ISPCC

ALWAYS HERE FOR CHILDREN

The development of monitoring tools for ISPCC services

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Executive summary

Context and aim

The ISPCC *Citizen Child Strategy* (ISPCC, 2005) includes a proposal to evaluate the effect of its work. In order to undertake such an evaluation, a system of performance and outcome measurement that was valid and reliable for the service users of the ISPCC was required. The aim of this project was to develop a comprehensive framework to measure the processes and outcomes of the work of the ISPCC; this included identification of standardised measures and development of non-standardised measures within this framework. It was to operate as the basis for the development of appropriate goal-driven group and individual interventions with children, to allow the ISPCC to monitor and evaluate the effectiveness of its work, and to help the ISPCC to understand better the impact of that work.

Academic background and methodology

The aim of this project is consistent with moves towards evidence-based practice in the provision of services. Evidence is most often undertaken using standardised assessment tools to detect changes as a result of an intervention. Increasingly, the need is recognised for qualitative methods to capture more aspects of service provision than is possible with standardised tools alone. Arts- and information technology-based systems have been developed as more child-centred alternatives. The methodology for this study drew on similar work in evaluation and performance measurement. A steering group oversaw all aspects of the research, which began with an analysis of existing policies and procedures. A literature review established good practice in monitoring and evaluation and identified standardised assessment tools which were presented to ISPCC staff. From these, five were chosen for the pilot. When it emerged that there were elements of the ISPCC's work which could not be measured in this way, a number of new systems were developed. The pilot was conducted and feedback from staff members was included among the results.

Development of new systems

Two elements of service delivery were identified as important: the interaction processes and the achievement of goals. Process questions were developed in consultation with staff and the Children's Advisory Committee and were illustrated for the Leanbh pilot. A system for recording goal achievement was developed for the intervention services.

Results

Results are considered insofar as they reflect the success or otherwise of elements of the evaluation framework rather than the impact of services. For Childline, the pilot yielded information which was previously unavailable on services users' experience of their contact. The standardised assessment tools piloted with Childfocus and Teenfocus were shown to be reliable for the populations in questions, though with small samples. The intervention goals provided a structure for the existing practice of goal setting which was found to be useful. The Leanbh drawings were useful and in the course of the pilot a set of drawings that can be used in the future was developed.

Reflective Practice

At all times, the project was influenced by a desire to better understand the effect of the ISPCC's work based on principles of reflective practice. A workshop for staff members discussed the underlying theory of reflective practice as well as ways in which it can supplement formal supervision and monitoring procedures. The reflective element of the intervention goals' system can incorporate reflective practice into everyday activities.

Recommendations

The framework developed and described here was shown to be valid and reliable for the ISPCC services and service users. The next step is to use the framework to undertake systematic evaluation of those services. Staff training and data management practices may also have to be adapted if implementation of the framework is to go ahead.

Abbreviations

AdWS	Adolescent Well-being Scale
CFRC	Child and Family Research Centre
DoHC	Department of Health and Children
EBP	Evidence-Based Practice
HSE	Health Service Executive
ISPCC	Irish Society for the Prevention of Cruelty to Children
PCRI	Parent-Child Relationship Inventory
PHCSCS	Piers-Harris Children's Self-Concept Scale
SAP	Self-Appraisal Programme
SES	Self-Esteem Scale
SPS	Social Provisions Scale

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Research team

The Child and Family Research Centre (CFRC) is a joint initiative between the Health Service Executive and the School of Political Science and Sociology at National University of Ireland, Galway. The CFRC undertakes research, evaluation and policy studies in the area of child and family care and welfare. This report was researched and written by Brian Merriman MLitt, Leanne Robins MA, Dr John Canavan, and Dr Pat Dolan. Anne Kenny contributed to the chapter on reflective practice. The centre's website is www.childandfamilyresearch.ie.

The illustrations for the pilot were drawn by Dale McNiven. The final versions of the illustrations were by Richard Chapman.

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1.1 Introduction

The Irish Society for the Prevention of Cruelty to Children (ISPCC) provides services and advocacy for children and seeks to build children's participation in local and national decision-making. The ISPCC services are Childline, a confidential telephone and internet listening service, Leanbh, which works with children begging on the streets and with refugees and asylum seekers, Teenfocus[1], a mentoring and counselling service to children at risk of misusing drugs and alcohol, and Childfocus for vulnerable children experiencing behavioural or emotional difficulties. ISPCC advocacy activities involve raising awareness of issues facing children, campaigning and lobbying policy-makers, and helping to generate solutions. This advocacy role is closely allied to the participation of children in raising awareness and generating solutions through Dáil na nÓg and County Development Boards' Comhairle na nÓg. The ISPCC also consults with its own Children's Advisory Committees to ensure that its activities are at all times focused on the interests of children. These activities are in concert with the United Nations Convention on the Rights of the Child and the Irish government's *National Children's Strategy* (DoHC, 2000) in their commitments to participation and consultation, quality, rights-based services, and research to further our understanding of children's worlds. The focus of this project is on the service delivery element of ISPCC activities and, specifically, on improving the monitoring and evaluation of Childline, Leanbh, and Childfocus.

[1] Teenfocus was previously known as 4^{me}. The re-branding took place in the summer of 2008 and to be fully implemented in early 2009. While the research for this project was being conducted during 2007 and 2008, the service was called 4^{me}. All reference in this report is to Teenfocus since it was finalised after the re-branding.

Increasingly, state and voluntary organizations providing care and welfare services to children are being required to demonstrate the evidence base to their work. While driven in part by value-for-money and accountability concerns, such demands are also underpinned by the ethical challenge of ensuring that efforts on behalf of children are effective, both in the short- and long-terms. For an organization such as the ISPCC, key questions are: what are the outcomes for children from our work?; and what is it that makes the difference in practice?

For the ISPCC, this research is part of the overall programme articulated in the *Citizen Child Strategy* (ISPCC, 2005) to evaluate the effect of its work. The commitment in the *Strategy* was to measure the impact of the Citizen Child strategy by asking children about their experiences, by conducting independent evaluations of its services and activities, by carrying out regular surveys of public opinion, and by analysing government and other official statistics on children. Broadly, this project is an independent evaluation not of services and activities themselves but of the ways in which those services and activities are already evaluated and monitored.

1.2 Aim

The aim of this project was to develop a comprehensive overall framework and a set of specific tools to measure the processes and outcomes of the work of the ISPCC, and the identification of standardized and non-standardized measures within this framework. It is intended that the resulting framework will:

1. Operate as the basis for the development of appropriate goal-driven group and individual interventions with children;
2. Allow the ISPCC to monitor and evaluate the effectiveness of its work;
3. Help the ISPCC to understand better the impact of its work.

1.3 Context: the ISPCC value base

Before undertaking these tasks, it was important for the research team to know more about the core values of the ISPCC which influence all aspects of their work. To this end, a series of baseline analyses were conducted on policy and procedure manuals, reports, recording procedures, and any other information deemed relevant,

such as the *Citizen Child Strategy* (ISPCC, 2005). It is worth re-producing the statement of vision and values from the *Strategy* since this informs all of the elements of the work involved in this project.

The role of the ISPCC: “Because of our independence, distinct range of services and commitment to consultation with young people, ISPCC is uniquely placed to monitor, evaluate, highlight and respond to the changing landscape of childhood within Ireland.”

The vision of the ISPCC: “The ISPCC wants to see an Ireland where all children are loved, valued and able to fulfil their potential as citizens.”

The purpose of the ISPCC: “The ISPCC exists to ensure that all children are given the opportunity to experience love and happiness, to stop discrimination and exclusion of children and to end cruelty and injustice to children.”

The values and principles of the ISPCC: “We are guided by the values of inclusion, commitment, respect, honesty and by the principles integral to the United Nations Convention on the Rights of the Child. The work of the ISPCC is unique in its commitment to child-centredness, equal participation of children, valuing diversity and direct accessibility to helping services by children.”

The goals of the ISPCC: “We want all children to live in a society where:

- “cruelty to, discrimination of and exclusion of children are not tolerated
- “children’s rights as citizens are fully acknowledged;
- "children are included, as active participants, in all of the social structures that impact on their lives;
- “children, no matter what their ethnic background, family circumstances or personal difficulties, are given the opportunity to experience happiness, love and stability;
- “children can get the help they need to overcome adversity, experience love and happiness and stay safe;
- “families and communities know how to support children and keep them safe.”

Analysis of existing ISPCC policies and procedures revealed that well developed monitoring and evaluation procedures were already in place, and were all strongly influenced by these vision, values, and goals. Among the findings were that:

- Extensive documentation currently exists within the ISPCC to guide the practice of workers and volunteers;
- The ISPCC places the child at the centre of every intervention. According to the Professional Practice Guidelines (5.1) 'the goals and objectives for each child are based exclusively on the needs and wishes of the child' (ISPCC, 2006, p.7);
- Interventions are designed which are child-focused, strengths-based, needs-led, with clear goals and objectives for each child (3.1 Individual Programme Planning Policy, ISPCC 2006);
- An extensive assessment manual guides ISPCC workers who work in traditional one-to-one programmes with children through a process which enables the worker to assess the needs of the child and design and implement an intervention. The assessment process is viewed as a 'subjective process, where the assessor's professional judgement is used to define the strengths and weaknesses of the child' (ISPCC Assessment Manual, p 3). The assessment currently examines need under the following ten sub-headings:
    - Physical condition;
    - Cognitive development;
    - Psychological condition;
    - Social skills;
    - Social behaviour;
    - The child and the family;
    - Parenting and significant parent figures;
    - Socio-economic factors;
    - Other professional involvement;
    - Estimation of risk.

- Evaluation of the intervention is undertaken by reviewing the goals of the individual intervention plan with the child and family (ISPCC Practice Manual, 2006, section 3.2);
- At a service level, the ISPCC Evaluation Manual outlines a series of evaluation mechanisms for reviewing staff and service effectiveness. Such mechanisms include the use of case forms, supervision, ongoing 'shadowing', team meetings, gathering of statistics, annual reports, and formal evaluations of services;
- Young people and families are involved in service review through the use of the Viewpoint questionnaire which is administered to all clients in May and November of each year. In addition, the views of children and young people are heard through the Children's Advisory Committees based throughout the country and the Junior Advisory Board.

These service delivery, monitoring, and evaluation processes have evolved in parallel with the development of services. They are at all times child-centred, strengths-based, and show a commitment to quality. The next step in the research process was to look at how these values which inform procedures are in turn implemented in each of the ISPCC services.

1.4 ISPCC services

The ISPCC services are Childline, Leanbh, Teenfocus, and Childfocus. Childline is a 24-hour telecommunications- and information technology-based listening service for children up to 18 years of age. The primary medium of the service is telephone and in 2007 294,908 calls were answered. In addition, 75,864 information contacts were made through web and automated text services (ISPCC, 2008). Calls to Childline range from children discussing everyday issues and school-related problems to more serious concerns such physical and sexual abuse and drug and alcohol use. Leanbh works primarily with children who are begging or at risk of begging on the streets in Dublin and has recently expanded to work with children from new communities who have arrived in Ireland and whose asylum applications are being processed. In 2007, 1,152 sightings of begging incidents were reported and 93 children were engaged with Leanbh services (ISPCC, 2008). The Teenfocus service provides community-

based support for children aged between 13 and 18 years who are experiencing emotional of behavioural difficulties. The service operates in nine ISPCC regional offices and in 2007 607 children were involved in individual work (ISPCC, 2008). Finally, Childfocus works with younger children, up to 12 years of age, in the areas of behavioural and emotional difficulties. Following comprehensive evaluation, a therapeutic plan is formulated by consultation between the child, their carer, and the ISPCC project worker. In 2007, 353 children were engaged in individual work (ISPCC, 2008). Childfocus also works with parents and offers preventative workshops and seminars on parenting.

The research team from the Child and Family Research Centre were provided with copies of reviews of both the Childline service and the Leanbh service. The review of the Childline service, undertaken by the Children's Research Centre (Whyte & Smyth, 2004) provided insight into the service, and support for the development of evaluation mechanisms for Childline. Specifically, section 4.5 discussed the ways in which the effectiveness of interventions for children using Childline were measured. The report documented that one of the suggested measures of effectiveness was the extent to which children were empowered through contact with Childline. The measurement of empowerment was largely done on a subjective and anecdotal basis through feedback from volunteers and call facilitators (2004, p.24). As such, a recommendation was made in the evaluation report to 'devise ways of measuring the extent to which the service is empowering and helping children' (2004, p.26).

The Leanbh Evaluation, which was commissioned by the Department of Justice, Equality and Law Reform (2003) devoted a section in the report to the incorporation of an evaluative component into the Leanbh service (Section 9). This section of the report suggests that Leanbh consider taking an outcome measurement approach in order to demonstrate the impact of their service (2003, p.28). Specifically, this report suggests ways to 'capture' the unique work of Leanbh, in regards to ensuring that 'soft outcomes' (such as improving confidence in children) are measured in conjunction with 'inputs' (numbers of children) in the service.

In summary, it is clear from both the evaluation reports that a considerable number of strengths exist in the work of both the Childline and Leanbh services. One gap

identified in both of these reports, which is indeed the focus of this project, is to provide these services with ways in which to measure the effectiveness of their work. Taking into account the unique service provision of both of these programmes, a level of adaptation, creativity, tailoring, and piloting of available tools and resources will be required.

1.5 Existing ISPCC assessments

As part of the consultation process, the researcher spoke to staff in all services about their views of the current assessment and evaluation mechanisms in place. This is in line with the task in the initial research proposal to 'agree strengths and weaknesses of current systems and what can be incorporated into a new system'.

- Strengths:
    - The comprehensive nature of the assessment;
    - The length of time available to complete the assessment (6 weeks);
    - The strengths based, and needs lead approach to the assessment;
    - The ability to seek views from parents/professionals through the assessment.
- Weaknesses:
    - The assessment is based on the view of the worker;
    - The assessment is loosely structured and not standardised;
    - Some families from an ethnic minority or asylum-seeker background may not see the relevance of asking some of the questions such as those on birth history;
    - Some families from ethnic minority or asylum-seeker backgrounds find it hard to talk about why they are here in Ireland;
    - Some of the questions and concepts are too difficult to explain;
    - There is no formal assessment of risk;
    - There are no screening tools for issues such as depression, suicidal ideation, coping skills, well-being.

Overall, the existing ISPCC case file and assessment system was deemed useful. The task for this project, then, was to improve the system and add new tools that would complement it rather than designing something completely different.

Developments were to build on the identified strengths and to improve on the weaknesses. In 2008, the ISPCC began to implement a new client relationship management system. This was taken into account in any developments.

1.6 Methodology

Some elements of the methodology described here are borrowed from that used by Mistral, Jackson, Branding, and McCarthy-Young (2006) in developing a system for measuring the impact of relationship counselling provided by a British national voluntary agency.

- Establishment of a steering group.
- Analysis of existing processes and procedures;
  The first step in trying to enhance the work of the ISPCC was to establish the level and detail of existing ISPCC monitoring and evaluation. The ISPCC value base and some details on the services are considered in this chapter. This analysis was undertaken in two ways:
  - Documentary
    - Record keeping and case management;
    - Evaluation mechanisms currently in use;
    - Previous research on services.
  - Consultation with ISPCC staff:
    - Interviews on the strengths and weaknesses of current systems and what can be developed;
    - Shadowing:
      - Street engagement with Leanbh;
      - One-to-one intervention with Leanbh;
      - Listening to Childline calls;
      - Observing Childline On-line;
      - One-to-one intervention with Childfocus.
- Literature Review
  To begin to build on existing processes and procedures, it was useful to investigate measurement tools used by similar organisations in Ireland and in other jurisdictions; policy, research and evaluation reports. Chapter Two discusses literature used to:

    - Generate ideas for the overall system of measurement tools;
    - Identify specific tools;
    - Identify principles of good practice in measurement systems;
- Development of new measures

  Based on the earlier phases, the need for new measures, especially of the achievement of intervention goals, was established. Two new assessment measures were developed and these are detailed in Chapter Three:
    - Process goals
    - Intervention goals

  These new measures were presented to two sessions of the Children's Advisory Committees and their feedback was incorporated in the final versions.
- Pilot

  The selected standardised assessment tools and new measures were piloted from October 2007 to January 2008. Results of the pilot are reported in Chapter Four. Each service used the following:
    - Childfocus:
        - Standardised assessments;
        - Process goals;
        - Intervention goals.
    - Childline:
        - Process goals;
    - Leanbh:
        - Illustrated process goals;
        - Intervention goals;
        - Standardised assessments.
- Reflective practice

  This project was underpinned by an awareness of the value of staff reflection on their own practice to maintain and enhance standards. A reflective practice workshop towards the end of the project provided a framework for reflection and allowed staff the opportunity to provide feedback on the new assessment system. The workshop and feedback are described in Chapter Five.

1.6.1 Ethical issues

The CFRC's work is guided by the ethical standards of the Sociological Association of Ireland and the Psychological Society of Ireland in undertaking this project. More specifically, the project was also informed by the ISPCC's own practices in this area and relevant legislation, for example, the Data Protection Acts 1988 and 2003.

1.6.2 Project Governance

An advisory group supported the project with regular meetings and other contact. The group comprised:

- ISPCC Regional Manager responsible for co-ordinating the project;
- ISPCC Leanbh Manager;
- ISPCC Childline Manager;
- Representative of the HSE; and
- CFRC Research Team.

1.7 Report Outline

This chapter has described the aim of the project and the context in which it took place. While there were some changes in the ISPCC at management and administration levels, these did not significantly change the values and services as described here. The methodology in this chapter indicates the structure of the remainder of the report. Chapter Two provides a literature review on good practice in performance measurement in general and on specific assessment tools for the ISPCC. Following this review, some of the assessment requirements were not met by available tools so Chapter Three describes the development of two new tools for the ISPCC. Chapter Four gives details of the pilot implementation of the new assessment system and Chapter Five collates staff feedback on that pilot as well as describing the reflective practice workshop. Chapter Six attempts to draw some conclusions from these results and offers recommendations for the future of these assessment systems.

Chapter Two
Literature review

2.1 Introduction

Chapter One identified the areas of ISPCC processes that are the focus of this research. This chapter describes how similar questions have been addressed by other organisations. The value placed on evidence-based practice is noted and principles of good practice in measurement of services are proposed. One element of the proposed new assessment framework was standardised assessment tools. A number were investigated in domains relevant to the work of the ISPCC. Performance measurement is part of the current ISPCC system and the review here presents other organisations' experiences of similar work. Evaluation systems for online support services were investigated with a view to the Childline evaluation. Given the diverse nature of the ISPCC's interventions and the potential practical problems in implementing standardised assessment, in Leanbh's on-street work, for example, some creative and child-centred methods are also presented here as possible solutions. Some of the issues connected with practitioner research are addressed before looking at how reflecting on practice can improve the effectiveness of a practitioner. Reflective practice is an important part of this project and the literature on reflective practice is dealt with in Chapter Five.

2.2 Evidence-based practice

There is an increasing awareness in health and social services of the need for evidence that an intervention is effective and that the effect remains (Griffin, Guerin, Drumm, & Sharry, 2005; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Kitson, Harvey, & McCormack, 1998; Rosswurm & Larrabee, 1999; Sackett, Rosenberg, Muir Gray, Haynes, & Richardson, 1996), not least given the implications of knowledge of effectiveness for the allocation of resources. The last ten years has seen a move from intuition-driven or authority-driven practice to

evidence-based practice (EBP) with increasingly rigorous standards (see Sackett et al). In evidence-based policy-making, the range of forms of acceptable evidence is now quite broad and includes conventional research, economic and statistical modelling, cost-benefit analyses, stakeholder opinion, and public perceptions and beliefs (AbouZahr, Adjei, & Kanchanachitra, 2007). At the same time, not all evaluations are equal and not all evidence produced by evaluation is equally relevant to the development of an organisation. The next section identifies some principles of good practice in evaluation.

2.3 Evaluation and performance measurement

In the context of evidence-based practice, it is important to consider the kinds of evidence that are useful to health and social services. Jackson (2005) draws a distinction between evaluation and performance measurement. Evaluation developed from social science and is concerned with the efficacy and effectiveness of interventions. Performance measurement developed from accountancy and management and is more concerned with the optimal functioning of units in a system. While both are potentially useful as pointers to improve service, evaluation, Jackson argues, benefits from a more deliberate acknowledgement of an organisation's value base, an emphasis on conceptualisation rather than just measurement of problems, and a broader range of methodologies. Furthermore, evaluation research is safe-guarded by ethical standards which are important when dealing with vulnerable client populations.

Jackson (2005) elaborates ten principles of good practice in evaluation. These are listed in Table 2.1 and a number are considered further here. The first three principles taken together can be seen as the first stage in the evaluation process, establishing the values of the organisation, involving stakeholders, and deciding what is to be evaluated and how. For example, among the first steps taken by Mistral et al. (2006) in developing a system for measuring the impact of counselling for a voluntary agency was a review of their current systems. A number of issues emerged from this review, including that implementation of current systems was less comprehensive and less clear to frontline staff than management assumed. Perhaps most importantly, the definitions of problems and of solutions varied widely. By

identifying these concerns, with the help of staff as stakeholders, the task of the evaluation was clearly agreed. The next five can be taken together as factors in the evaluation process. The balance between methodological options, between investigating all areas of interest and placing extra demands on staff and clients, and between intervention and administration can change as an evaluation progresses. As Gupta and Blewett (2007) point out, the completion of administrative tasks can be taken as the criteria for good practice with less value being placed on good communication and effective relationships and effective relationships with clients. The final two principles have to do with the long-term implementation of evaluation practices: changes which may alter the initial outcomes; and value for money which is tied to the availability of funding. These principles are based on experience of what works in evaluating services and, while the details entailed in each can vary, the ideal of best practice is evaluation is clear.

Table 2.1: Principles of good practice in performance measurement (from Jackson, 2005).

Principle	
Conceptualisation	Cause and effect
Stakeholder approach	
Clarity	Of dimension
	Of definition
	Of data
Balance	Between different stages in the logic model
	Between measures of current and predictors of future performance
	Between different aspects of performance
	Between areas of performance important to different stakeholders
	Between indicators of intended and unintended consequences
Ownership	
Usefulness	
Accuracy	
Contextualisation	Multi-causality
	Data quality
	Trade-offs
Dynamism	Changes in external and internal environment
	Changes in internal priorities and strategy
	Positive learning about performance
	The ‘running down’ of performance indicators
	Perverse learning
Value for money	

Bruner (2006) elaborates on the principle of value for money. Evaluation can assure policy makers and funders that they are funding programmes that produce outcomes they have identified as important. He suggests that this process is likely to be iterative, that it will involve a dialogue between what is important, such as a long-term school success, and what is possible for an organisation to achieve, such as school support programmes. There is a balance required between evaluation systems that demonstrate short-term achievement, and imply value for money, and observation of broader societal change which can ultimately justifies investment.

Jackson (2005) also identifies some potential risks inherent in the evaluation processes applied to organisation. Firstly, the task of data collection usually falls to the very people being evaluated and this may have an impact on their practice and on the information provided by clients. Secondly, staff and manages have to understand and value the performance system. This sense of ownership makes these stakeholders more likely to engage with the tasks required for the evaluation rather than seeing them as a chore or inconvenience. Finally, there is the risk of "gaming" (Jackson, p.30) whereby attempts are made to disguise the true picture emerging from an evaluation. Examples include misrepresentation of case by arbitrarily re-assigning clients to low risk rather than high risk to show the impact of a programme, hospital waiting lists being artificially shortened by creating secondary waiting lists to get onto the primary ones, and by concentrating efforts in areas that will yield more obvious results.

There are a number of organisational implications from moves towards evidence-based practice, some of which are included among Jackson's principles. In general, evaluation begins a process of examining the values of the organisation and may lead to changes in how it sees its work (Mistral et al., 2006). These changes may be driven by the identified needs of clients and staff, by uncovering inconsistencies in practice, or by investigating how staff spend their time (Gupta & Blewett, 2007; Mistral et al.). The degree of independence enjoyed by local centres can also be reduced as practices and procedures are standardised (Mistral et al.). The final recommendation from Mistral et al.'s study is that large organisations should have a dedicated evaluation officer. Any independent evaluation remains relevant for a

limited period and there should be some continuity and adaptability in the implementation of monitoring of standards, administration, and staff training.

2.4 Standardised assessment tools

The following domains were identified as those at which ISPCC interventions are targeted:

- Self esteem;
- Coping skills;
- Social Inclusion (embeddedness, social support, social capital);
- Risk assessment, risk behaviour;
- Bullying;
- Behavioural inventories (risk behaviour).

Table 2.2 gives some details of the assessment tools presented at a workshop with ISPCC staff in the course of the development of the assessment framework. Based on feedback from the workshop and from previous experience with these and other standardised assessment tools, five were selected for use in the pilot study. For clarity and brevity, only those which were selected for the pilot are described in more detail here. They are:

- Adolescent Well-being Scale (AdWs; Birelson, 1980; Appendix A);
- Parent Child Relationship Inventory (PCRI; Gerard, 1994); and
- Piers-Harris Children's Self-Concept Scale-II (PHCSCS; Piers & Herzberg, 2002);
- Rosenberg Self-Esteem Scale (SES; Rosenberg, 1965; Appendix B);
- Social Provisions Scale Adolescent Version (SPS; Cutrona & Dolan, 2002; Appendix C).

The Adolescent Well-being Scale (AdWS; Birleson, 1981; Appendix A) was originally devised as the 37-item Self-rating Scale for Depression in Young People. The AdWS itself is a 17-item screening tool for depression among 7- to 16-year-olds scored on a three-point scale: *most of the time*, *sometimes*, and *never*. Further investigation by Birleson and colleagues suggested that scores above 13 were indicative of a problem.

Table 2.2: Assessment tools

Domain	Tool	No. of items	Age	Availability
Self-esteem	Rosenberg Self-Esteem Scale (Rosenberg, 1965)	10	11+	Free; would like to be kept informed
	Piers-Harris Children's Self-Concept Scale-II (Piers, Harris, & Herzberg, 2002)	60	7-18	From $121
Coping	Adolescent Perceived Events Scale (Compas et al., 1987)	100	13-18	Free
	Strengths and Difficulties Questionnaire (Goodman, 1997)	25	4-10, 11-17	Free
Bullying	Olweus Bully/Victim Questionnaire (1989)	40	6-8, 9+	From $125
Life skills	Independent Living Skills Assessment Tool (Blostein & Eldridge, 1988)	14 categories	15-16	Free
Well-being	Adolescent Well-being Scale (Birelson, 1980)	18	11-16	Free
	General Well-Being (Veit & Ware, 1983)	20	?	Free
(For parents)	General Health Questionnaire (Goldberg, 1978)	12	NA	Free
Anger	CMCAS adolescent adaptation (from Merriman, 2006)	12	?	Free; terms and conditions
Resilience	Resilience Scale (Wagnild & Young, 1987)	25 (15)	?	Free
	Child and Youth Resilience Measure (Unger, 2005)	28	5-18	Free
Behaviour	Child Behaviour Checklist (Achenbach, 2001)	140	1.5-5, 6-18	From €200 From €295
	Devereux Behaviour Rating Scales (Naglieri et al., 1993)	?	5-12, 13-18	From $220
Parenting	Parent Child Relationship Inventory (Gerard, 1994)	47	3-15	From $99
	Healthy Families Parenting Inventory (LeCroy et al. 2004)	63	NA	Subject to negotiation
Social support	Social Provisions Scale Adolescent Version (Cutrona & Dolan, 2002)	12	12+	Free; terms and conditions

The Parent-Child Relationship Inventory (PCRI; Gerrard, 1994) assesses parents' attitudes towards parenting and towards their children. It contains 78 items scored on a four point scale from *Strongly agree* to *Strongly disagree*. There are seven content scales: Parental Support, Satisfaction With Parenting, Involvement, Communication, Limit Setting, Autonomy, and Role Orientation. There are two validity scales: Social Desirability and Inconsistency. Low scores indicate the possibility of problematic parenting.

The Piers-Harris Children's Self-Concept Scale, second edition (Piers-Harris 2; Piers, Harris, & Herzberg, 2002) is a revision of the 1964 version by Piers and Harris. The new version has been normed on American students representing the ethnic composition of the USA and is suitable for children aged between 7 and 18 years. The number of items has been reduced to 60 with 'yes' or 'no' responses on six subscales. They are: Behavioural Adjustment, Intellectual and School Status, Physical Appearance and Attributes, Freedom from Anxiety, Popularity, and Happiness and Satisfaction. There are also validity checks for Inconsistent Responding and Response Bias. The Piers-Harris 2 is currently being used in the National Longitudinal Study of Children in Ireland by the Children's Research Centre, Trinity College, Dublin and the Economic and Social Research Institute.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965; Appendix B) was developed to measure the self-esteem of American High School students so is suitable for use with children aged 11 years and older. There are ten items answered on a four-point Likert scale from *Strongly agree* to *Strongly disagree* (0-3) and higher scores are indicative of higher self-esteem. Because of its simplicity and brevity, the Rosenberg Self-Esteem Scale is favoured over more complex assessment tools.

The Social Provisions Scale Adolescent Version (SPS; Cutrona & Dolan, 2002; Appendix C) is an adaptation for adolescents of the Social Provisions Scale (Cutrona & Russell, 1987). It contains four questions repeated for each of four significant people in the life of the adolescent, giving a total of 16 items. Statistical analyses are ongoing but the SPS has been shown to be reliable for young people in Ireland (Dolan, 2003).

2.5 Telephone and online support services

As part of broad policy changes to facilitate parents and parenting in Britain, investment in support services for non-crisis events provided for the establishment and evaluation of Parentline Plus (Boddy, Smith, & Simon, 2005). A formative evaluation addressed the initial questions of whether the service was being used, by whom, for what, and the kind of experience service users had. Monitoring of call

volumes and voluntary recording and analysis of calls answered some of these and in-depth interviews with some service users provided more detail on the nature of the support received and the quality of call handling. Despite the intended universal provision of the service, callers disproportionately included lone parents, step-parents, and non-resident parents, calling into question how the service should be advertised and promoted. The authors also point out, however, that these groups are also less likely to seek other more formal services, like family support, so the telephone service may address the needs of particular sectors of society.

To turn to children's services, the Australian children's counselling agency, Kids Help Line (www.kidshelpline.com.au), has pioneered telephone and internet-based services for children and has undertaken considerable evaluation of those services. A large-scale evaluation of the online counselling service was carried out, involving consultation with young people on the benefits and limitations of the existing system complemented by analysis of transcripts of sessions. Observation of traffic and access allowed comparison with the telephone service. Among the innovations resulting from the evaluations was a pre-counselling questionnaire with basic demographic and history information which was more efficient than spending the time with the counsellor providing that background.

Information technology-based social services are a relatively recent development. As well as telephone and website-based counselling as described are just two manifestations and chat room support groups like Bodywhys (www.bodywhys.ie) and the Samaritans' text message service (see www.samaritans.org) have also been established recently. There is a time lag in formal evaluations of these kinds of service delivery but it is worth identifying innovative approaches for the present study.

2.6 Creative and child-centred assessment methods

Child-centred research places the child at the centre of our inquiries, implying respect for children and their views and placing the onus on researchers to facilitate children in conveying their views (Heary & Guerin, 2006). The most commonly used child-centred methods are interviews and focus groups (see Heary & Hennessey,

2006) and, more recently, arts-based methods have begun to be explored (drawing by Merriman & Guerin, 2006, 2007 for example and visual image elicitation by Cappello, 2005 for example). Among the advantages of arts-based methods are that they are less restrained by language than conventional interviews and that they do not require literacy skills, like paper questionnaires (Merriman & Guerin, 2006). The most commonly used form of visual image elicitation, photo elicitation has been used as a data collection method by Cappello (2005), Epstein, Stevens, McKeever, Baruchel (2006), and Harper (2002), usually in anthropological research to overcome language and other cultural barriers. It has potential to be used to elicit and record responses from vulnerable children who may not speak the same language as the interviewer.

2.7 Practitioner research

The gap between research in the social sciences and practice in the social services is well documented (see Small, 2005 for review). Small identifies three factors which contribute to this gap: differences in work cultures; some of the limitations of research, especially dissemination to practice communities;, and epistemological issues which are summed up by Myers-Walls (2000) as knowing based on researchers' "numbers and scientifically generated evidence" and practitioners' "hearts and own experiences" respectively (p.343). However, the increased value placed on evidence-based practice means that practitioners are more aware of the importance of research and that researchers acknowledge the value of experience in generating interventions and in refining programmes. Small recommends more practice-friendly research approaches including community-based and action research as well as the promotion of practitioner-researchers.

2.8 Conclusion

As stated in Chapter One, the aim of this research is to provide a system to measure the processes and outcomes of the work of the ISPCC. Driving this aim is an awareness of the value of evidence-based practice and of consistent efforts to improve services. This chapter presents some of the existing literature on the measurement of processes and outcomes in organisations like the ISPCC and

describes some methods by which this can be achieved. Among these methods are standardised assessment tools, monitoring of goals and goal attainment, systems for telephone and internet-based services, and some child-centred, creative methods. There is also some consideration of the role of practitioners in on-going monitoring and evaluation of and reflection on their work. All this considered, there were still aspects of the ISPCC's work for which new systems were devised and these are presented in Chapter Three.

Chapter Three
Development of new tools

3.1 Introduction

The literature review presented in Chapter Two showed that there are a range of assessment options, measurement frameworks, and standardised assessment tools available for this project. However, there were still some areas of the ISPCC's work which could not be accommodated by any of these methods. It was decided, therefore, that some new assessment tools could be developed for specific areas and this chapter describes that process. The first part of the chapter describes a workshop with ISPCC staff to address the elements of their practice which they would like to evaluate. The discussions presented here led to the development of two assessment methods: the intervention goals and process goals. The second part of this chapter describes the focus groups with children that ensured the materials were comprehensible to children and generally child-centred.

3.2 Process goals

The workshop was with one of the research team two ISPCC service managers, of Leanbh and Childline. The discussion began with the value base presented in Chapter One, especially in relation to the standardised assessments which were proposed in a separate workshop. A distinction was made between the process and the outcome of all the ISPCC interventions, Childline, Childfocus, and Leanbh. It became apparent that the goals of the process were similar for each and that the intervention outcome goals were different; of Childline, they are difficult to ascertain since information is only available from the clients and because intervention is not as structured as the other services; of Childfocus, the outcomes can be assessed in more conventional ways using standardised assessments; and of Leanbh, goals are closely tied to the unique situations of each case.

Table 3.1: Processes in contact between ISPCC and children

Aim	Process
Positive regard	Warm
	Engaging
	Nice face
	Safe & comfortable
	Welcome
	Trust
Listening	
Empowerment	Letting them make decisions
	Options – discussion building
	Non-leading/directive
	Building self-esteem/resilience
	Help them work through issues/where they're at
	Share the space
After the call/engagement	Feelings about service
	Impact
	Outcome
Resilience	Background
	Holistic
	Broader perspective
	Challenging

The process goals are essentially the things ISPCC workers are trying to achieve in every contact with a child. They have to do with engagement, empowerment, and positive regard in the immediate setting of a phone call or street contact and are distinct from longer term intervention goals which will be dealt with later. This initial interaction is important in establishing a trusting relationship with the child in order to build rapport. The processes considered are presented in Table 3.1.

Based on these broad aims and more specific processes, some questions were formulated which might be useful in determining whether the things staff members are trying to achieve in each phone call and each on-street contact are coming through. The preliminary list included the following:

1. Did you like [ISPCC service]?
    - Were they nice?
2. Did you feel you could talk to them?
3. Did you feel safe talking to them?
4. Did they help you to think about what is going on for you?
    - Did they help you to think about what you could do?
    - Do you feel better able to deal with your situation?

5. Would you recommend using [ISPCC service] to someone else in a situation like yours?
6. Did you feel valued/important/listened to?
7. Is there anything else we could do to improve?

It was proposed that each question be rated on a four-point scale. The labels of those points were to be decided in consultation with the Children's Advisory Committee and this is discussed full later in this chapter. In general, four point scales allow more depth than simple *Yes* or *No* responses and, being an even number, have no neutral middle option. As far as possible analysis of results was concerned, each of the items was intended to evaluation a distinct element of the interaction process, a particular process goal, so should be considered separately rather than summing scores as with an inventory.

To turn to the implementation of the process goal evaluation, the process goals were intended to reflect the children's experience of dealing directly with the ISPCC services and were to be assessed when a case was reviewed or closed. The initial plan for Childline was to use an automated telephone response system. The cost and some practical issues were ultimately prohibitive so callers were asked to respond at the end of their call. Childline text- and internet-based services had no such implementation issues and proceeded as expected. For Childfocus, the process goals were incorporated into the existing case management system and included at reviews and case closures as anticipated. For Leanbh, literacy and language presented barriers to using questions in English in the same way as for other services. To attempt to overcome these, some of the creative methods discussed in Chapter Two were explored further. The option which was agreed for the pilot was to illustrate the themes of each process goal as an aid to communication with non-English speakers. At a steering group meeting in advance of the Children's Advisory Committee focus groups, the process goal questions were reworked into five questions which were then illustrated. The meeting with the Children's Advisory Committee was used to determine if the theme of each illustration was clear in the absence of the question and to finalise the response format.

3.3 Intervention goals

As mentioned previously, existing ISPCC assessments included intervention goals. However, these were solely based on the judgement of the project worker. In the intervention services (Leanbh and Childfocus as distinct from Childline), there is considerable variation in goals from case to case; goals can also change as a case develops. The possibility of formalising the goal-setting, -recording, and -measurement procedures was explored a method of formulating specific goals at the beginning of the intervention with specific timeframes and asking stakeholders to evaluate whether these goals were achieved or not. The stakeholders in question are the child, a parent or guardian, the ISPCC project worker, and some professional; depending on the case this might be a Garda, a school representative, a social worker, and so on. A method of recording agreement among the stakeholders was developed. This form includes space for reflection on the reasons for the success or otherwise in achieving a goal and on the project worker's own practice. The intervention goals' form is in Appendix D and the intervention goals' summary in Appendix E.

The intervention goals were intended to operate as follows: at the beginning of an intervention, the stakeholders are identified, usually the child, parent, other professional, and ISPCC project worker. Together, these parties formulate up to three specific goals of the intervention and specify a date by which they expect each goal to be achieved. At the completion date, each stakeholder is asked to rate on a four-point scale the extent to which they think the goal was achieved and to comment on the intervention. Collating these independent responses, the ISPCC project worker can find an average level of achievement of the goal and can easily identify from the stakeholders' comments the reasons proposed. At a service level, it is possible to identify the number of cases in which goals were achieved and, in this way, to more thoroughly monitor the impact of interventions.

3.4 Children's Advisory Committee

The Children's Advisory Committee of the ISPCC is comprised of children who are currently or have previously been clients of the services. There are regional committees based on the regional structure of the ISPCC. For this project, two

committees were convened: one broadly representing Childfocus and the other Leanbh. Parents of committee members received letters in advance of the meetings and both parents and participants signed a letter of consent (Appendix F; the letter of information is in Appendix G). The items for discussion in the meetings were: the process goal questions; the process goal illustrations; and the intervention goals' form. A schedule of the focus group questions is in Appendix H.

The format of the two focus groups did not differ sufficiently to describe them separately. Furthermore, only the conclusions reached, rather than the entire discussions, are presented. The illustrations were deemed to be an accurate reflection of the themes intended, though they were considered too context-specific. A number of minor inconsistencies among the illustrations were pointed out but none significantly affected the meaning. Next, the process goal questions were addressed. A number of suggestions for re-wording the questions were proposed and given due weight in the final decision. Circles of varying sizes were presented without labels and words to identify them were discussed. The final agreed labels were *Not at all*, *A bit*, *Mainly*, and *Definitely*.

To turn to the intervention goals' forms, the groups replied that the forms were easy to follow and made sense. The idea that the labels assigned to the process goal responses could also be used for the intervention goals was ultimately not accepted. There was generally less flexibility in the intervention goals so the input of the Children's Advisory Committees was less here.

3.5 Drafting and completion of Leanbh drawings

Original drawings of the process goals were made for the pilot. (These are not presented in this report). The drawings were used by the Leanbh team in the course of their work. Feedback from Leanbh staff indicated that picture elicitation of process goals was considered a good idea in principle but that there were a number of practical issues with these drawings. The goals in the pictures required some explanation and, therefore, some language; in the cases of non-fluent English speakers, the goals need to be translated. The pilot pictures are specific to children begging and a separate set may be required for immigrant children. These problems

meant that no accurate results could be recorded; rather, the staff reported on the success of the implementation to their manager. Overall, the pictures are a useful visual aid, especially for the volunteer or staff member to understand the child.

With these more practical concerns in mind, a second set of drawings was commissioned. Meetings between Leanbh staff, the research team, and the illustrator clarified the needs of Leanbh and the form that that final drawings should take. The possibility of using pictures as prompts to facilitate communication with all children under twelve years of age was also explored. For this study, it was decided to focus on the use of drawings with Leanbh and to establish the principle of their use. It is possible that other sets of drawings could be arranged for other services in the future. A final set of drawings for Leanbh was produced and is presented in Appendix J.

3.6 Conclusions

In the course of the pilot, some difficulties arose with the phrasing of two of the process goals questions such that the meaning was not the originally intended in the workshop at which they were devised. The process goal illustrations were also reworked and the final versions as discussed.

Another issue that arose in the pilot was that, for Leanbh, the illustrations in isolation were not comprehensible to no-English speakers. It was anticipated that translation of the process goals might be necessary and that work is underway. Nonetheless, the illustrations did provide a valuable aid to communication for Leanbh. The final versions of the drawings should prove useful to the Leanbh team.

Reflecting the current ISPCC practices described in Chapter One, evaluation of the intervention is still undertaken by reviewing the goals of the individual intervention plan with the child and family. However, it was also considered important to include the perspective of any other professional involved in a case in the evaluation of goal achievement. This combined approach is a move away from subjective judgements to more rigorous evidence for change.

Chapter Four
Results

4.1 Introduction

The aim of this project is to develop a comprehensive overall framework and a set of specific tools to measure the process and outcomes of the work of the ISPCC. Chapter Two identified some standardised measures appropriate to aspects of that work and Chapter Three described the development of new systems in consultation with ISPCC staff. The framework was piloted over four months and this chapter sets out the results of the pilot implementation. The first section details the Childline process goals and the subsequent sections with Childfocus and Teenfocus, first process goals, then intervention goals, and finally standardised assessments. No data were made available from Leanbh for operational reasons as discussed in Chapter Three.

4.2 Process goals – Childline

4.2.1 Procedure

All callers to Childline on two afternoons in January 2008 were asked to participate in the pilot. One hundred agreed and 74 declined. No demographic data were collected but the broad age and gender profile of callers is that a large majority are under 18 with marginally more male than female callers (49.1% male and 43.2% female; ISPCC, 2007). The process goals questions are:

1. Did Childline feel like a friend?
2. Did you feel cared for?
3. Did Childline help you to think about things you could do?
4. Would you tell your friends about Childline?
5. Can Childline be made better? If so, how?

Reponses are on a four point scale: Not at all, A bit, Mainly, and Definitely. Comments in response to question 5 were also recorded.

4.2.2 Results

The responses to the first process goal question, 'Did Childline feel like a friend?' are depicted in Figure 4.1. A majority of participants responded positively (84%).

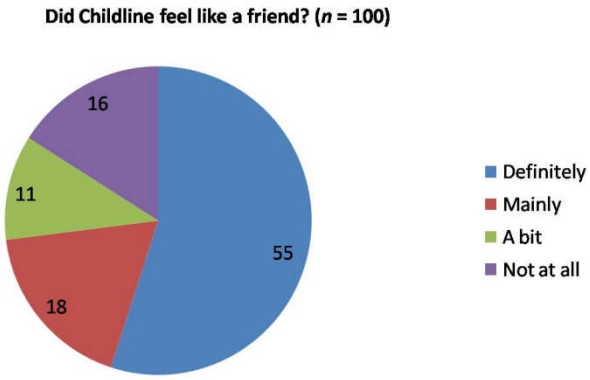

Figure 4.1: Responses to first ISPCC process goal

Figure 4.2 shows the responses to the second process goal question, 'Did you feel cared for?'. A majority (86.7%) responded positively.

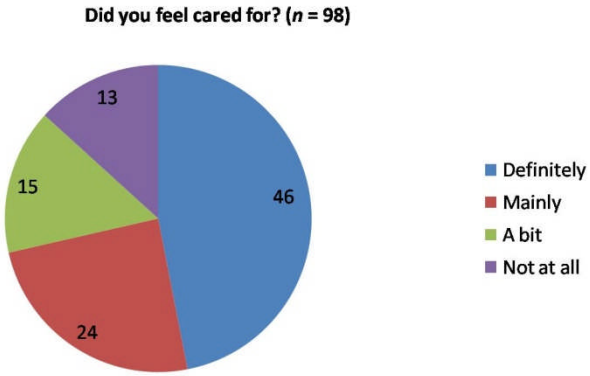

Figure 4.2: Responses to second ISPCC process goal

Responses to the third process goal question show a similar pattern to the first and second. These are depicted in Figure 4.3.

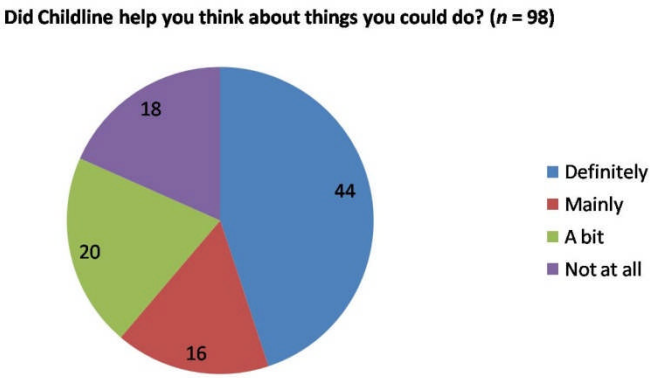

Figure 4.3: Responses to third ISPCC process goal

The response to the fourth question were negative in a large minority (44%) (see Figure 4.4). The reasons for this result are discussed in more detail later but, briefly, seem to point to a misunderstanding of the thrust of the question such that participants would not disclose their contact with Childline to friends.

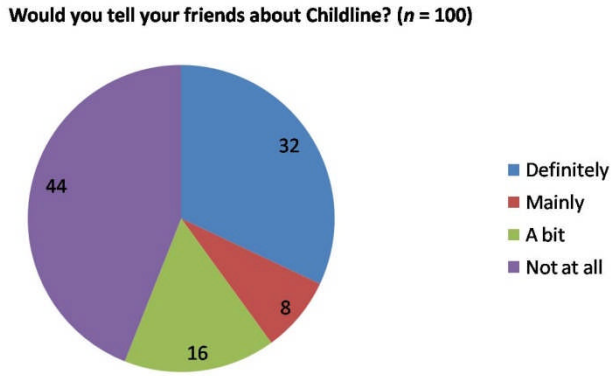

Figure 4.4: Responses to fourth ISPCC process goal

Responses to the fifth question, 'Can Childline be made better?' seem to indicate that there is considerable room for improvement. A majority stated that the service can be made at least a bit better (81.11%) (see Figure 4.5). However, analysis of the comments provided gives a clearer picture. Eighty percent of respondents made some comments and the content of these was analysed. Table 4.1 presents the themes identified and the number of respondents.

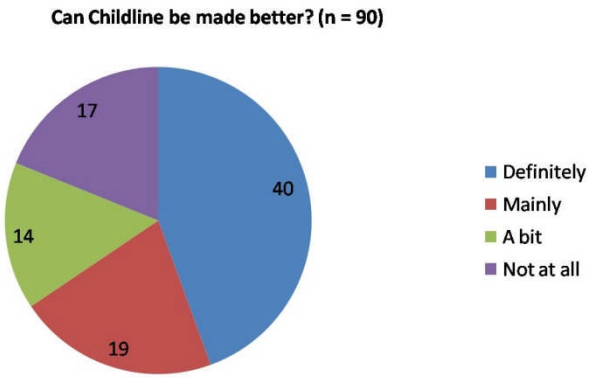

Figure 4.5: Responses to fifth ISPCC process goal

Table 4.1: Themes of comments on whether Childline can be made better.

Theme	% valid responses*
More staff/answer more quickly	28.75
Music	21.25
Answer questions/give advice	13.75
More men	3.75
Different languages	1.25
On-line	1.25
Broadly positive	6.25
Broadly negative	3.75
Don't know	12.5
Unclear/irrelevant	8.75

* A number of responses fitted more than one theme so the total is greater than 100%

The biggest concern of these respondents was that calls should be answered more quickly; this is implicit in comments that more staff were needed. The second greatest concern was with the hold music with some suggesting that it was 'sad music' or that it 'should be happier'. Some more practical comments had to do with the number of male volunteers, the number of non-English speakers, and improvement of the on-line service.

One of the principles of Childline is that it is a listening service, and not a counselling or advice service. However, a number of service users are looking for just that as is clear from comments such as 'More responsive to questions', 'Give advice', 'Stop saying "What do you think?"', and 'Help us by not asking "How do you feel?"'. Some reflection is required to consider whether the advice-seeking callers are being best

served, whether they should be offered alternative counselling and advice, and so on.

The broadly positive comments were things like ‘Good the way it is’ and broadly negative ones included ‘Stop Childline. Close it’. Responses deemed unclear or irrelevant included ‘Talk more about soccer’ and ‘Not being so gay’.

4.3 Process goals – Childfocus and Teenfocus

4.3.1 Procedure

Childfocus and some Teenfocus service users from three ISPCC regions participated in the pilot and data are provided for 64 (34 girls, 20 boys, and 10 not reported). Based on the figures from 2007 when 353 children were engaged with these services, this sample represents a considerable proportion of all service users. The mean age was 10.39 years (n = 33; sd = 2.95). Process goals are available from 17 service users. The responses and scoring are as above

4.3.2 Results

All responses are depicted in Figures 4.6 to 4.10. Owing to the small samples, firm conclusions cannot be drawn from these results. What has been gained from this part of the pilot is the successful implementation of this part of the monitoring and evaluation framework. Feedback from ISPCC staff on the implementation is presented as part of the chapter on reflexive practice. What is notable about these results is that the patterns are broadly similar to those from the Childline participants, that is, broadly positive. This may reflect some consistency in the delivery of these separate services.

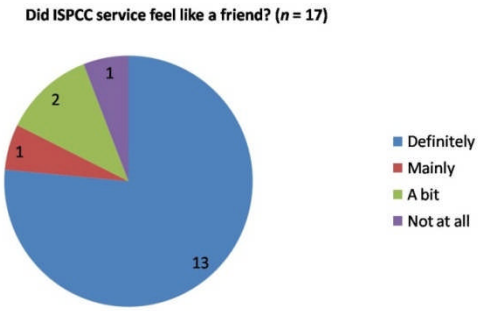

Figure 4.6

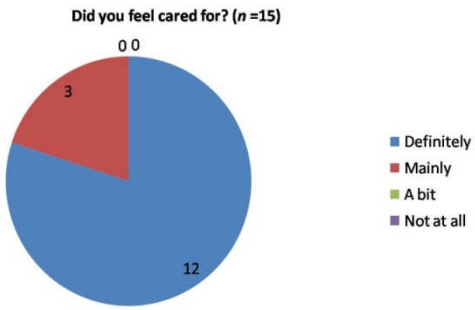

Figure 4.7

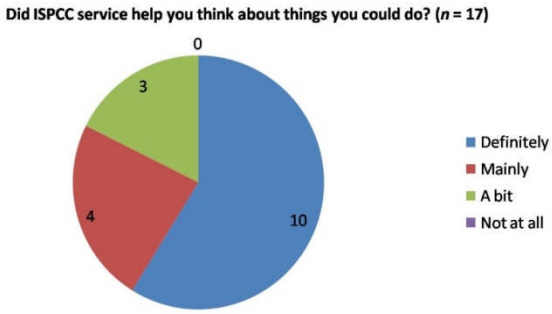

Figure 4.8:

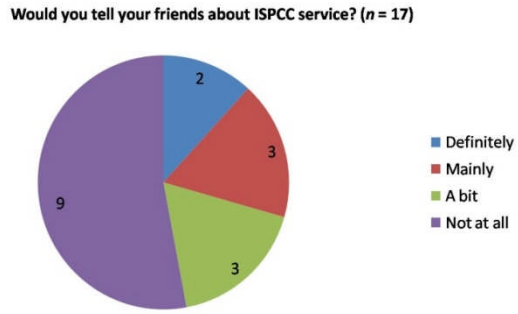

Figure 4.9:

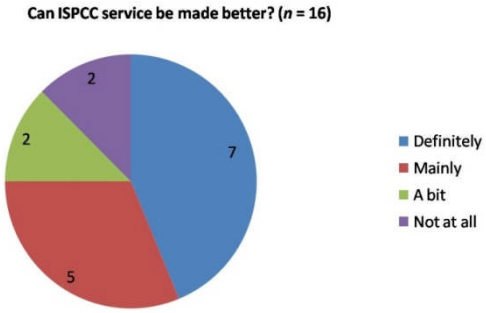

Figure 4.10

As with the Childline results, the comments could have clarified the responses to the last question (Figure 4.10). However, of the 17 participants 6 didn't know, 4 were unclear, 3 made no response, 2 replied 'OK', and 1 'No'.

4.4 Intervention goals – Childfocus and Teenfocus

4.4.1 Procedure

As described in Chapter Three, the intervention goals' system was developed to allow monitoring of the outcome of an intervention by setting goals and timeframes for their achievement. Intervention goals were set in 36 cases, a total of 87 goals. Goals are set by the stakeholders in the case: the child, a parent or guardian, a referrer, and the ISPCC project worker. The analyses presented here are on the kinds of goals set, grouped by theme in Table 4.2, on the comments from stakeholders on why goals were achieved or not, and on the ISPCC worker's interpretation of those comments. Finally, the stakeholders' assessments of whether goals were achieved are depicted.

4.4.2 Analysis of goals and of summaries

This analysis was intended to indicate the nature of the presenting issues of the ISPCC service users and of the goals set to address those issues. The themes and the percentage of all goals under that theme are in Table 4.2. The most common issues had to do with personal development and, on further inspection, these had to do with self-esteem, anger and anger management, social skills, identity, communication, and behaviour. A considerable number were related to school support and to bullying; other goals were to improve family relationships. Support

Table 4.2 Themes of goals

Theme	**% all goals**
Personal development	33.33
Self-esteem	12.64
Anger	5.74
Social skills	4.59
Identity	3.44
Communication	3.44
Behaviour	3.44
Space to discuss feelings	9.19
School support/bullying	14.94
Engage in activities/reduce social isolation	9.19
Drugs, alcohol	5.74
Engage with ISPCC	6.89
Improve home, sibling relationships	8.04
Grief, bereavement	4.59
Decision making	3.44
Suicidal ideation, self-harm	2.29

Table 4.3 Themes of comments

Theme	Client %	Parent %	Referrer %	ISPCC %
Progress	31.48	47.17	16.67	31.76
Success	22.22	30.18	27.77	36.47
Ongoing	20.37	9.43	27.77	28.23
No progress	16.36	9.43	16.67	3.52
Enjoy	7.04	-	5.55	-
Other help required	-	1.88	-	-
No longer involved	-	-	5.55	-
	n = 54	*n* = 53	*n* = 18	*n* = 85

with drugs and alcohol also arose in a number of cases. Other themes here occurred only a small number of times are relate to specific problems in individual cases.

Table 4.3 presents the themes present in the comments made by stakeholders when reviewing the progress towards achievement of the goals. Due to the restrictions on time in the pilot, these review took place in the course of the intervention rather than at the end and a considerable number of goals were ongoing. In general, some progress had been made.

Summaries

Differences

Many of the summaries of differences were statements of whether or not there were differences rather than explaining what those differences were. Among the themes worth discussing further are that goals were achieved in some settings and not in others. For example, a goal to reduce social isolation was judged by the parent to be achieved during the week, when the client was in school and surrounded by peers, but not at the weekend, when the isolation persisted. In a number of cases, a need for more support was identified, whether from the ISPCC project worker or from another source.

Similarities

As with Differences, the statement of similarity or otherwise of responses was common.

Table 4.4: Themes of reasons

Theme	%
Broadly positive	13.33
Commitment from stakeholders	16.67
Support from others	10
Stakeholder communication	3.33
Space to talk	3.33
Ongoing	23.33
Failure	3.33
Family circumstances hampering progress	13.33
Other external factors hampering progress	13.33
	n = 30

Reasons

This section included analysis of why goals were achieved or why they were not fully achieved. Among the protective factors were the commitment and engagement of the stakeholders and communication among them. Support from other agencies was also important, especially in cases of school refusal. The space to talk was identified as the most important factor in at least one case. Factors which inhibited goal achievement were persistent family relations problems, like parental drug and alcohol abuse, or other external factors, hospitalisation in one case. A number of cases had not been fully achieved because they were still ongoing and this is a necessary consequence of this kind of pilot study. Other comments were broadly positive or stated only that the goals had not been achieved.

Reflections

As part of the summary of goal achievement, ISPCC project workers reflect on the goal achievement and what they can learn from each case. Table 4.5 lists the themes of the reflections and one of the most prominent is a recognition of the limits

Table 4.5: Themes of reflections

Theme	%
Engagement by client	23.33
Teamwork	13.33
Recognising remaining work	10
Success	3.33
Limits	23.33
Ongoing	26.67
	n = 30

of the possible effect of the ISPCC worker. As identified in the previous section, family circumstances, psychological problems, and other external factors mean that some presenting problems are beyond the remit of the ISPCC. Individual support and individual work was one of the most important factors.

4.4.3 Goal achievement

In consultation between the client, their parent or guardian, a referrer or some other third party involved, and the ISPCC project worker, up to three goals were set along with timeframes for their achievement. This section states the results of the pilot. There were 36 cases for which goals were set and there are 87 goals in total considered here.

The Figures 4.11 to 4.14 show the responses of each stakeholder group: children, parents, referrers, and ISPCC project workers. Inspection of the figures suggests considerable similarity in the patterns of responses of children, parents, and ISPCC project workers. The pattern of results for referrers may be due to the smaller number of responses. The correlations between all results are significant and positive and range from r = 0.655 to r = 0.84. This suggests considerable consistency in how the outcomes of interventions were viewed by the stakeholders.

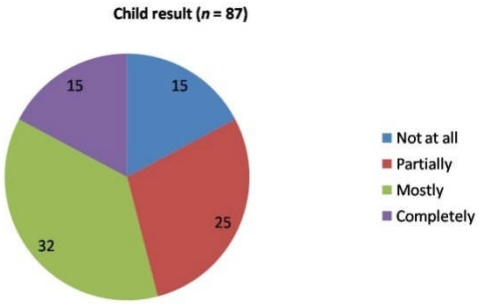

Figure 4.11

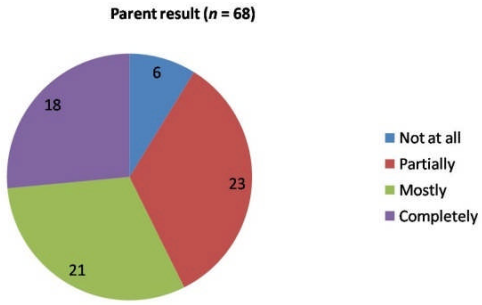

Figure 4.12

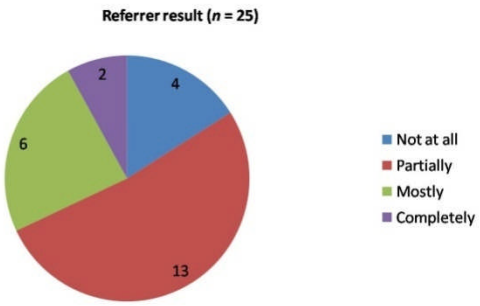

Figure 4.13

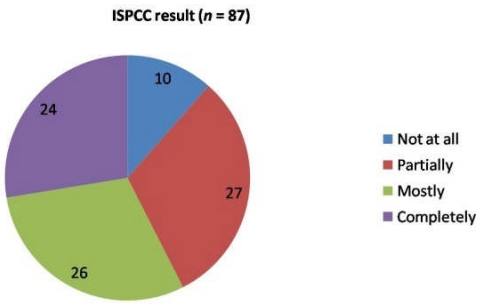

Figure 4.14:

4.5 Standardised measures – Childfocus and Teenfocus

4.5.1 Procedure

A workshop with ISPCC staff considered 17 possible assessment tools. Based on feedback from this workshop, a number of standardised assessments were piloted and these were completed by 20 participants. The assessment tools were:

- Adolescent Well-being Scale (AdWS; Birleson, 1981);
- Parent-Child Relationship Inventory (PCRI; Gerard, 1994);
- Piers-Harris Children' Self Concept Scale, Second Edition (PHCSCS; Piers, Harris, & Herzberg, 2002);
- Rosenberg Self-esteem Scale (Rosenberg, 1965);
- Social Provisions Scale Child and Adolescent Version (Cutrona & Dolan, 2002).

4.5.2 Results

This section concerns the standardised assessment tools used in the pilot. Rather than use these results to investigate the effect of the service, the question is whether each assessment tool is reliable for the population of ISPCC service users. Statistical reliability has to do with the consistency of responses to questions. That is, if two people have similar experiences they should give similar answers to the questions and should get similar scores; likewise, two people with different experiences should have different responses and scores. Reliability is calculated by examining patterns of scoring. For example, if all the people who answer 'Yes' to question 1 also answer 'No' to question 2 and also answer 'Yes' to question 3 and so

on, then the tool yields consistent responses and is considered reliable. Results of reliability tests for particular groups are given as a Cronbach's α of between 0 and 1. A score above 0.8 is considered reliable. Reliability statistics for scales and subscales of the assessment tools listed above were computed and are presented in Table 4.6. Even given the small samples for each of these analyses, most of these tools appear to be reliable for ISPCC service users. This means that ISPCC project workers can be confident that these tools will give accurate results for their service users and can be used to track the outcomes of interventions. The Adolescent Well-being Scale (AdWS) does not appear to be reliable and this may be due to its development for adolescents rather than for younger children; it may be preferable to use this only with older children.

Table 4.6: Reliability of standardised assessment tools

Assessment tool	**Cronbach's α**	**n**
AdWS	0.54	18
PCRI		
Support	0.79	5
Satisfaction	0.93	6
Involvement	0.64	7
Communication	0.58	6
Limit setting	0.88	7
Autonomy	0.8	7
Role orientation	0.85	7
Social desirability	0.57	7
PHCSCS		
Total	0.88	14
Behaviour	0.85	18
Intellectual status	0.77	15
Physical appearance	0.71	16
Anxiety	0.76	14
Popularity	0.57	17
Happiness	0.39	18
Rosenberg	0.81	20
Social Provisions Scale		
Friends	0.99	5
Parents	0.96	5
Siblings	0.75	5
Other adult	0.82	5

4.6 Staff feedback

Towards the end of the data collection period, responses were requested from all staff members who had been involved. There were specific questions on their experience of using the materials and further comments were invited on any other aspect of the pilot. The feedback of staff members is a valuable part of the pilot since it represents field testing of the framework and can identify issues which could not be envisaged in the design and development phases. In general, the feedback was positive and any criticisms should only serve to make the system more robust. This section is deliberately included with the results but is an illustration of reflective practice and serves to introduce the next chapter. The procedure for feedback is first described, then overall comments followed by comments on the intervention goals' system, and finally on specific standardised assessment tools. Feedback on the process goals for Leanbh was presented in Chapter Three.

4.6.1 Procedure

Evaluation feedback forms (see Appendix K) were sent to regional managers who distributed them to staff and returned them to the research team. The questions of interest were whether the new evaluation framework made a positive contribution to their work, whether the tools were easy to use, and whether staff members would continue to use the materials. Other comments were also invited. In total, 14 staff members offered feedback on the pilot.

4.6.2 General points

In general, the framework elements were useful in initiating conversation, by discussing goals, for example, and for gaining insights. All of the elements were easy to use, though the intervention goals prompted most comments. There was some difficulty with children under eight years of age for whom clarification and explanation was almost always needed. There is the possibility of socially desirable responding. Using these standardised assessment tools, the possibility of pre- and post-intervention testing was proposed. Indeed, that was envisaged as part of the project but proved difficult in the pilot. Regardless of the organisation's decision on the

future implementation of this framework, a number of respondents suggested that they may take some elements if not the entire framework for their own work.

4.6.3 Intervention goals

For some staff members, the intervention goals' forms and summaries were too basic and obvious but in general the focus on goals was useful, especially in providing feedback for the stakeholders. The summary and comparison of comments was useful for managers to acquaint themselves with the outcomes of particular cases. This is in contrast to some project workers who found the summary difficult; others suggested that summary by goal may be more suitable. The need for clearly stated goals was raised such that some goals were written with more than one element so if part was achieved and the rest not then the responses of the stakeholders are confused and meaningless. A number of issues related to the inclusion of stakeholders were raised. Firstly, it was difficult to contact some referrers which left gaps in those intervention goals. Secondly, the details of particular goals may need to be kept confidential, if a goal refers to the child's relationship with a parent or with the teacher who referred them, for examples. Using this system of stakeholder input, the confidentiality of goals could be compromised.

4.6.4 Standardised assessment tools

The Adolescent Well-being Scale (Birleson, 1981) was not widely used in the pilot. Those who did use it suggested that it may after all be useful for younger children, something that was not expected after the initial workshop to select the tools for the pilot.

The Parent-Child Relationship Inventory (Gerrard, 1994) was similarly clear and straightforward and all parents who were asked willingly answered. Among the comments from parents reported by staff members was that it made the parent think about things they otherwise might not. One staff member described an apparent bias against working mothers in a number of the questions and was concerned about this and other negative aspects of the tool. Less seriously, there was some information in the questions which was not of direct relevance to the ISPCC's work. A final

noteworthy point is that all respondents were mothers and that it might be interested to investigate fathers' perspectives.

The Piers-Harris Children's Self-Concept Scale (Piers et al., 2002) was easier to understand and all participants were willing to complete it. This is encouraging since there was some concern expressed at the initial workshop that it might be too long for some children. The only reluctance was on the part of some staff members who thought that some questions may be too sensitive to ask in the initial sessions. The possibility of socially desirable responding was also raised, but this is almost inevitable with self-report measures.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was deemed by some to be too difficult for their service users. Some of the questions needed to be explained and re-phrased.

The Social Provisions Scale (Cutrona & Dolan, 2002) was useful as children were willing to provide what might otherwise be invasive information in this format. The Social Network Questionnaire is a resource which can help the ISPCC project worker identify significant people and relationships in the child's life.

4.7 Conclusions

Results are presented here of the Childline pilot, of the Childfocus and Teenfocus process goals, intervention goals, and standardised assessments, and of the staff feedback. They should be read as an assessment of the success of the implementation of the monitoring and evaluation framework rather than of the service provision itself. The Childline pilot provided a level information on the delivery of service that was previously unavailable. The Childfocus and Teenfocus elements showed that existing procedures can fit the new framework with the advantages of a more structured approach to goal setting in particular. While it was not possible complete pre- and post-intervention comparisons, the CFRC are happy to undertake further data analysis for this in the future. The Leanbh pilot is considered in Chapter Three but progress was also made there. In general, the pilot was successful and

gives reason to continue the implementation of the framework with minor alterations as indicated here.

Chapter Five
Reflective practice

5.1 Introduction

There are already well-developed supervision and support systems in the ISPCC so the aim of this part of the project was to augment those existing structures and to formalise and standardise the systems. This chapter describes a workshop on reflective practice with ISPCC staff. Some parts of the workshop are described in more detail here and others are excluded to maintain a focus on the overall aims of the project. The first section of the chapter deals with the theoretical underpinnings of reflective practice with particular reference to the work of Kolb and of Schön. The second section outline4s some general principles of good practice which might be usefully applied to the work of the ISPCC. The third and final section presents one example set of principles of reflective practice and a tool-kit for staff and service reflection, the Self-Appraisal Programme (SAP).

5.2 Definition of reflective practice

Reflective practice is based on a mixture of description and questioning informed by action and leading to change, both for the individual and in the social context (Dolan, Canavan, & Pinkerton, 2006). This understanding of reflection is based on principles of experiential learning, that is learning by doing as distinct from didactic learning or learning from teaching. There are three basic elements though these have been expanded in the theories described below; the elements are experience, reflection, and practice. To take a more practitioner-focused definition, Taylor (1998) defines reflective practice as “the systematic and thoughtful means by which practitioners can make sense of their practice as they go about their daily work”. Importantly, reflective practice can and does make use of poor outcomes, criticisms, and unexpected events as constructive learning points (Gardner, 2006 cited in Kenny, 2007).

Reflective practice also contributes to critical practice which “offers the prospect of transformation by not being bound by the status quo” (Adams, 2002, p.87). Adams sees reflection on its own as leaving situation unchanged, whereas critical practice is capable of causing change or transformation. Reflection on the situation *as it is* does not achieve transformation and it is the implementation of reflection in practice that makes the difference. This requires vision and foresight on the parts of both practitioners and managers. For the purposes of the present study, and in the models described below, we take reflective practice as the entire process leading to improvements in practice.

5.2.1 Why it is important?

Interventions with families are primarily human to human interactions. The worker, for their part, may do their job completely differently from another worker who is paid the same and has the same experience and training. The difference is in the worker’s capacity to care and how service users are worked with – the process – is as important as what is done – the outcome (see Stein and Rees, 2000). There are some tragic examples of what happens when how service users are worked with goes wrong (see *Beyond Blame*, Reder & Duncan, 1998). In order to ensure that proper processes are in place, workers and the service as a whole need to be quality assured they are doing their best and that the workers and the service operate in a respectful way with children and families. This quality assurance can be achieved through reflective practice. For staff working in the ISPCC as with any other agency working with children, reflective practice offers a ‘point in time’ assurance. By workers demonstrating active reflexivity for example, caring and warmth as well with a view to optimum outcomes, they can feel self-assured they are doing their best.

5.3 Models

Reflective practice in education and social services has been the subject of academic thought and discussion for most of the last century. Although sometimes contested on points of definition and on how to represent processes of reflection, the examples later in this chapter draw mainly on two major models, those of Kolb (1984) and Schön (1983).

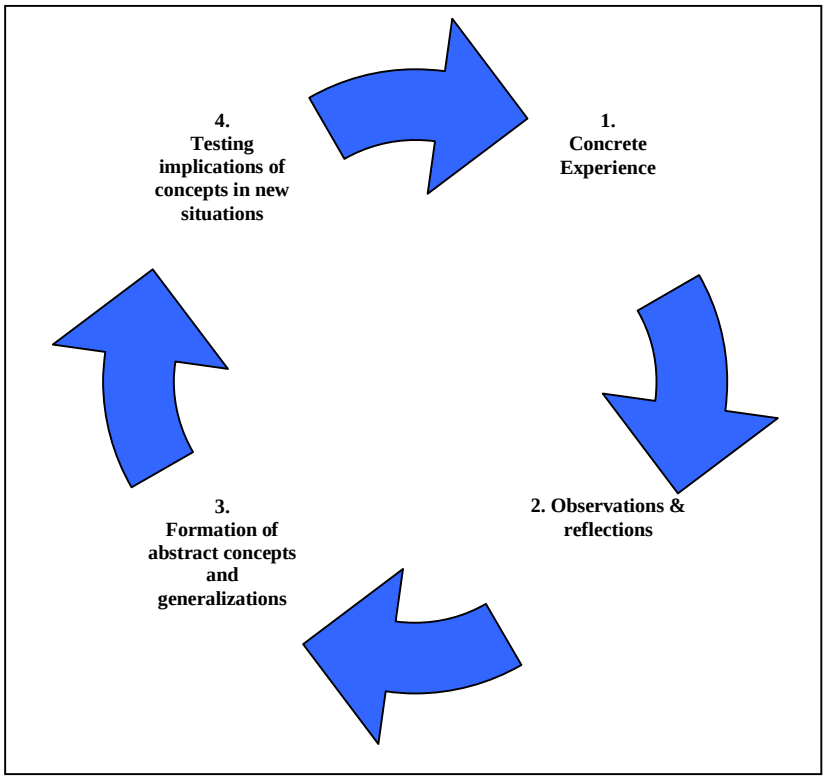

Figure 5.1: Kolb's (1984) experiential learning cycle (adapted from Kenny, 2007)

5.3.1 Kolb

Kolb's (1984) experiential learning model (experiential learning cycle) is based on the premise that development is possible when learning occurs through experience. This model suggests that theory and everyday practice are inextricably linked and positively contribute to each other in a process that is fluid and ongoing. The sequence of four guided phases for the facilitation of what he refers to as reflective activities are listed below and depicted in Figure 5.1. The figure should be imagined as a spiral; the reflection theories generated are in turn applied to future practice experience and the cycle begins again.

- Phase 1: **Concrete experience**: developing awareness of the nature of current practice;
- Phase 2: **Reflective observation**: clarifying the new learning and how it relates to current understanding;
- Phase 3: **Abstract conceptualisations**: integrating new learning and current practice; and

- Phase 4: **Active experimentation**: anticipating or imagining the nature of improved practice.

5.3.2 Schön

Practitioners gain experience, knowledge, and information in the course of their daily work and can develop an intuitive approach to practice. Schön (1983) sought to build on that capacity with reflection on how to channel that intuition to manage the demands of future practice. Rather than viewing practice as the purely technical implementation of procedures and protocols, Schön considered reflective practice like artistry. While this position was criticised for its perceived lack of scientific rigour, Schön was more concerned with finding practical solutions to real-world problems than with the intellectualisation of problem-solving. Real-world practice experiences are “messy, indeterminate, and problematic” (Kenny, 2007, p. 14). Schön (1983) recommends embracing uncertainty as an central part of the reflective process to allow practitioners to make sense of the “the tacit understandings that have grown up around the repetitive experiences of a specialised practice, making new sense of the situations of uncertainty or uniqueness which the practitioner may allow himself to experience” (cited in Kenny, 2007).

Schön (1987) proposes a model of reflection which distinguishes between reflection-in-action and reflection-on-action (Figure 5.2). The process begins with knowing-in-action which occurs when decisions are made in the midst of practice in order to find solutions to immediate problems. In this way, it relies on more on intuition than on rationale and is rooted in the practitioner’s subjectivity (Kenny, 2007). The results can be unexpected and require the application of knowledge-in-action to reflect on what aspects of the decision caused the surprise result. Reflection-on-action involves naming the stages in the earlier process to gain an understanding of the effect of a particular strategy. Reflection-in-action involves a refinement of the strategies identified to create a new and enhanced strategy. Finally, reflective practice is the implementation of the new strategy, almost like an experiment.

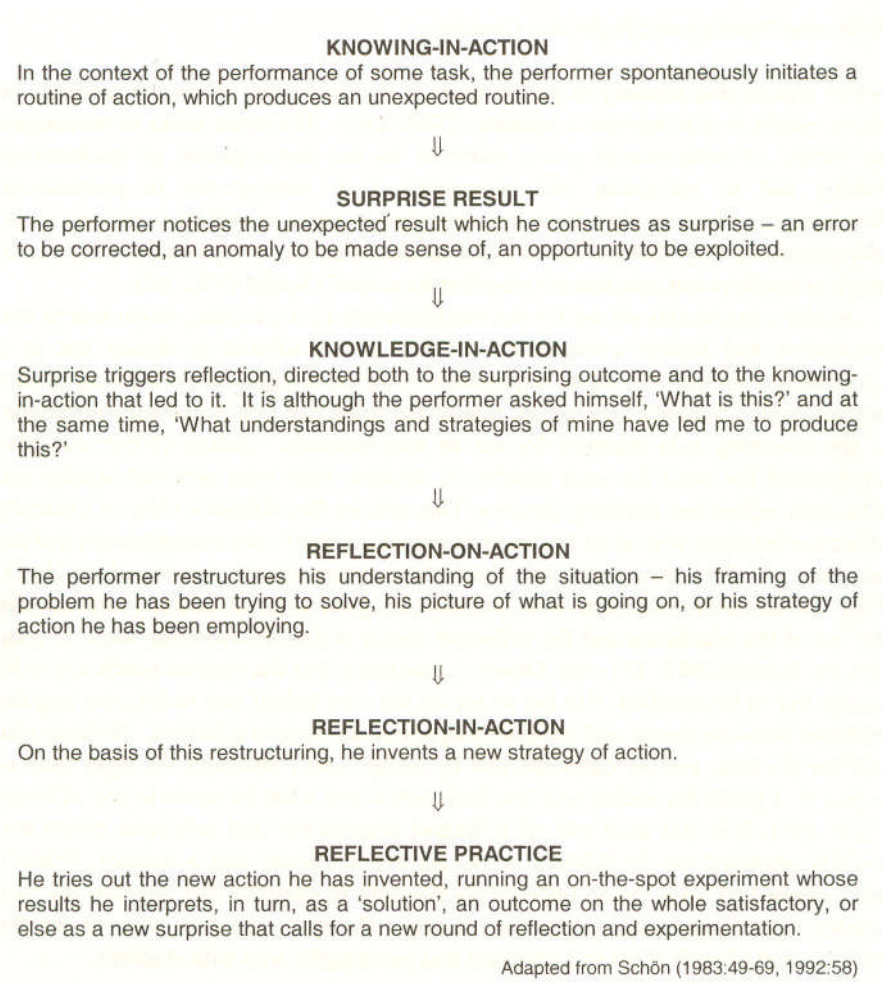

Figure 5.2: Schön's model of reflection (adapted from Kenny, 2007)

Table 5.1: Expert and reflective practitioner (adapted from Kenny, 2007)

Expert	Reflective Practitioner
I am presumed to know and must do so, regardless of my own uncertainty.	I am presumed to know, but I am not the only one with relevant knowledge. My uncertainty may be a source of learning for me and for others.
I keep my distance from the client and hold on to the *expert* role. I give the client a sense of my expertise, but convey a feeling of warmth and sympathy as a *sweetener*.	I seek out connections with client's thoughts and feelings, allow the client to develop respect for my knowledge from its evidence in our working relationship.
I look for deference and status in the client's response to my professional persona.	I look for a sense of freedom and of real connection with client. A professional *façade* is no longer a necessity

To elaborate on Schön's real-world perspective on practice, a number of useful distinctions can be drawn between expertise, more aligned to the academic and intellectual perspective, and reflective practice. These are tabulated in Table 5.1 and are intended to guide decision-making.

5.4 Self-Appraisal Programme

As is clear from the brief description of these two models, there is more than one way to be a reflective practitioner. In an Irish context, the recent Office of the Minister for Children's *Agenda for Children's Services* (2008) provides reflective questions for service managers and practitioners, for senior managers, and for policy-makers. For the purposes of this project, the Self-Appraisal Programme (SAP; see Dolan, 2006) was considered a suitable example for the kind of organisation and service profile in the ISPCC. The SAP is a four-step tool kit by which an organisation can monitor performance standards at the level of the individual worker and which can inform strategy development. The definitions of 'know of', 'know how', and 'know to' in the programme are import. 'Know of' has to do with theory and understanding of the rationale for actions. 'Know how' is the skill-set required. 'Know to' has to do with practice experience and judgement. The SAP steps are as follows:

1. Co-develop a set of work practice standards, no more than 20 – **'Know of'**;
2. Develop a practice work manual to match each standard – **'Know how'**;
3. Base-line and follow-up measure of active change monitored and assisted through supervision – **'Know to'**;
4. Reconsider and review regularly

There are examples available of how the CFRC helped other organisations develop their standards and measurements for the SAP which might be of interest to the ISPCC. Also, based on the same principles as individual worker model, service review appraisal processes can be undertaken. This is ideally allied with external quality assurance which occurs in unison. As with individual programmes, examples of CFRC projects are available. Other CFRC work on principles of good practice based on reflective practice is described next.

5.5 Principles of good practice

The following practice principles were devised with a focus on family support (Dolan et al, 2006) but can equally be applied to the child-centred services of the ISPCC. The principles are strongly grounded in reflective practice as an approach to all services. The practice principles are:

1. Working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
2. Family Support interventions are needs led and strive for the minimum intervention required.
3. Family support requires a clear focus on the wishes, feelings, safety and well being of children.
4. Family support services reflect a strengths based perspective which is mindful of resilience as a characteristic of many children and families lives
5. Family support promotes the view that effective interventions are those that strengthen informal support networks.
6. Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.
7. Families are encouraged to self-refer and multi-access referral paths will be facilitated.
8. Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.
9. Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.
10. Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.

5.6 Reflective practice in the ISPCC

As stated at the beginning of this chapter, the ISPCC is already engaged in reflective practice, if not in name. Indeed, this project can be seen as an exercise of reflective practice in that it seeks to combine the well-developed, intuitive solutions to

problems with a critical analysis of how to measure and account for these successful solutions. The staff feedback on the pilot presented at the end of Chapter Four illustrates this. To use Kolb's experiential learning model, the concrete experience of staff and their reflection on it lead to new concepts of how to achieve certain goals. These were piloted, an active experiment, and this report is for the ISPCC something new on which to reflect.

In pursuing the implementation of the reflective practice principles alongside the other developments in this project, there are some core questions for each individual and others for the organisation as a whole. The individual questions are:

- Is this how I would like to be worked with? and
- Would this work for me?

For the ISPCC as a whole, the important reflective questions for the future are:

- What are the indicators of the achievement of the principle?
- What level of performance is being achieved by the intervention/service/organisation?
- What actions need to be taken to achieve the principle in practice?
- What has been learnt from trying to implement the principle?

5.7 Conclusions

Reflective practice involves the constant description, questioning, and refinement of practice and this chapter has provided some of the tools with which the ISPCC can formalise its existing reflective practice. Mindful that working with children in need should work towards common agreed outcomes, but interventions and staff are not robotic, there are number of other considerations that should be borne in mind when doing so. Firstly, staff need on-going training and support to develop the 'know of' and the 'know to'. There is a responsibility on the part of the worker too to be responsive to these processes and in all aspects of their work; the human skills required in working with children and families cannot be assumed and may need to be taught. Furthermore, shared use of the SAP can help workers develop their 'know to'. All of this needs to be framed as a work in progress as best practice will change and the range and type of tools will need to change.

Chapter Six
Conclusions and recommendations

6.1 Conclusions

The aim of this project was to develop a comprehensive framework to measure the processes and outcomes of the work of the ISPCC and identify of standardised and development of non-standardised measures within this framework. Measures of service delivery processes and of goal achievement were developed and a number of standardised measures were selected and piloted. The results of the pilot were that this framework provided information that had not previously been available in some cases and formalised existing procedures in other. In general, feedback from staff was positive and indicated that there is considerable potential in this framework to add to the monitoring and evaluation systems of the ISPCC. The development of the framework in the course of the project is briefly described before considering how the ISPCC might implement the new framework.

In general, the implementation of the pilot was efficient and this is due to the co-operation of staff members. Table 6.1 gives a brief summary of how the different elements in the pilot were used with each service and the success of the pilot. As the framework had been developed in consultation with staff and was designed to fit with existing procedures, the extra demands were minimal. Nevertheless, if the new framework is to be implemented, there will be a need for some training with existing staff and for the inclusion of the framework in the training of new staff members. Similarly, the existing data management procedures may have to be reviewed to accommodate the framework in the longer term. The framework provides new data which can be used to monitor the overall ISPCC project as well as individual services. The potential exists to use these data to identify individual areas that need improvement and as strong evidence of the success and value of the service as a

Table 6.1: ISPCC services and viability of measures

	Process goals	Intervention goals	Standardised measures
Childfocus, Teenfocus	Piloted successfully	Piloted successfully	Piloted successfully
Leanbh	Developed through pilot	Not piloted but potentially useful	Not piloted but potentially useful
Childline	Piloted successfully	Not applicable	Not applicable

whole. Publication of annual or bi-annual results, possibly in conjunction with the Viewpoint survey, can be considered.

In parallel with these developments around implementation, the principles of reflective practice can complement the ISPCC's endeavours to understand the impact of its work. As suggested in the course of this report, considerable opportunity for reflective practice already exists and, just as elements of the framework are simply more formal methods of established procedures, the recommendations in Chapter Five can be seen as a structure on which to base supervision and reflection procedures. What is important is the continued commitment to improving practice and enhancing services for children.

As described in Chapter Three, a distinction was drawn between the processes and the outcomes of ISPCC services. A process measure was developed in consultation with staff, the Children's Advisory Committees, and in the course of the pilot. This involved the drafting and re-drafting of the expression and the depiction of process questions. The result is a robust measure of the most important elements of the service delivery processes. Outcome measures were separated into standardised assessment tools and non-standardised intervention goal recording. In combination, these capture the range of effects of the ISPCC interventions. As with the process measure, ideas were refined in the course of consultation and piloting to give us a useful and practical set of tools for outcome measurement.

The framework developed in Chapter Three, and the results of the pilot in Chapter Four, represents a means of monitoring and evaluating service delivery in the pursuit of evidence-based practice. While this report was not concerned with establishing evidence of the impact of ISPCC services, it provides a system within which such

work could be undertaken. Indeed, given that the framework is reliable and robust for these ISPCC services, more systematic evaluation of the interventions is now possible; previously, the lack of a range of measures to suitably capture the breadth of services made this more difficult.

To return to the *Citizen Child Strategy* (ISPCC, 2005), this project represents an important step towards the achievement of the goal of helping children overcome adversity by providing a tailored framework for service monitoring and evaluation of services. The project was also conducted in accordance of the principles of participation and citizenship stated in the *Strategy* by recognising children's role in the development of the ISPCC.

6.2 Recommendations

1. Adopt the framework developed in this project and integrate across the organisation with existing practices.
    a. The framework is the process goals and drawings, intervention goals, and piloted standardised assessments.
    b. The areas of integration include training, practice manuals, client files, existing assessment batteries, management and supervision, and internal and external reporting.
    c. The framework should also be included in the development of the client relationship management system.
2. Use the framework within the ISPCC's ongoing evaluation of the effectiveness of each ISPCC service.
3. As suggested in Chapter Three, there is potential to use drawings in other ISPCC services. Therefore, expand the use of drawings by commissioning other sets as required for Leanbh's work with immigrants and asylum-seekers and for Childfocus.
4. The literature review identified a paucity of suitable assessment methods for younger children. Therefore, pursue the development of a new assessment tool for Childfocus.
5. Based on principles of reflective practice, continue to formalise practice standards across the organisation. These can also be included in training.

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Appendices

Appendix A: Adolescent Well-being Scale (Birleson, 1981)

Case number: _____ Client name: _____

Please read each statement carefully and mark your response in the appropriate column.

		Most of the time	**Sometimes**	**Never**
1	I look forward to things as much as I used to			
2	I sleep very well			
3	I feel like crying			
4	I like going out			
5	I feel like leaving home			
6	I get stomach aches/cramps			
7	I have lots of energy			
8	I enjoy my food			
9	I can stick up for myself			
10	I am good at things I do			
11	I enjoy the things I do as much as I used to			
12	I like talking to my friends and family			
13	I have horrible dreams			
14	I feel very lonely			
15	I am easily cheered up			
16	I feel so sad I hardly bear it			
17	I feel very bored			

Appendix B: Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.*	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.*	I feel I do not have much to be proud of.	SA	A	D	SD
6.*	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.*	I wish I could have more respect for myself.	SA	A	D	SD
9.*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation
c/o Department of Sociology
University of Maryland
2112 Art/Soc Building
College Park, MD 20742-1315

References

References with further characteristics of the scale:

Crandal, R. (1973). The measurement of self-esteem and related constructs, Pp. 80-82 in J.P. Robinson & P.R. Shaver (Eds), **Measures of social psychological attitudes. Revised edition**. Ann Arbor: ISR.

Appendix C: Social Provisions Scale (Cutrona & Dolan, 2002)

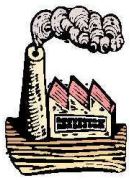
In answering the next 4 questions, please think about your current relationships with your friends. If you feel a question accurately describes your relationships with your friends, you would say "yes." If the question does not describe your relationships, you would say "no." If you cannot decide whether the question describes your relationships with your friends, you may say "sometimes."

1. Are there friends you can depend on to help you, if you really need it?

NO	SOMETIMES	YES

2. Do your relationships with your friends provide you with a sense of acceptance and happiness?

NO	SOMETIMES	YES



3. Do you feel your talents and abilities are recognised by your friends?

NO	SOMETIMES	YES

4. Is there a friend you could trust to turn to for advice, if you were having problems?

NO	SOMETIMES	YES

In answering the next set of questions, please think about your current relationships with your parent(s)/carer.

5. Can you depend on your parent(s)/carer to help you, if you really need it?

NO	SOMETIMES	YES

6. Do your relationships with your parent(s)/carer provide you with a sense of acceptance and happiness?

NO	SOMETIMES	YES

7. Do you feel your talents and abilities are recognised by your parent(s)/carer?

NO	SOMETIMES	YES

8. Could you turn to your parent(s)/carer for advice, if you were having problems?

NO	SOMETIMES	YES

In answering the next set of questions, please think about your current relationships with your <u>brother(s) and/or sisters(s).</u>
Again mark either No Sometimes or YES

9. Can you depend on your brother(s)/sister(s) to help you, if you really need it?

NO	SOMETIMES	YES

10. Do your relationships with your brother(s)/sister(s) provide you with a sense of acceptance and happiness?

NO	SOMETIMES	YES

11. Do you feel your talents and abilities are recognised by your brother(s)/sister(s)?

NO	SOMETIMES	YES

12. Could you turn to your brother(s)/sister(s) for advice, if you were having problems?

NO	SOMETIMES	YES

In answering the next set of questions, please think about your current relationships with any other adult person in your community for example a teacher, sports coach or other adult who you know and who supports you.

13. Can you depend on other adult(s) you know to help you, if you really need it?

NO	SOMETIMES	YES

14. Do your relationships with this adult(s) provide you with a sense of acceptance and happiness?

NO	SOMETIMES	YES

15. Do you feel your talents and abilities are recognised by this adult?

NO	SOMETIMES	YES

16. Could you turn to another adult for advice, if you were having problems?

NO	SOMETIMES	YES

Appendix D: Intervention goals

ISPCC Goal record

Case number: _____ Client name: _____

Stakeholder: _____

Goal 1: _____ **Timeframe:**
_____ From _____
_____ to _____

Was the goal achieved in the timeframe?

Not at all	Partially	Mostly	Completely
0	1	2	3

Comment: _____
_____

Goal 2: _____ **Timeframe:**
_____ From _____
_____ to _____

Was the goal achieved in the timeframe?

Not at all	Partially	Mostly	Completely
0	1	2	3

Comment: _____
_____

Goal 3: _____ **Timeframe:**
_____ From _____
_____ to _____

Was the goal achieved in the timeframe?

Not at all	Partially	Mostly	Completely
0	1	2	3

Comment: _____
_____

Appendix E: Intervention goals' summary

ISPCC Goal record summary

Case number: _____ Client name: _____

Stakeholders:

1. Child
2. Parent or guardian _____
3. Referrer _____
4. ISPCC project worker _____

Summary of assessments:

	Child	Parent	Referrer	ISPCC	Total
Goal 1					
Goal 2					
Goal 3					
Total					
Average					

Analysis of comments:

Differences: _____

Similarities: _____

Reasons for outcomes: _____

Project worker's reflection: _____

Appendix F: Children's Advisory Committee consent form

Child and Family Research Centre,
National University of Ireland, Galway.
www.childandfamilyresearch.ie

ISPCC Focus Group Consent Form

I agree to take part in the research project 

I will meet and talk to the researchers

I know what I say might help the ISPCC work better for children 

I know the information is confidential

I know I can withdraw at any time

Signed: _____
Young Person

Signed: _____
Parent or Guardian

Appendix G: Children's Advisory Committee information

Child and Family Research Centre,
National University of Ireland, Galway.
www.childandfamilyresearch.ie

ISPCC Focus Group Information

The ISPCC asked to CFRC to help them find better ways to ask children about the services they offer. We have come up with lots of ways we think will work but they'll only be useful if they make sense to children and young people. We need you to have a look at the questions and tell us what you think.

- A focus group will be arranged at a time and place that suits you.
- We'll ask about ways of collecting information from young people and about the best words to use.
- The focus group will be tape-recorded so we don't have to write everything down.
- Everything you say is confidential, so we won't talk to anyone else about it. We might use some of the things you say in a report but no one will be able to recognise you as your name won't be used.
- You don't have to answer anything that you don't want to and are free to leave at any time.
- This research will, we hope, help the ISPCC work better for children.
- If you have any questions, please contact me at 087-638 6951 or Brian.Merriman@nuigalway.ie

If you are happy to take part, please sign the consent form – you and a parent or guardian - and bring it along on the day. Thanks for your help and I look forward to meeting you soon.

Brian Merriman

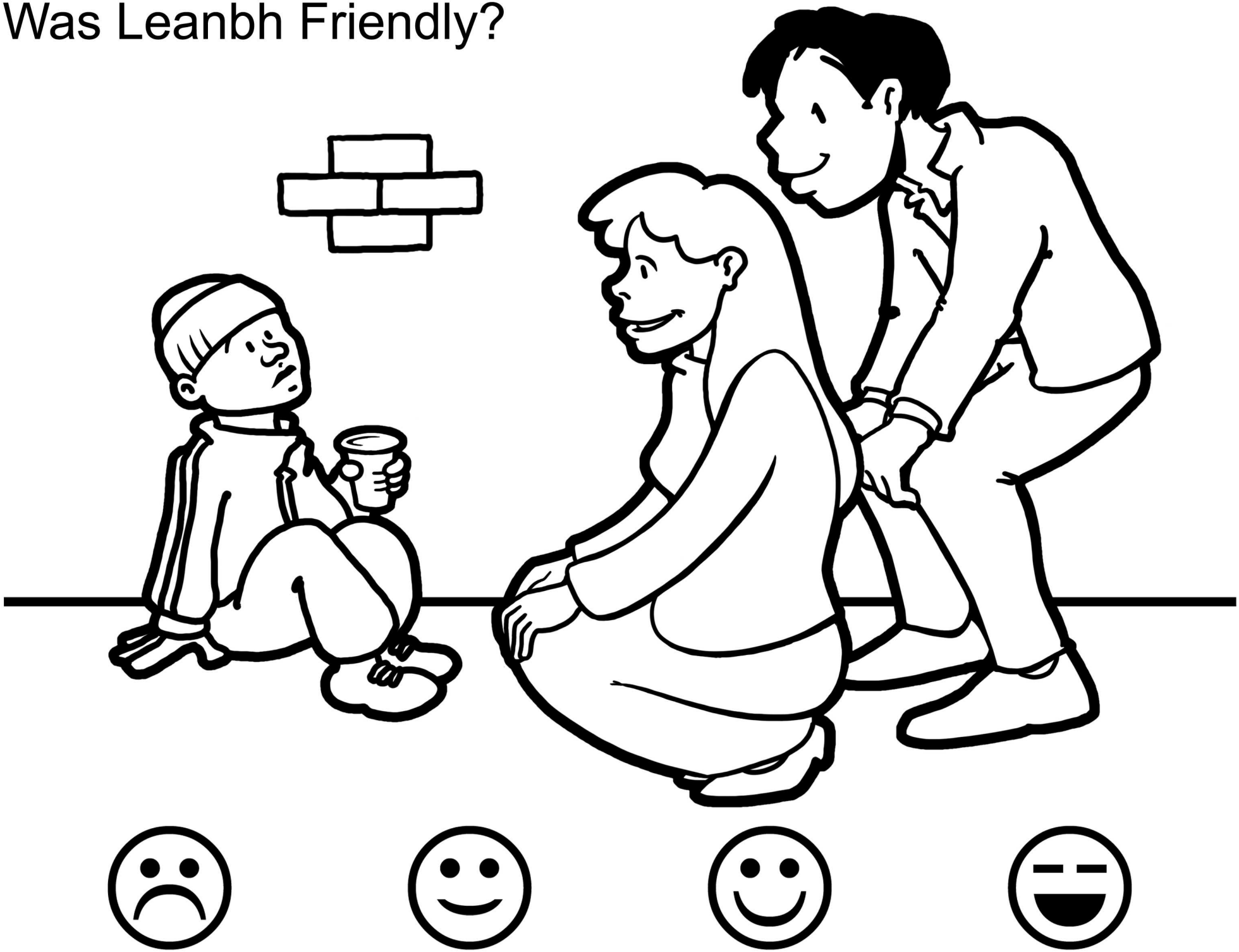
Appendix H: Children's Advisory Committee schedule

"The ISPCC asked me and the people I work with to have a look at how they decide whether services are working or not and see if we can make them better. They have lots of ways at the moment of checking with children and we are trying to come up with some better ways. There's no point in me sitting in my office thinking up wonderful ideas about how we're going to ask children things. The ISPCC wants to ask children questions in ways they can understand. Sometimes we use big, unnecessary words when simpler words are better. The most important thing is to ask children what they think and that's the point of today. I don't know the best way and I need your help. This is different from other things you do, like school. There is no right answer; in fact, everything you say is the right answer because everything you say will help."

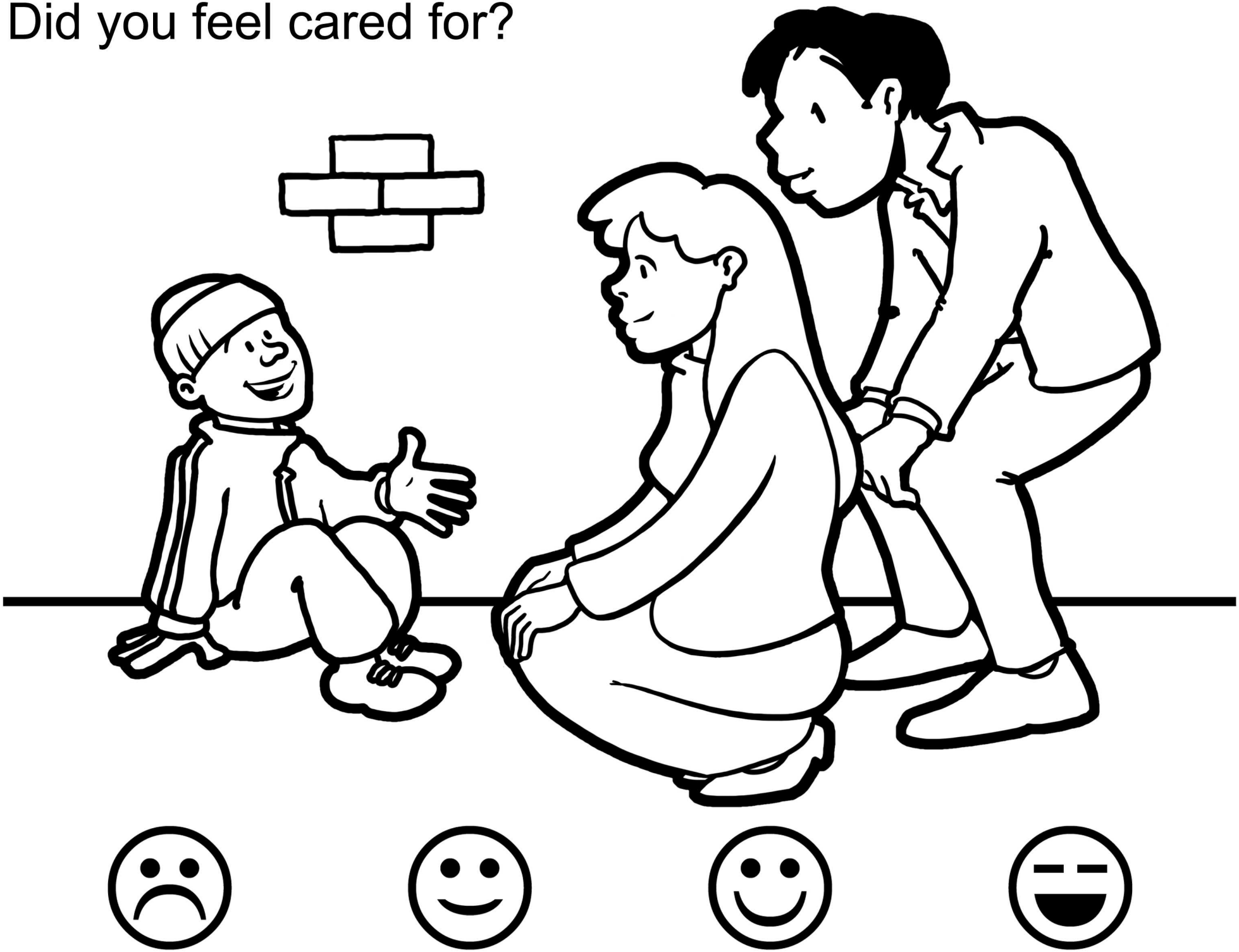
1. What is going on in the picture?
    a. Identify elements
    b. Suggest improvements
2. How should we phrase the questions?
3. How should response be indicated?
    a. Circles
    b. Words
    c. Other possibilities
4. Intervention goals

Appendix J: Leanbh drawings

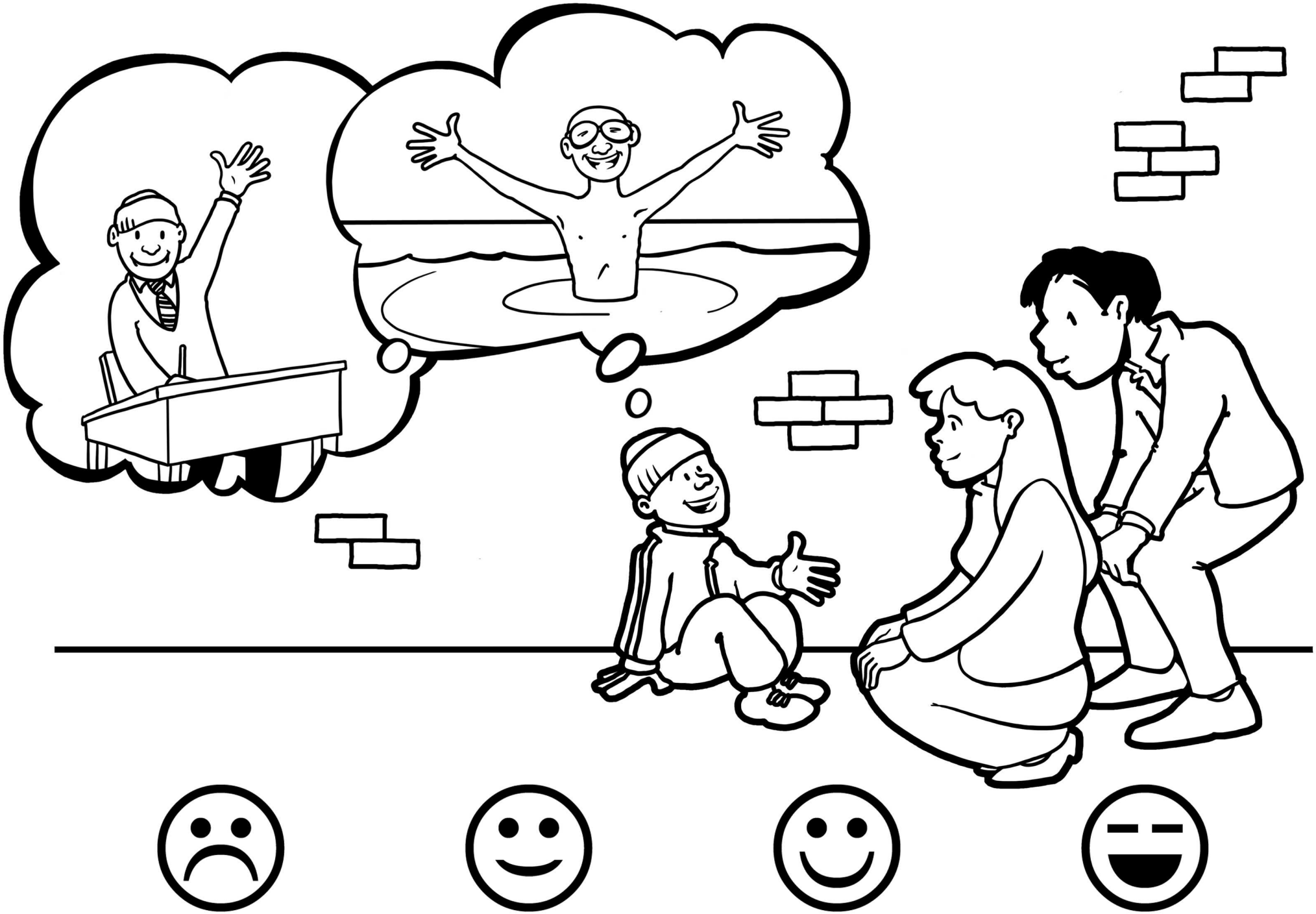
1. Was Leanbh Friendly?



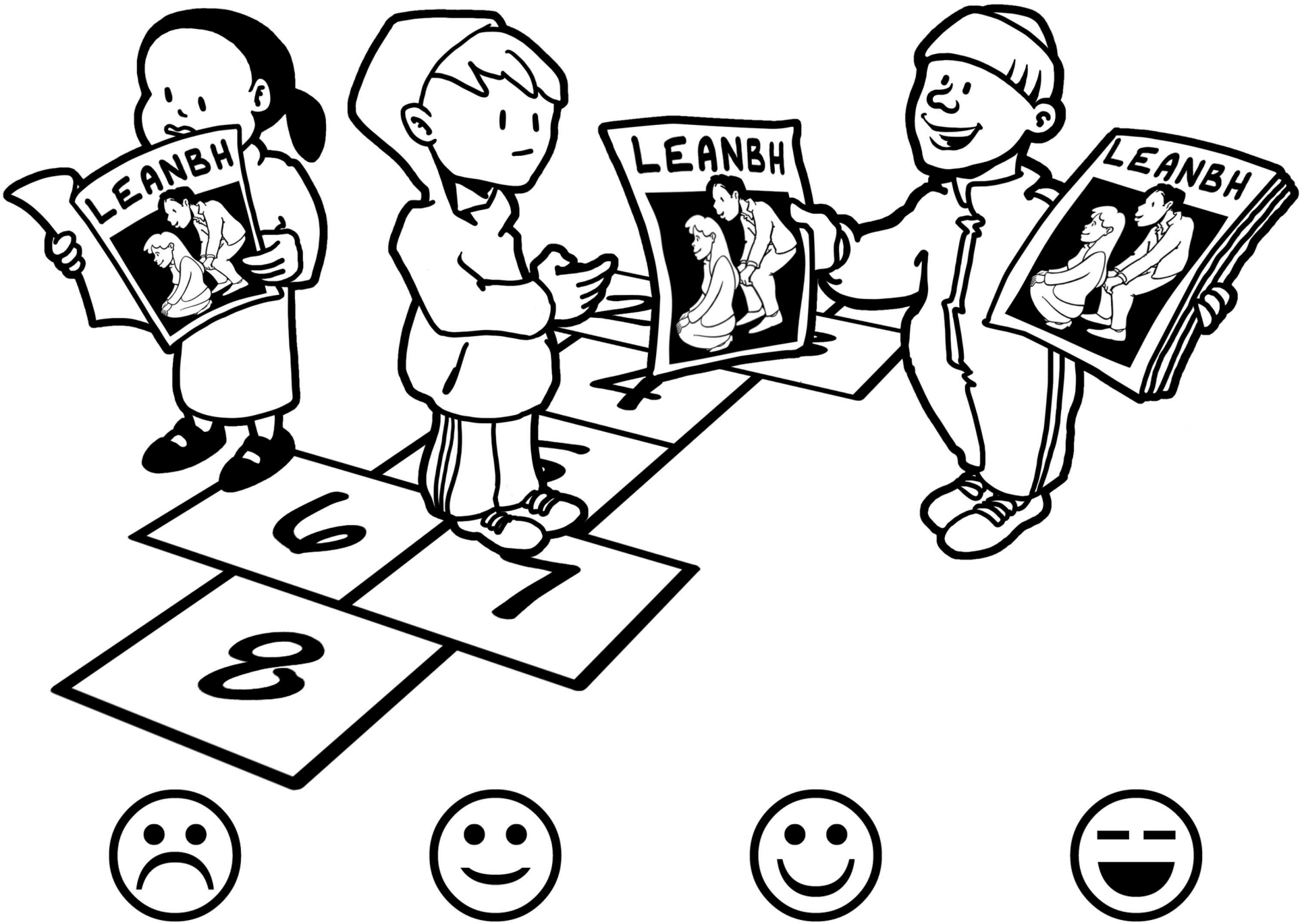
2. Did you feel cared for?



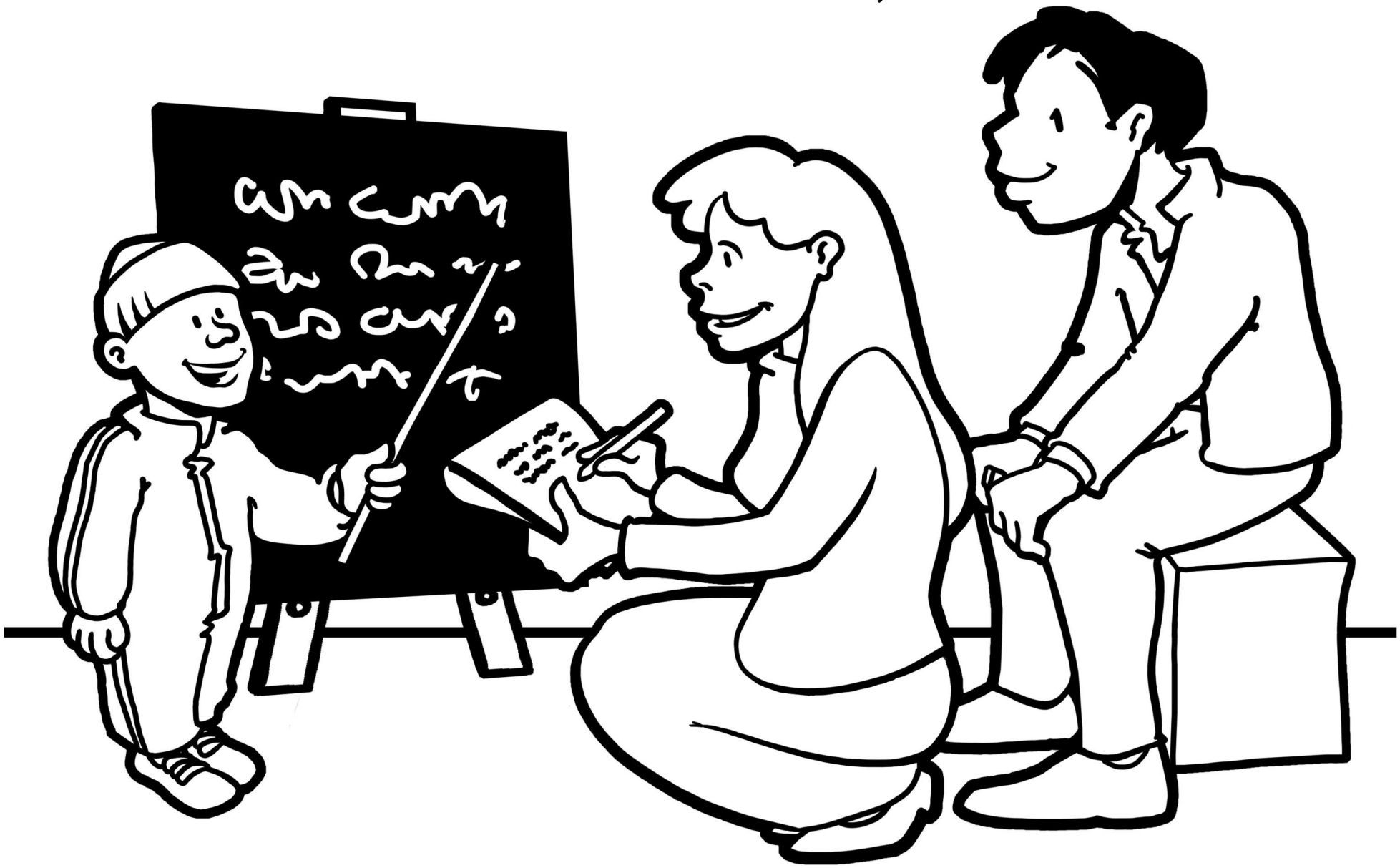
3. Did Leanbh help you think about things you could do?



4. Would you recommend Leanbh to your friends?



5. Can Leanbh be made better? If so, how?



Appendix K: ISPCC staff feedback

ISPCC Evaluation feedback

These questions refer to the ISPCC Goal record, ISPCC Process goals, and to standardised assessment tools used in the pilot evaluation. All staff and volunteers who took part in the pilot should respond. Please indicate your overall response by marking a number below each question and add any detailed comments on specific aspects that might be different from your overall response or that you think might be useful.

Role: _____

1. Did the assessment processes make a positive contribution to your work with children?

Not at all Definitely

0 1 2 3

Comments: _____

_____

2. Did you find them easy to use?

Not at all Definitely

0 1 2 3

Comments: _____

_____

3. Would you continue to use them if it was not required?

Not at all Definitely

0 1 2 3

Comments: _____

_____

Any other comments (you can use the other side of the page if you wish):

_____

_____

_____

_____

_____

Thank you!