



The Qualitative Service Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records and determining if deadlines are met. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement has begun to find increasing favor, not only in business and industry, but also in health care and human services.

The reason for the rapid ascent of the “quality movement” is simple: it not only can identify problems; it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and on the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to needs and goals, and coherent in the selection and assembly of strategies, supports, services and timelines offered?”

AUDIT FOCUS:

“Was the permanency goal presented to the court at the dispositional hearing?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated and modified to create a self-correcting and effective service process?”

The qualitative review is based on the Service Testing™ model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. It has been introduced in child welfare systems in 12 states nationally to evaluate and improve frontline practice. They include Alabama, Utah, Arkansas, New York, Missouri, Florida, Tennessee, Georgia, Washington, DC, Connecticut, Iowa and Kentucky. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders and providers.

The protocol is not a traditional measurement designed with specific psychometric properties. The case review protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale. The judgment is quantified and is combined with all other case scores to produce overall system scores.

The Qualitative Service Review instrument generally assesses child and family status issues and system performance in the discrete categories listed below. The mix of categories and weighting used varies relative to the needs of each system. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for caregiver functioning. Likewise, the weight given functional assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The following reflects the weights assigned the performance and practice categories chosen by one state. The weight for each category is reflected parenthetically next to each item.

Child and Family Status

- Child Safety
- Safety of the Caregiver
- Stability
- Appropriateness of Placement
- Health/Physical Well-being
- Emotional/Behavioral Well-being
- Permanence
- Learning & Development
- Responsible Behavior (Child)
- Caregiver Functioning
- Family Progress Toward Independence
- Child's Functional Progress

- **Overall Child and Family Status**

System Performance

- Child/Family Engagement
- Service Team Functioning
- Functional Assessment
- Resource Availability
- Long-term View
- Service Plan
- Plan Implementation
- Family Support Network
- Service Coordination
- Successful Transitions
- Tracking and Adaptation
- Effective Results
- **Overall System Performance**

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they received is usually successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families now. The findings of the Qualitative Service Review will be presented in the form of aggregated information. These are brief summaries written at the conclusion of the set of interviews done for each case. They are provided only as illustrations to put a “human face” on issues of concern.

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