising the program? Do the strategies inadvertently favor or omit particular groups?
- How are clients selected at admissions? What specific criteria are used in selecting clients?
- How are clients assigned to specific program components (e.g., different staff teams)?
- How are clients assigned to different professional staff (e.g., what criteria are used)?
- Which groups of new clients are most likely to get beyond the first interview? Which do not?

Accessibility of programs is, in part, a diversity issue. Often, programs may be used primarily by people of one demographic characteristic, such as white and middle class, and used only minimally by other groups, such as Latinos or low-income earners. Over time, this demographic profile can become institutionalized and come to be viewed inadvertently by the wider community as the norm. In other words, people begin to assume falsely that the program must have been designed for this particular group. As a result, other groups may not even consider using this program because of the widely held view.

Example of Access Barriers to Prenatal Care for Low-Income Women

An important public health care priority is to improve prenatal care access for low-income women. A study (Cook, Selig, Wedge, & Gohn-Baube, 1999) interviewed low-income women in the postpartum unit of a large urban medical center about the barriers that they had experienced. Their perceived barriers included not wanting friends or family to know about their pregnancy, not having help getting to clinic appointments, a lack of trust in the health-care system, a long wait time at the clinic, no child care, feelings of depression or unhappiness about the pregnancy, fear that something could be wrong with the baby, feeling tired, and clinic overcrowding and inconvenient location.

Another example of a program sponsor that was sensitive to diversity issues but failed to follow through was a community group that wanted to serve adults with developmental disabilities who had little or no social contact beyond their immediate families. They were people who simply spent all of their free time in their family homes. The impetus for creating this program was that it would be uniquely available to isolated individuals in the city. The program would fit their special needs because there would be a cohort of professional staff members available trained to help them and an agency van to transport them to and from the program. However, the sponsor of this program, a group of parents with developmentally disabled members, made very little effort to channel their resources into special marketing, recruiting, and other forms of outreach. As a result, the new program was quickly inundated by other people with disabilities who were higher functioning and more independent. Once these people found out about the program, they adopted it as their own, and the staff members took the path of least resistance and went along with organizing their efforts around creating social opportunities for them. The original target group was forgotten largely because it did not have a vocal advocate; also group members turned out to be more difficult to recruit than had been originally thought.

Example of Observations of a Waiting Room: Some Simple Guidelines

Observations can often be helpful in determining how well an existing program is working. A waiting room of a large social service agency or a hospital is an interesting example. Longer waiting time for services has been correlated with them not returning to receive services. Waiting rooms can be an important part of a program, in that bad waiting experiences may discourage clients from returning. Some general guidelines for observing a waiting room are as follows:

- What do you see while you are sitting there?
- Are signs and brochures visible and helpful?

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- How are the people greeted?
- Are different languages being used in the greetings when appropriate?
- How long do people seem to wait?
- How comfortable are the surroundings?
- Are specific toys and activities available for children?
- Is the noise level a possible problem for some who wait? How is this a problem?

It is important to keep in mind that the perceptions of those who have access problems or challenges are the most important source of information to investigate. Perceptions about access can vary considerably depending on who it is and what his or her relationship is to the program. As a program is being developed, stakeholders may feel that the program is truly designed to be available to all eligible clients, and that may be their intention. Yet the potential recipients of such a program may feel otherwise as a result of many factors. Access barriers to a program can result from many factors, including physical, geographic, psychological, cultural, and institutional barriers.

Physical Barriers. Physical barriers can be evident in different physical structures within which a program is located. A non-disabled-accessible building is a good example. Barriers such as the absence of elevators, no information in Braille, high curbs surrounding a building, or no handicap parking spaces nearby can be especially problematic for many with physical disabilities including those in wheelchairs, the visually impaired, the hearing impaired, or the physically frail. Simply having a program located in a large building can pose barriers in itself, such as the need to take an elevator, to navigate confusing hallways, or to negotiate pedestrian traffic.

Geographic Barriers. Geographic barriers can also pose serious access problems. A program that is not on a well-known, easily accessible, and safe street poses obvious barriers. Further, the absence of common public transportation routes that travel to and from the program site are barriers. Any program located outside a downtown area or outside the main section of a town can be fraught with barriers for many people. This can particularly be the case if certain clients do not have access to a car, cannot use public transportation on their own, or cannot walk a long distance. In many cases, well-known business and shopping centers may be the most accessible sites.

Psychological Barriers. Psychological barriers are another challenge to program access. These barriers are often subjective and difficult to detect or even to get everyone to agree on. Psychological barriers can manifest in subjective things, such as whether a program is welcoming or sensitive to people's specific needs. Rudeness or aloofness may be factors. A center that does not return phone calls is enough of a reason to give up. Gay and lesbian peo-

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ple, for example, may be sensitive to subtle messages that appear judgmental or unwelcoming, such as an apparent lack of interest by a receptionist, an abrupt answer to a question, a stare or other uninviting look, or a long wait to receive services. The absence of employees of the same racial or ethnic group is another possible barrier for some. A program brochure might seem exclusive if it does not mention that a particular group is among those who are eligible for services. For example, would a family service agency provide counseling to a divorced couple involved in shared custody or to a gay couple? It is important for the agency to mention in brochures and other marketing materials that they would, to avoid the possibility that someone concludes they would not.

Psychological barriers are also evident, for example, in most programs that focus on mental health issues or are identified as mental health agencies. This is often the case because many people have misunderstandings about mental illness. Further, they are reluctant to admit that they or their family members have mental health problems or have a need for mental health services. Often a program sponsor that attempts to reach people with such sensitivities may consider locating the program in a school, community center, or house of worship to ward off this possibility.

A Study of Access Issues for African Americans' Use of Hospice

In chapter 2, a study was described that investigated why African Americans did not use hospice services proportionate to their numbers in a particular city (Reese, Ahern, Nair, O'Faire, & Warren, 1999). The researchers' activities began with a small qualitative study of African American pastors. This pilot study was followed by a larger quantitative study of African American hospice patients that documented their access barriers to hospice. Findings revealed that cultural barriers were evident in that African Americans described a preference for life-sustaining treatment (e.g., chemotherapy, resuscitation, life support) over palliative care. The respondents were also opposed to accepting terminality, planning for it, or discussing it with others. The findings also uncovered institutional barriers, such as a lack of knowledge of hospice services, a lack of trust in the health-care system, and a lack of a friendly face and diversity among health-care staff. The findings of the studies were used to facilitate a social action effort.

Cultural Barriers. Cultural barriers are in some ways like psychological barriers. They can be subjective, subtle, and difficult to detect and agree on. Similarly, they are extremely important to overcome. As our society becomes more diverse, program sponsors are increasingly challenged to make special efforts to be sensitive to the cultural aspects of clients and potential clients. If a program wants to be inclusive in this regard, special considerations must

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be given to preparation for work with African Americans, Latinos, low-income clients of all ethnicities, and recent immigrants from around the world. Each of these groups and subgroups has cultural beliefs, practices, rituals, and sensitivities that are important to consider in planning and carrying out a program.

Barriers to Using a School Program

Child Trends (Kennedy, Wilson, Valladares, & Bronte-Tinkew, 2007) conducted a study of barriers to low-income children and adolescents using after-school programs. They identified five types of barriers:

1. *Safety, Transportation, and Cost:* Unsafe neighborhoods, the cost of after-school programs, and problems getting to and from a program are persistent barriers that limit participation for many children.
2. *Family responsibilities:* Many adolescents have other responsibilities, such as babysitting younger siblings, preparing meals, or taking care of household chores that prevent them from participating.
3. *Desire or need to work:* Many older youths take on part-time or even full-time after-school jobs.
4. *Lack of identification with staff members:* Trusting relationships between youth participants and staff members are a central feature of these programs. Children and youths often prefer staff members who are similar to themselves in race, gender, and experience, but the most important consideration is that staff care about children and youths and can connect with participants.
5. *Lack of interest in organized activities:* Adolescents, more so than children, often have little or no interest in activities offered through after-school programs. Adolescents frequently cite boredom, a desire to relax and hang out with friends, and dissatisfaction with program activities as reasons that they would rather not participate.

Child Trends also listed numerous ways to overcome each barrier. A few examples include partnering with the schools and community-based organizations, helping parents form partnerships to support the program, incorporating vocational and apprenticeship activities into programs, hiring teenage participants to take on paid roles, recruiting program alumni to serve as volunteers and staff members, and varying activities on a daily and monthly basis to maintain interest.

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A group service, for example, that emphasizes open sharing, self-disclosure, equality, and participation by all will likely find resistance from some cultural groups because of their emphasis on patriarchal families, hesitations to self-disclosure, varying beliefs about how anger should be expressed, how animated they can be in a lively discussion, how much they can confront others, how they perceive authority figures, and what they choose to talk about (Reid, 1997).

Institutional Barriers. Finally, institutional barriers are important to consider in almost every program. Such barriers can overlap considerably with cultural barriers. They could be such things as a lack of knowledge about the services provided by a program. In this regard, how well does an agency brochure or flyer explain the purpose of a program in a language that can be understood by client groups? Also, is the program material provided in languages other than English in communities in which there are groups of people who speak English as a second language? A lack of diversity among the staff members and volunteers could be another factor that discourages some people from seeking out a program's services. As the earlier cited study of access to hospice indicates, a face that is similar to your own may be synonymous with being a friendly face. Any of these factors could be barriers; one way to determine how problematic they are is to openly discuss them with people of these cultures.

We should keep in mind that accessibility barriers can go beyond the factors described here. They could be any of several things that we might suspect but cannot identify from those who hesitate to use services. In many instances, we do not know what the barriers are that keep some people from using a program or service. Yet we know that some people who need a program do not use that program. Further, we always need to be sensitive to and vigilant in seeking to learn what might get in the way of people engaging with and fully using a program.

Client Satisfaction Studies

Client satisfaction studies investigate how satisfied clients are with the services they receive. Such studies are extremely important to conduct. They reveal clients' perceptions of the services they are receiving, what they feel works, and what may be problematic. These studies can help pinpoint what was helpful to clients, where there might be a breakdown in services, and where improvements may need to be considered. Client satisfaction questions also offer a fuller picture of the interface between the clients and their service provider. They help agencies determine how each party (client and social worker) perceives what is happening and any discrepancies between the two. In this case, a concurrent study of the social worker's perceptions would also need to be conducted using the same or similar questions.

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There is often a close correlation between whether clients are satisfied with a program and whether the program is effective in helping them. This is likely to be the case because if clients are not satisfied with the services they receive, one of several possibilities is likely. Dissatisfied clients may not trust their providers or the services they are offering, and therefore they may not fully engage in using them. Dissatisfied clients may throw out various obstacles to receiving services, such as withholding information, minimizing participation, avoiding in-depth interventions, sporadic attendance, or even discontinuing use of the program.

In addition, client satisfaction studies can reveal, in part, how effective programs are, if client satisfaction is viewed as a necessary though not sufficient condition for claiming program effectiveness. It is the author's view that if there is an absence or low level of client satisfaction generally, it is difficult to conclude that a program has been effective in helping them. Involuntary clients may be an exception, in that their lack of satisfaction is likely to be related to their involuntary status. In this case, a report of program dissatisfaction presumably relates more to their status than to any of their accomplishments or progress. In some studies, client satisfaction scores are even viewed as an outcome measure of success. In summary, the client's perceptions are always important to consider, even though they are a subjective viewpoint that is influenced by their perspectives and biases.

Satisfaction of Clients in an Inpatient Psychiatric Facility

Baker, Zucker, and Gross (1998) report that client satisfaction studies are rare among inpatient mental health patients. Their 770 clients had serious and persistent mental illness, and in most cases had schizophrenia and were involuntarily hospitalized. The authors explore, among other things, clients' perceptions about the different treatment modalities used, treatment goals, and the philosophy of treatment. The authors discuss several specific issues revolving around conducting client satisfaction surveys with this type of population, including considerations of what aspects of satisfaction should and can be measured, whether such surveys can reflect client stability in satisfaction, and whether the results can be used for program improvement.

Although client satisfaction studies are important to have as a component of virtually every program, they do have their weaknesses. As already indicated, clients' perceptions are bound to be subjective and perhaps biased. They can also be difficult to interpret. If you were to ask ten clients, "How satisfied are you with social work services?" what would it mean to each client? One person may associate "satisfaction" with one image, while another asso-

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ciates it with something altogether different. For example, satisfaction or lack of satisfaction in a social worker's help could mean any number of things:

- Liking or disliking some characteristic of the social worker
- Being unhappy with the initial waiting period
- Feeling angry or disappointed about what the social worker said during a recent session
- Being disrupted by a change to a new social worker
- Being grateful that the social worker helped them find a resource
- Being pleased that the current social worker is not judgmental like the previous one
- Being comforted that the social worker listens intently

The list of possible interpretations can be almost limitless, which suggests that we may never know what clients mean when they check a particular response category of a satisfaction survey.

A related example of a weakness in client satisfaction studies revolves around interpreting what the word *satisfaction* means to the clients who fill out a survey. Because the term is ambiguous, it will likely need to be defined. It could be interpreted in various ways, for example, as "no major complaints," "being acceptable," or "being preferred over similar services of competing agencies." *Satisfaction* to some may mean a program or service that meets a very high standard overall, such as being exceptionally well delivered, having almost every aspect done well, being reasonable in cost, and being offered at the best time and at a convenient location for the client. In contrast, to others the standard of satisfaction may be very low, such as simply being pleased to receive an opening in the program and being treated in a friendly way. Again, a client satisfaction study may never uncover what standard of satisfaction the respondents use.

Of course, one could respond to the point about the ambiguity of satisfaction by saying that it does not matter what the standard is. It is all about perception and the perceiver. If the client perceives the program or service as satisfying, then that is all that counts, particularly if satisfaction means they will continue to use the program and continue to engage the provider in the helping process.

Options for Determining What Satisfaction Means. Keep in mind that there are options for exploring a client's satisfaction in more detail or depth. One option is to use a questionnaire format that asks forced-response satisfaction questions for each of several aspects or dimensions of the program and its services. It is up to the evaluator to decide which program dimensions are most important to include in the study. Examples of program dimensions include asking whether clients are satisfied with the agency's fee schedule, the extent of the waiting period, the psychological accessibility of the agency, whether services are available at convenient times,

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the friendliness of the receptionist, the social worker's ability to listen, and the social worker's ability to help them find solutions to their problems. When analyzing the responses to these questions, the evaluator can zero in on the dimensions of the program that are more and less satisfying by comparing them. Further, if one or two dimensions are particularly troubling for clients, they can be singled out and addressed in this type of instrument, which may lessen the impact that the troubling feelings have on their responses to questions about the other program dimensions.

The Dimensions of Satisfaction Use by a Nursing Home Admissions Department

Family members were asked five questions about their satisfaction with admissions when admitting their loved one to a nursing home (Huntersville Oaks Nursing Home, 2005). These five questions addressed the following five dimensions of admissions:

1. Support provided
2. Information regarding financial issues
3. The orientation to the nursing home
4. The amount of information provided
5. Overall assistance given

A five-point Likert scale (excellent, very good, good, fair, poor) was used to frame the questions.

Typically, a client satisfaction questionnaire with forced-response questions has one or two open-ended questions at the end of the instrument. The questions provide an opportunity for the respondent to comment on something that other questions did not address. The open-ended questions could be simply stated as, "Please share any additional comments," or "What are you satisfied with the most?" and "What are you least satisfied with?"

Example of Another Way to Explore Client Satisfaction

In the case of one client satisfaction study (Dansky, Colbert, & Irwin, 1996), two additional questions were asked: "Would you recommend this program to a friend" (yes, not sure, no), and "Would you return to this agency in the future if the need arose" (yes, not sure, no)." Both questions get at client satisfaction with respect to telling others and returning in the future.

Another option is to use an unstructured interview format with open-ended questions about satisfaction. In this case, clients would be encouraged

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to respond to the questions in their own words as naturally as possible. Probing would be added as needed when clients' responses were not fully clear or needed elaboration. A qualitative interview may take a fair amount of time, perhaps an uninterrupted period of an hour, in a place that feels hospitable to clients. An interviewer could be someone known by the clients or a stranger. Both choices have advantages and disadvantages. A person who is known to clients and identified with the agency sponsor would be able to establish rapport more quickly and possibly ask questions within the context of the specific helping process. A disadvantage of using a familiar interviewer is that clients may be hesitant to share negative responses for fear of jeopardizing their standing as clients. A stranger may have more challenges establishing rapport because he or she would be unfamiliar to the clients; a stranger, though, may also have advantages eliciting an honest set of responses if clients are assured that their responses will be kept confidential.

Occasionally, a qualitative questionnaire has been used to determine satisfaction. In one study, forty children of divorced parents were asked to share their perceptions of a family-in-transition program in which they participated (Oliphant, Brown, Cambron, & Yankeelov, 2002). They were asked to respond to open-ended questions about the usefulness of the program in helping them cope; their feelings, experiences, and ideas about the program; and additional topics that they would have liked to have covered. They were also asked to list specific things that helped them. A qualitative questionnaire, while relevant with many types of clients and in a variety of circumstances, may also be too open ended, time consuming, and challenging to complete. A lower response rate may also result. Another option, of course, is to combine two or more methods. Possibly the structured questionnaire could be administered first, followed by an unstructured interview.

The decision about which type of instrument to use needs to consider the people being studied, the costs, and time available. For example, the best fit for a satisfaction study of people who are unable to read would be an interview rather than a questionnaire, whereas a phone interview or a mailed questionnaire may be the best fit for a regional study of clients who live some distance from the evaluator.

Example of a Client Satisfaction Interview for Children

Prior, Lynch, and Glaser (1999) reported on a client satisfaction interview with children who were in a child sexual abuse program. The interview schedule used included both quantitative and qualitative questions. The children were asked to rate the social work services on six dimensions (listening and talking, providing information and explanation, social worker's attitude and demeanor, continuity and accessibility, for whom the services were for, and special occasions) using a three-point scale of positive, neutral, and negative. In

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each of these cases, the children were asked to elaborate on their answers. For example, one thirteen-year-old girl elaborated on her positive response about the social worker listening by saying, "If I didn't want to answer, which I sort of had to, she wouldn't force me to, she'd just go on to the next question, she wouldn't ask me to think."

Administering and Collecting a Client Satisfaction Instrument. It is often wise to alert clients that a client satisfaction survey is coming before it is actually handed out. Some agencies send a note or a postcard out to a client informing them of the study, explaining the purpose of the survey, stating how important clients' feedback is in evaluating the program's effectiveness, emphasizing confidentiality, and thanking them ahead of time. One agency even offered to give clients a small gift the next time that they came to the agency as an incentive for filling out the survey. Such gestures often may be important in maximizing clients' interest in participating. Further, such preparatory steps are often viewed as signs of courtesy and recognition of the value of clients' time.

Example of Multiple Use of Satisfaction Surveys

An agency providing group homes to people with developmental disabilities regularly uses several satisfaction surveys to obtain feedback on how the agency is doing and how it can improve its programs (Lori Gougeon, executive director of Residential Support Services, Charlotte, NC, personal communication, Jan. 21, 2005). This agency has a client satisfaction interview that is conducted with every client annually, using students and volunteers as interviewers. They also have a satisfaction questionnaire administered voluntarily to staff members and another questionnaire administered to all family members of clients. Finally, the agency conducts an annual satisfaction interview with several key community representatives who are familiar with the agency. The community representatives vary each year and have included representatives of other agencies, landlords and employers of clients, regular volunteers, leaders of civic associations, church members, and store clerks.

How the client satisfaction study is administered is also important to consider in order for the evaluator to have valid and reliable data. The person administering the questionnaire or interview needs to be well prepared and trained. In this regard, the person assigned to hand out a questionnaire to the clients is often not directly involved in the evaluation process for practical reasons. Usually it is not realistic for the evaluators or their assistants to be available to give it out to every client. Those assigned to hand it out could

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simply be asked to hand out the survey and remind the client to fill it out and return it. They could be a receptionist, secretary, a volunteer, another staff member, or even a manager who is uninformed about it.

In one example the author encountered, a receptionist at a medical clinic handed him a patient satisfaction questionnaire and asked him to fill it out before he even saw his physician. The receptionist apparently did not know what the questionnaire was all about. So the author filled it out imagining what the visit with the physician would be like. He did not contest this inappropriate request so as not to avoid any delay in seeing the physician.

Other examples of mistakes and overt biases that have been evident in administering client satisfaction surveys include identifying clients to fill out a survey only after they have communicated a favorable verbal impression of the program provider, failing to adequately explain the purpose of the satisfaction survey, placing completed surveys in an open pile that violates privacy rights, requiring clients to fill out the survey rather than giving them the choice to participate, and looking over the results of clients' surveys in their presence.

What Students Learned from Conducting a Satisfaction Interview

Four graduate students conducted client satisfaction interviews with several people with mental retardation who lived in group homes. Afterward, they shared their experiences and what they learned with their class. Among the things that they learned were the following:

- Open- and closed-ended questions elicited very different, sometimes contradictory responses.
 - Their probe questions following interview questions can easily influence the nature of their responses, suggesting that probes should be standardized.
 - The importance of meeting in private because some of the questions were about their daily lives on a very personal level.
 - The location of the interview in group homes made a big difference in responses (choices were the living room, the person's bedroom, and the office where the staff member usually works).
 - Sometimes it was difficult understanding the respondent's speech, so a staff person assisted. In these instances, it became quite evident how much the staff member became an "interpreter" by speaking for the respondent, interfering with what he or she said, and having an influence merely by being present.
 - Some questions such as "What makes you happy?" brought more meaningful responses than most other questions.
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Maximizing the chances of a high response rate by clients is another factor to consider. Because interviews are conducted with an interviewer present, their response rates are usually much higher than when using a questionnaire. How a questionnaire is introduced is critical. In terms of informed consent, all the necessary aspects of informed consent (e.g., purpose of the survey, confidentiality or anonymity, option to not participate, explanation of how results will be used, any potential harm or benefits from participation) should be shared, as both an introduction stated on the questionnaire and verbally by the person who administers it. Having a relatively quiet and private location for filling out the questionnaire is also important.

Another issue is how the survey is to be returned. Is it to be returned by mail? If so, it is necessary to include a self-addressed, stamped return envelop, with a reminder in large print to return it within a specific time, not to exceed seven to ten days from receipt. Furthermore, a follow-up reminder card or call helps increase response rate in many cases. If the questionnaires are to be completed at the agency site, allowing time to fill them out and having someone designated to collect them are necessities.

Studies of Staff Members and Volunteers

Because staff members are central to most program activities, it is not surprising that there are numerous purposes of evaluations to document their views, attitudes, and actions. The specific evaluations introduced in this section focus on the program as the unit of analysis and are not intended as evaluations of the performance of individual staff members. Some of the program-related evaluations overlap with quality assurance activities, particularly those that obtain snapshots of program activities involving staff such as specific client cases and reviews of client files that reflect staff members' activities.

The list of purposes for evaluating staff members, presented subsequently, is not exhaustive but is intended to introduce several purposes that are often of interest to social agencies. Many of these types of evaluations can focus on volunteers and on staff members. Therefore, keep in mind that each described type could just as easily focus on both staff and volunteers or just volunteers.

Some Purposes of Staff and Volunteer Evaluation Studies

- Overall, do staff members have the recommended credentials to meet expectations of the services that they provide?
- Do the services they provide meet the requirements of the respective programs?
- Is there evidence that these services approximate best practices?

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- Do staff members meet equal employment opportunity and other diversity standards?
 - How do staff members use their time on the job?
 - How satisfied are staff members with their working conditions?
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Meeting Recommended Credentials. Some important evaluations attempt to document the extent to which staff members implement the actual services defined in programs. Such evaluations involve at least two domains: determining whether staff members have the qualifications to provide a program's services and determining whether they actually implement these services. Having qualified staff is obviously the easier of the two to evaluate. In this case, the staff qualifications identified during the planning stage as necessary to implement the services of the program can be compared to the qualifications actually held by the current staff members delivering services. The qualifications could include several different characteristics, such as the disciplines of staff members, level of education and professional degrees, professional licenses, previous work experiences and positions held, any specialized skills, and experiences with specific populations (e.g., children). A further question about qualifications could be asked as well. What evidence is available to indicate that the staff qualifications identified in the planning stage are both necessary and sufficient to provide the needed services?

Meeting Requirements of the Program. Determining whether staff actually implement services is a more challenging evaluation question. Several specific questions can arise when considering this question:

- How is the overall program approach described and defined? How can it be identified and measured when observing staff members' actual practice?
- Is the expertise of the staff members evident in some way in the actual implementation of the program's services?
- What roles do staff members play? What roles are clients expected to play?
- What specific practice theories, if any, are emphasized in this program approach?
- How can the application of these theories be identified and measured when observing the staff members' actual practice?

Best Practices. Once a theoretical approach and all its dimensions or components are defined, along with procedures for implementing them, standards can be set to ensure that the approach is implemented in a professionally acceptable way. Best practices are pertinent here. Best practices is a concept that represents the highest standards possible for a specific area of

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professional practice. Best practices are partially established by evidence-based research demonstrating that a practice approach is effective in helping specific client populations. An important way to establish best practices is through peer-reviewed professional journals articles published and disseminated by researchers and practitioners.

Diversity Standards. Diversity evaluations can be relevant as well. Every so often, it is a good idea for agencies to take a closer look at the demographic characteristics of their staff members and volunteers to determine whether they are similar to the demographic characteristics of the client population. In addition, it is a good idea to determine whether these characteristics take into account projected changes in the client population over the next five to ten years. Having a diverse staff cohort, one that roughly approximates the demographic characteristics of the client population, is a meaningful ideal to pursue. Equal employment strategies can be helpful in reaching this ideal. The more genuine and rigorous the effort that goes into implementing equal opportunity standards in recruitment, hiring, and retention, the more likely it is that the agency will recruit diverse staff members and volunteers. Demographic characteristics of importance should include race, gender, ethnicity, social class, religious affiliation, age, regional background, marital status, having children or not, sexual orientation, and other characteristics related to the needs of specific populations. Although this type of evaluation is not intended to support the notion of pairing clients and social workers on the basis of similar background characteristics, the collective diversity of a cohort of staff members can provide a visible signal to many with a minority status that they belong there or are welcomed as recipients. In addition, the more varied the backgrounds of staff members and volunteers overall, the greater their capacity will be to plan and implement a culturally sensitive and effective program.

Use of Staff Members' Time. Staff members' use of their time can be another focus of an evaluation. Administrators sometimes wonder how their employees spend their time. For example, how much time in a week, on average, do staff spend in direct contact with clients, in meetings, in collaborating both with other in-house staff and staff of other agencies, in record keeping, and so on. Often staff members are thought to see too few clients, and there may be a question about how they could use their time differently. Generally, it is wise to use the time of staff members and volunteers, particularly in a human services environment with limited resources, in the most efficient way. Efficiency in itself tends to increase the outputs and outcomes for programs.

Working Conditions of Staff. How satisfied are staff members with their working conditions? This is an important question that many agencies

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often downplay. The rationale for minimizing its importance can vary. Some administrators may say that staff are paid to provide their services, so why emphasize their satisfaction? Other administrators may feel that seeking to satisfy staff members could weaken their own authority. This rationale may be especially important to a top-down administrator who does not encourage staff participation in major decisions of the agency.

Nevertheless, studies have found a strong correlation between staff contentment with their working conditions and their productivity and retention. Agencies with low staff morale are usually among those with high staff turnovers. Mor Barak, Nissly, and Levin (2001) conducted a meta-analysis of twenty-five studies on retention and turnover of staff and their antecedents. The studies reported a range of staff turnover in the agencies studied of 30 percent to 60 percent in a typical year. Among the contributors to staff turnover were burnout, job stress, a lack of support from coworkers and supervisors, and other organizational conditions. Therefore, paying close attention to staff satisfaction with work conditions can be important, and staff satisfaction evaluations are among the ways to investigate such issues.

Some of the issues revolving around working conditions and morale that make sense to periodically investigate include salaries and annual salary raises, availability of medical coverage for employees and family members, retirement benefits, workload issues (e.g., size of caseload), availability and quality of their supervision, opportunities for advancement, support for professional licensing, openness of administrators to staff members' views on programs and personnel matters, availability of useful in-service and out-sourced training opportunities, reasonable vacation and sick-leave policies, other family-friendly policies, and incentives and rewards for doing exemplary work. At least one study also found that the challenges imposed by some client groups, such as clients with mental illness, also affect job satisfaction (Acker, 1999).

Evaluations of Practice Processes

Many of the preceding types of evaluations could naturally focus on either programs or practice, even though the discussion so far has been mostly on programs. For example, linking client problems with the practice approach is relevant, as some practitioners may apply a rigid approach with every client rather than vary their practice to clients' individualized needs. In this regard, one purpose of a practice evaluation might be to explore variations in the implementation of a practice approach and how variations may be linked to different client needs. It may well be that many staff members decide to use a specific practice theory without varying it to what clients need. For example, one client may benefit from an approach that helps them gain insight into their problems using a cognitive behavioral approach, while another may need more emphasis on support and not benefit from insight.

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Monitoring Practice

Practice quality is closely related to program quality, as the quality of an overall program depends on the quality of each service component, which often comprise the services of individual staff members. Monitoring practice is a discipline that can help practitioners improve what they do. Social work practitioners often monitor the quality of their practice; some of their efforts may not even be considered evaluations.

Process recordings are an example. Supervisors and practice teachers often request process recordings of new staff members and field students to find out what happens in their interviews. The recordings are then carefully reviewed in a supervisory session to explore the appropriateness of the social worker's responses to the client's comments. Often the recordings are helpful for revealing missed opportunities for the worker to respond to the subtle messages and emotional reactions of clients. The supervisory discussions can be very useful in helping new workers and students become more disciplined in how they use themselves in practice situations and in providing supervisors with enough information to be satisfied that clients receive satisfactory help.

Direct observations of practice through a two-way mirror or by videotaping and audio taping interviews are other ways to evaluate practice interventions through the supervisor-worker relationship. Other devices such as case summaries and personal logs of staff members can also be used to help practitioners monitor their own practice and receive helpful feedback from a supervisor. Discussion of case summaries of sessions can lead to planning future interviews and to modifications in a worker's approach.

Case managers carry a specific role that emphasizes monitoring the practice of other providers of service to a client (Frankel & Gelman, 1998). Social workers at the BSW level are especially equipped in their education to fill these positions. Case managers typically locate services for their clients, negotiate and facilitate contracts with agencies offering services, and monitor the range of services provided to the clients to ensure that they are appropriate to their needs and provided in a high-quality way.

Practice Accessibility

Problems of practice accessibility are inherent in an individual's practice, as they are in programs. Practitioners frequently face no-shows and early dropouts among their clients, which often points to accessibility barriers that need addressing. For example, prospective clients may explore the services of a practitioner by phone and agree to come to an initial interview. Yet they may neither show up nor call in to explain. Often clients come to an initial interview or the first session of a group but do not return again. Unless these no-shows and early dropouts are followed up in an attempt to find out what

happened to them, practitioners cannot know whether accessibility barriers existed that could be overcome.

The Wrong Motives for Dealing with “No-Shows”

One mental health agency decided to address its high number of no-shows with two strategies. First, clinicians were encouraged to double schedule appointments in hope that at least one of the two clients scheduled for each time slot would show up. If both clients showed up, the program director promised to find someone to meet with the second client. The other strategy was to employ a decision committee, which a client who had missed three or more appointments had to talk to before being scheduled for another session. The decision committee was used to stress clients' responsibility to attend all appointments and to inform clients that additional sessions would not be offered if they missed another session. The decision committee was not used to seriously explore the clients' reasons for no-shows. Both strategies were motivated by an administrative need to generate a maximum number of client reimbursements for the private-for-profit agency.

No-shows and dropouts can result from accessibility barriers, which should be carefully considered and addressed. Otherwise, the circumstances that cause or exacerbate the barriers could easily continue for prospective clients in the future. Some types of clients may easily use the services of a practitioner or program (e.g., a middle class, married client, experienced in using a multitude of services, and/or who generally copes well with and manages personal issues). Others, possibly racial or ethnic minorities, low-income families, recent immigrants, single mothers, unmarried and inactive fathers, older lesbians, people with AIDS, people with chronic mental illness, and people with numerous other challenging characteristics are known to have been excluded or discouraged from using services. Studies have shown, for example, that no-show behavior can be correlated with low income (e.g., Allan, 1988), lower socioeconomic status (e.g., Lefebvre, Sommerauer, Cohen, Waldron, & Perry, 1983), age (e.g., Carpenter, Morrow, Del Guadio, & Ritzler, 1981), and substance abuse (e.g., Paolillo & Moore, 1984), among other factors.

Concluding that clients and prospective clients are simply resistant or unmotivated to use services is a frequently given excuse and a superficial way to ignore some of the more complicated and valid explanations. Some more valid explanations can be explored by considering the types of barriers described previously (e.g., physical, psychological, cultural, geographic, institutional).

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Practitioners are encouraged to devise a plan to address accessibility barriers when they face a considerable number of no-shows or dropouts. Meyer (2001) offers some suggestions. One barrier may be the wait time before a first visit, as the longer the wait time to obtain a first appointment, the less likely a client is to keep the next appointment. Thus, workers should minimize any wait time initially or before any session. Another barrier could be the expectation of employers that clients accomplish speedy outcomes as a result of the growing pressures that assistance be short term and address only immediate problems.

Another concern, according to Meyer (2001), may be that the client's problems with service providers in the past were barriers because former providers may have been unresponsive or unhelpful. In this case, special efforts may be in order to help clients openly talk about their negative past experiences, and they may need to be reassured that such experiences will not be repeated. Another suggestion is that the practitioner demonstrate the qualities of the therapeutic relationship from the very first contact, whether by phone or in person; these qualities include reliability, trustworthiness, calmness, respect, good listening, warmth, empathic responses, and not rushing. Well-thought-out and sensitive follow-up efforts are also encouraged when a client does not show up for an appointment. Such inquiries could include asking a client in a direct but nonjudgmental and caring way why he or she missed the appointment and exploring how the client wants to proceed.

Staudt, Bates, Blake, and Shoffner (2004) offer further suggestions for preventing no-shows. Besides emphasizing with clients such central practice qualities as conveying a nonjudgmental attitude and clearly explaining the confidentiality policy, they suggest some helpful practice notions that could enhance the possibility that clients will return for their second and later interviews. These practice techniques include contracting for a set number of sessions, eliciting what the client wants to get out of treatment, asking clients what might prevent them from returning, and educating clients about their role and the role of the social worker.

Are the Clients Satisfied?

Obtaining feedback from clients on their satisfaction is important to consider not only in monitoring programs but also in practice. Social workers can be encouraged to periodically have informal discussions with clients and/or ask them to fill out questionnaires to elicit their feedback on how helpful the services have been and what can be done to improve them. A social worker can ask clients several basic questions, such as the following:

- How satisfied are you with the services that you have been receiving?
- Are you feeling satisfied generally? In what ways?

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- How might you be feeling dissatisfied or disappointed? In what specific possible areas?
- What am I doing that is helpful to you? How is it helpful?
- What additionally would you like me to do?
- What am I doing that is not helpful to you?
- How am I helping you reach your goals?
- How do you feel about the session today (a good overall question at the end of each session)?

Client Satisfaction Using a Focus Group

A graduate student (Borys, 2006) decided to conduct a client satisfaction study to find out what aftercare residents of a substance abuse agency for women thought were the strengths and weaknesses of their program. She used a focus group format and asked the following questions:

1. What do you feel are the strengths of the program?
2. What do you see as some areas that need to be improved?
3. What part of the program have you struggled with the most?
4. If you could change anything about the program, what would it be?

In brief, a general consensus was reached about bringing back a residential program that had been discontinued; providing more advocacy for housing, jobs, and day care; having a supportive staff; and involving board members more with the residents, including being more of an advocate for them.

Client satisfaction is especially important to explore at the time that a client is terminating services. Yet it is strongly advised that client satisfaction explorations also occur periodically while services are still being offered. In this way, changes can be incorporated into a worker's practice during future sessions. In addition, periodic client satisfaction conversations can create greater bonding with clients because clients feel they are being heard and that their voice is important.

Key Terms

Best Practices
Client satisfaction
Cultural barriers
Geographic barriers
Institutional barriers
Link between client problems and program

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Monitoring practice
Physical barriers
Practice accessibility
Program accessibility
Program implementation
Program quality
Psychological barriers
Quality assurance
Quality control
Quality improvement
Staff morale and satisfaction

Discussion Questions and Assignments

1. Identify what you think are the key elements of a program at your field agency that are necessary for it to be effective in addressing the causes of clients' problems. Then ask three different staff members to identify how these elements are present and operable in the program.
2. Review the factors of the larger context of a program in chapter 1. In your opinion, which factors are essential for the effective functioning of a program? Which are optional? Give reasons for your answers. Which factors are essential for accountability? Which are important in responding to the sociocultural characteristics of a program? Give examples.
3. Assume that you work for a child welfare agency that had previously provided protective services in instances of child neglect. Now the agency is preparing to provide secondary prevention services to families who may be most prone to neglecting their children as a result of a range of problems. Identify a list of questions that can be asked to determine which families would be most qualified to be clients of this secondary prevention program.
4. You plan an education symposium on preventing strokes for the older adults in your community and hold the symposium at the local hospital. You are pleased that the symposium has a good turnout of older and middle-aged adults but as you look around the room you see almost no African American adults present. You know that African Americans have a higher incidence of stroke than other ethnic groups. Design a plan for another community education program that will reach this underrepresented group of older adults.
5. Review the two strategies to address no-shows in "The Wrong Motives for Dealing with No-Shows." What is ethically wrong with these strategies? How, if at all, could either strategy be modified in some way to make it ethical and possibly effective?

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6. A. Conduct a role-play of a conversation between a social worker and a client after meeting for five sessions. Conduct an informal client satisfaction exploration. You can use some of the questions found in the chapter or the following questions in the interview.
- Generally, how are we doing?
 - How am I doing?
 - What's helpful?
 - What's not so helpful?
 - What would you like to have that you are not getting?
- B. Now add the following variations in separate interviews:
- A client is Asian American and tends to defer to the person in authority.
 - A client is Southern and tends not to want to directly question the person in authority; the client tends to be less direct and less open but has some complaints to share.
 - Vary the client's age (e.g., young adult, older adult).
 - A client is the victim of domestic violence.
 - A client is a perpetrator of domestic violence in an involuntary setting.
7. This *major class assignment* is to be completed by choosing *one* of the two types of practice evaluations described:
1. *Monitor your interventions*: Work on monitoring and improving your interventions through self-reflection (e.g., What theoretical approach are you aware that you use? How well are your interventions implemented? What have you done that worked well? What needs improvement?).
Tools to consider: (a) process recordings of a few interviews, (b) summaries and personal impressions of a few interviews, (c) video or audio recordings of interviews.
 2. *Determine client satisfaction*: Determine whether your client is satisfied with your interventions (e.g., Is your client satisfied with the services that you have provided? In what ways? To what extent? In what ways is the client dissatisfied?).
Tools to consider using: (a) client satisfaction forced-response interview schedule, (b) client satisfaction qualitative interview, (c) client satisfaction questionnaire?.

Steps to Complete the Assignment

1. Identify *a need for a practice evaluation* in your field agency and a client system that can benefit from an evaluation. Inform the client about the evaluation and encourage her or him to participate.

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2. Select the *type of evaluation and specific tool* that most readily fits your client situation from the preceding list. Feasibility is an important consideration in your selection if you have limited time. For example, consider the number of likely sessions in which you will see your client, the overall amount of time that your agency will serve the client, and any difficulty you may have in identifying a measurable goal(s) for the client.
3. Use your *field instructor as a consultant*. Discuss the assignment thoroughly with your field instructor to make sure that she or he understands the assignment and the evaluation tool that you will use. Give the field instructor a copy of the assignment.
4. *Obtain informed consent* either in written or oral form. Make sure that the client understands all pertinent issues of informed consent (e.g., purpose of the selected tool; how it works; how the client, worker, and agency can benefit; expectations you have for the client in participating in the evaluation; informing the client if this is a course assignment to be turned in; ensuring confidentiality; reminding the client of the option to say no or withdraw after the evaluation begins). Whenever your field agency has a protocol for obtaining informed consent, use it to complete this assignment.
5. *Formulate and implement your practice evaluation*. Follow the specific steps below that fit the type of evaluation you decide to focus on.

A. For monitoring your interventions:

1. Identify your purpose as specifically as you can (e.g., What specific things do you want to consider in more depth about your interventions or What questions do you want to answer about your interventions?).
2. How will you go about monitoring your interventions (e.g., Will you use process recordings or case summaries of a few interviews with a client? Will you tape-record interviews?).
3. Select a way to analyze your qualitative records, such as a simplified version of a theme analysis.

B. For client satisfaction evaluations:

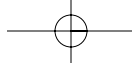
1. Construct an interview schedule or a questionnaire. It can be structured, semistructured, or unstructured.
2. Include questions in your instrument that explore how to address any perceived dissatisfactions raised by the client.
3. Pretest your instrument with a client or someone similar to a client.
4. Conduct the interview or administer the questionnaire to the client.
5. Discuss the client's views about how helpful the instrument is.

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6. Describe what you have learned about evaluating your practice from this assignment and what advantages and limitations you see in using this tool. Complete step 6 for both monitoring and client satisfaction evaluations.

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