Practitioner perspectives on performance assessment in family support services

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This paper reports some results of a study of practitioners' perspectives on performance assessment in the field of family support services. Existing empirical work on performance assessment emphasises the perspectives of funders and/or service users. However, practitioners are a key stakeholder in both service delivery and assessment, and consideration of how this group approaches and appropriates performance assessment can maximize its effectiveness, and ensure the incorporation of their practice-based knowledge about service delivery and outcomes. We find that family support workers are committed to understanding the effectiveness of their work, and use a variety of means to attempt to evaluate their own effectiveness. However, these means are rarely systematic, and are unlikely to provide data useful for measures of service economy and efficiency. This may be because their practice consists of processes to which conventional evaluation techniques are ill-suited. The challenge for providers of social services is to find ways to assess the caring work at the heart of their practice in ways which are 'legible' to all stakeholders, including government funders.

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Family support services work to support and strengthen families. The clients of these services are amongst the most disadvantaged Australians, and many children living in client families have been identified by statutory authorities as at risk of abuse and neglect. In Australia, most family support services are provided by non-government community services organisations. These services are substantially reliant on government funding and are therefore affected by public sector reform. They face growing pressure from government to be publicly accountable for the funds they receive and, in particular, to demonstrate efficiency and effectiveness of their work. Additionally, as many family support services grow in size and complexity, there is increased pressure within these organisations to engage in formal work assessment procedures.

This paper reports the results of the first stage of a study of practitioners' perspectives on performance assessment in the field of family support services. This project arises from our interest in how social and community services workers might improve cultural and industrial recognition of their work in an age of public sector reform. Despite substantial growth in the social and community services sector over the past two decades, working conditions in this sector remain poor. As governments seek to reduce expenditure, there is a danger that conditions in this sector will deteriorate even further. We are motivated to understand how family support workers view performance assessment and how their perspectives might be incorporated in the evaluation of family support services in ways that enhance recognition of the professional

services provided by practitioners in this field.

Our focus on practitioners' perspectives is important because this group is a key stakeholder in family support services. Existing empirical work, although substantial and important, has generally considered performance measures from the perspectives of funders' and/or service users' points of view (see, Allen & Potten, 1998; Croft & Beresford, 1997; Knapp et al., 1994; Ryan & Brown, 1998). Consideration of how practitioners approach and appropriate performance assessment can maximize the effectiveness of these processes and also ensure the incorporation of practice-based knowledge about service delivery and outcomes.

RESEARCH METHOD

The study is being carried out in two stages over 12 months during 2001. In the first stage, reported in this paper, we conducted focus groups with practitioners engaged in direct family support work in the Sydney metropolitan region during March and April 2001. In the second stage of the project we will conduct a statewide survey of practitioners. This section outlines the processes of recruitment, data collection and analysis in stage one.

RECRUITMENT OF FOCUS GROUP PARTICIPANTS

We aimed to involve a broad cross-section of workers from family support services in the study, but in accordance with focus group conventions, sought to ensure homogeneity within each group (Krueger, 1994). We used the size of employing organisation and practitioner qualifications to design the focus groups because we considered that these factors might influence

practitioners' approaches to, and experiences of, performance and assessment. For example, those in smaller organisations are unlikely to have access to resources often available in larger organisations. Similarly, we considered that whether or not a practitioner held tertiary qualifications in a human services discipline was important because the processes of professional socialization in these disciplines are likely to shape practitioners' views and approaches to practice. (We refer to those with degrees in human services professions as professionals and practitioners without these qualifications as para-professionals.)

Based on this reasoning, we planned four focus groups, one each of professional workers and para-professional workers in large organisations, and one each of professional workers and para-professional workers in small organisations.

Thus, the recruitment process involved two distinct phases:

1. identifying family support services;

2. identifying an appropriate worker within each of the selected services.

Identifying family support services

We began by approaching the New South Wales Department of Community Services (DoCS). Through the Community Services Grants Program (CSGP), this department is the state's major funder of community support services to children and families. The administrators of the CSGP provided us with a complete list of services funded in 2000. From this list, we constructed a sampling frame of the approximately 270 services funded under the Family and Individual Support grants program.

Using this sampling frame, we generated a stratified random sample of family support services. First, we excluded services outside the Sydney metro-politan region. We then developed two subsets; one comprised of services run by small organisations (those with fewer than 20 full-time equivalent staff), and the other comprised of services run by medium and large organisations (those with more than 20 full-time equivalent staff).

Identifying workers

We started by approaching the organi-sational contact person as identified by the CSGP list provided by DoCS. This person was either a management committee executive or a paid service manager. We outlined the purpose of the study and asked them to assist us in identifying an appropriate person within their service who might participate in a one-off focus group. Following their advice, we then directly approached potential recruits to the study.

... as many family support services grow in size and complexity, there is increased pressure within these organisations to engage in formal work assessment procedures.

Because the study concentrates on practitioners' perspectives, a minimum requirement for participation in a focus group was that the worker spends 50% of their work time engaged in family support work; we defined this work broadly to include general support work, casework, group work and community work. We then sought members for focus groups from each organisation on the basis of whether or not they held a degree in a human services discipline such as social work, psychology, nursing or teaching.

In accordance with focus group conventions we aimed for 6 to 8 participants in each group (Krueger, 1994). For each group we recruited slightly more participants than were needed in recognition that, given multiple demands on workers in this field, a small drop-off in attendance was likely. This assumption proved correct. To maximize attendance, we offered inducements to participants including afternoon tea and a small research volunteer payment.

We conducted three focus groups:

- Group 1 (six participants) Professionally qualified practitioners working in small organisations;

- Group 2 (six participants): Para-professional practitioners working in small organisations. These participants had a range of qualifications including life experience, TAFE qualifications in welfare related fields or a degree in a field other than a human services discipline;

- Group 3 (seven participants): Professionally qualified practitioners in large organisations.

As it happened, we were unable to recruit a group of para-professional practitioners in large organisations. These practitioners provided a range of reasons for their inability to participate in the focus group. For example, one stated that her employer would not release her from usual duties and another said work pressures prevented her from attending the group. This subset of practitioners appeared to have less control over their time than the participants we were able to recruit for the study.

DATA COLLECTION AND ANALYSIS

Each focus group met for 2½ hours. Drawing from our research aims, experience in family support work and current research, we developed a structured question schedule for the groups. The focus group questions invited exploration of the following issues and themes:

1. work context and methods;

2. work goals and processes used to achieve these goals;

3. participants' approaches to assessing their effectiveness;

4. participants' perceptions of how their management committees or boards view 'good' family support work;

5. participants' perceptions of how the Department of Community Services, as the major funder of family support services, views 'good' family support work;

6. tensions, if any, between different stakeholders' (workers,

management, DoCS) under-
standings of and priorities for
family support work;

7. participants' ideas about what
funding bodies should consider in
the assessment of family support
work.

In facilitating the groups, we ensured
that each participant had an opportunity
to respond to every theme. The group
discussions were audio-taped, then
transcribed. From this material we
collated information about practitioners'
practice goals and approaches. Using a
thematic approach to the analysis, both
researchers separately identified themes
in the data and then contrasted our
initial findings. We also identify
differences across focus groups. In this
paper we report on the initial findings
of our analysis of the first three themes

PRACTITIONERS'
ACCOUNTS OF THE
GOALS AND METHODS
OF FAMILY SUPPORT
WORK

To understand family support workers'
perspectives on performance assess-
ment, we need to explore what these
practitioners understand 'performance'
to be in this field. We asked workers to
talk about what they aim to achieve in
their work, and the methods they use to
pursue their practice goals. Figure 1
shows how workers express their aims.
Their overarching practical goals are to
reduce the risk of child abuse and to
create better family environments for
children. Many practitioners frame
these goals in terms of personal
development for clients and community
development.

Practitioners work with a variety of
methods to achieve these goals; some
preventative, others dealing with
problems or crises client families are
currently experiencing; some addressing
underlying causes, others dealing with
immediate resource deficits. Practice
methods include individual casework,
counselling and advocacy; group work
on issues such as self esteem, domestic
violence, and parenting; play groups,
coffee mornings, home visiting, court
support, and residential weekend
programs. Family support workers

employed in small organisations also
reported doing inter-agency work.

However, when talking about how they
achieve their goals, focus group
participants emphasised *processes* more
than *methods* in their work with clients.
We discerned five processes in our
analysis of focus group data.

1. Reparenting

Practitioners recognised that many
family support service users lacked
models of good parenting in their own
lives. Thus, in their relationships with
clients, modelling the commitment,
care, and respect necessary for
successful parenting is a key family
support work process, and can be
conceived of as *reparenting* the parents
using the services. One professional
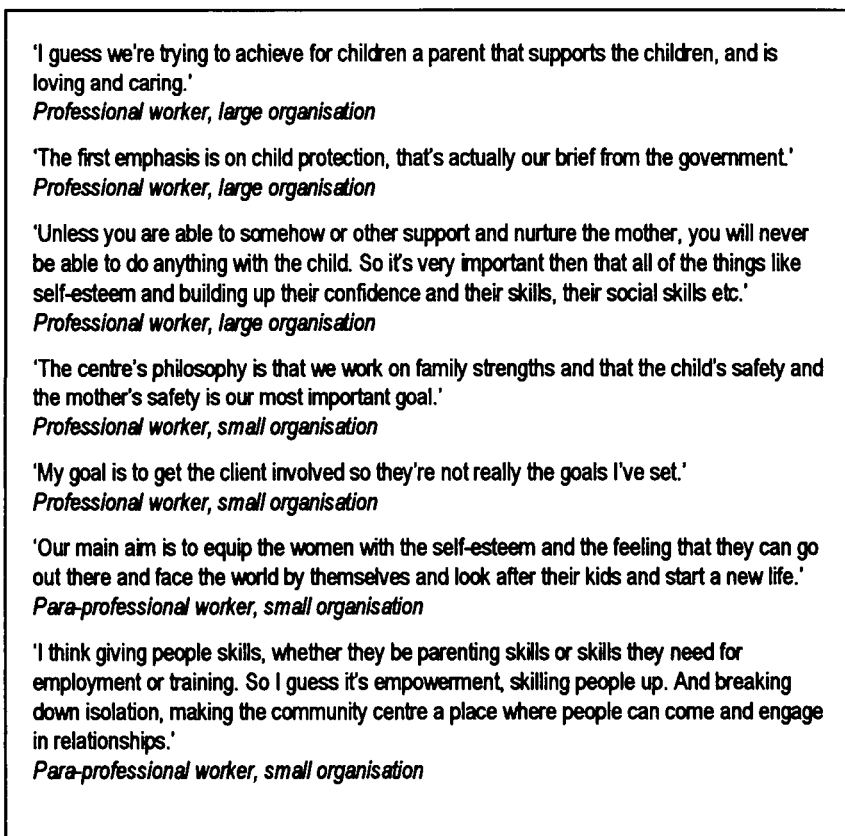worker in a small organisation
described the process this way:

> Building a relationship is the most
> important thing we do, and being
> committed to listening to what people
> are actually saying – demonstrating your
> commitment to the client in whatever
> way.

By working this way, practitioners
aimed to fulfil the personal develop-
ment goals of enhanced self esteem,
empowerment, confidence and trust.

2. Nurturing

Several practitioners from both large
and small organisations reported
running groups that provided massage,
dance, aromatherapy, hypnotherapy,
art, cooking, or journal writing –
activities that seem outside the ambit of
welfare services. These activities were
the means of the work process of
nurturing in family support. Workers
explained the purpose of these groups
as providing opportunities for clients,
usually mothers, to feel relaxed and
valued. A professional worker in a large
organisation, for example, said that a
group involving journal writing and
massage often follows a domestic
violence group that deals with issues
like the cycle of violence, anger,
aggressiveness and assertiveness, so
that clients 'can be nurtured and look to
the future.' She added that these
nurturing groups have 'a relaxing,
calming effect on people ... so that they

Figure 1 Family support workers describe what they are trying to achieve in their work

'I guess we're trying to achieve for children a parent that supports the children, and is loving and caring.'
Professional worker, large organisation

'The first emphasis is on child protection, that's actually our brief from the government.'
Professional worker, large organisation

'Unless you are able to somehow or other support and nurture the mother, you will never be able to do anything with the child. So it's very important then that all of the things like self-esteem and building up their confidence and their skills, their social skills etc.'
Professional worker, large organisation

'The centre's philosophy is that we work on family strengths and that the child's safety and the mother's safety is our most important goal.'
Professional worker, small organisation

'My goal is to get the client involved so they're not really the goals I've set.'
Professional worker, small organisation

'Our main aim is to equip the women with the self-esteem and the feeling that they can go out there and face the world by themselves and look after their kids and start a new life.'
Para-professional worker, small organisation

'I think giving people skills, whether they be parenting skills or skills they need for employment or training. So I guess it's empowerment, skilling people up. And breaking down isolation, making the community centre a place where people can come and engage in relationships.'
Para-professional worker, small organisation

in turn can practice that in their own homes.' Nurturing, like reparenting, aims to build a positive sense of self in clients, but adds the stress-relieving rewards of pleasure and self expression lacking in many clients' lives.

3. Connecting to the community

Social isolation is a significant problem in the family support client population. Thus, practitioners recognise that the process of *connecting to the community* enabled by participation in groups and other service activities is a crucial element of family support work. Groups provide clients with opportunities for mutual understanding, learning and, possibly, action. Fostering connection to the community is also one way family support services empower clients to reduce their dependence on services. A para-professional from a small organisation reported:

> we have a lot of people that go off bush-walking together, or form spin off groups. In a way, that's the moving on nature of it – they form a friendship in a safe place, then they can take it outside.

4. Educating

Education is the stated goal of many family support service activities. Although personal and community development are critical elements of building parenting capacity, practitioners report that developing clients' repertoires of skills and knowledge is also important. The skills and knowledge include those clients gain in parenting education and play therapy programs. However, counselling and group work can involve more subtle forms of education. A para-professional worker in a small organisation described a strategy she used in individual support work:

> I'll try to reframe the situation for the client, for them to be able to see it more positively, and to see that they do have strengths.

This strategy works by offering the client knowledge of a new way to look at their situation and models the resourceful thinking skills that support healthy family life.

5. Advocating

Practitioners report that *advocating* for the client, especially in relation to large government bureaucracies such as Centrelink and the Department of Community Services, is also an important work process in family support. Family support clients typically have complex needs, such that their capacity to parent is compromised by lack of access to adequate income, housing and child care. Moreover, several practitioners reported that DoCS' child protection focus may not take parents' perspectives into account sufficiently. Finally, victims of domestic violence often need support to gain legal protection. In these situations, parents need an advocate, and family support workers often take on this role.

... they actively engaged in evaluating their work performance and viewed such assessment as vital to improving their work.

A range of skills underpin family support practitioners' capacity to work with these processes, and so to do what they understand to be good family support work. In the focus group discussions, workers demonstrated that *analytical skills* are needed to understand the causes of child abuse and domestic violence, and work with parents to break cycles of abuse and violence. In describing the processes of what we've called here 'reparenting' and 'connecting to the community', workers talked about the sophisticated *facilitation skills* and clear boundaries needed to run groups in which all participants felt safe and included. They also emphasised the skills and strategies needed to create trust and develop effective programs. Several workers highlighted the importance of *flexibility, responsiveness to clients,* and *capacity to innovate* in program development. A professional worker in a large organisation described how:

> We started another group specifically dealing with the mothering role because that came about as something that mothers talked about in their parenting groups, but it wasn't actually addressed by addressing parenting.

Practitioners also describe something we might call here *professional opportunism* as a skill in good family support work. This is the capacity to recognise and make use of apparently casual opportunities such as coffee mornings or distribution of emergency relief funds to make connections with parents who may, on the strength of trust established through these interactions, later avail themselves of the more intense services they may need but fear.

Finally, the way practitioners talk about their goals and practice indicates that they see good family support work as underpinned by a *value base* that stresses fairness to clients, and respect for their capacity to solve their problems with appropriate support.

In summary, family support workers understand good work in their field to be underpinned by clear values, to be process-driven, and to require sophisticated interpersonal and analytical skills.

PRACTITIONERS' METHODS OF EVALUATING THEIR OWN PERFORMANCE

Recent research identifies that formal evaluation procedures are under-developed in the non-profit sector (McDonald, 1999; Ryan & Brown, 1998). In an age of increased public sector accountability, we were motivated to understand if and how family support workers assess their performance given the diffuse, complex and long term character of their practice goals. We asked focus group participants how they knew if they were doing a good job. Their responses indicated that they actively engaged in evaluating their work performance and viewed such assessment as vital to improving their work. Participants identified three means of evaluating their performance.

1. Client feedback

Participants viewed client feedback as an important source of information for evaluating their effectiveness as practitioners. Most respondents indicated that they engaged in formal and informal evaluation processes with service users. Participants in both small and large organisations discussed the use of formal client feedback forms within their services. Typically, formal client feedback evaluations occurred at the conclusion of an intervention, usually when the client was exiting the service. One professional worker in a large organisation reported that:

> We have on our completion form the reason why we've completed the work with that person or in that group and what the outcome was. So you get a sense of working with the person, that you've achieved what you set out to do, because initially we write down the goals, or indicate what the goals are and we indicate whether we've achieved them partially, fully or whatever.

Practitioners thought that formal written evaluations by clients provided useful information for the long term management of services. However, they had reservations about too great a reliance on this type of client evaluation. In particular, some practitioners expressed concern that data gained in written evaluations at the completion of intervention were limited and unreliable. For example, they feared that clients might be reluctant to criticize workers' performance. One professional worker in a large organisation said that:

> I think the clients are more than fair. Sometimes I like them to be a little bit harder because there are times that as a worker, you feel things might not have gone as you thought. They will give you the benefit of the doubt.

Additionally, the timing and highly structured character of these evaluations did not allow practitioners to explore with clients how practice could be improved. These evaluations were not well suited to gathering the evidence, such as in-depth qualitative information about client outcomes, that workers saw as vital to understanding clients' experiences of the service and to evaluating their own effectiveness.

Focus group respondents reported that case reviews also provided an opportunity to evaluate and improve their practice. It seems that these reviews provide a forum for practitioners to discuss practice progress, especially client progress, towards mutually identified goals, and to redirect their practice where necessary. One professional from a large organisation said that:
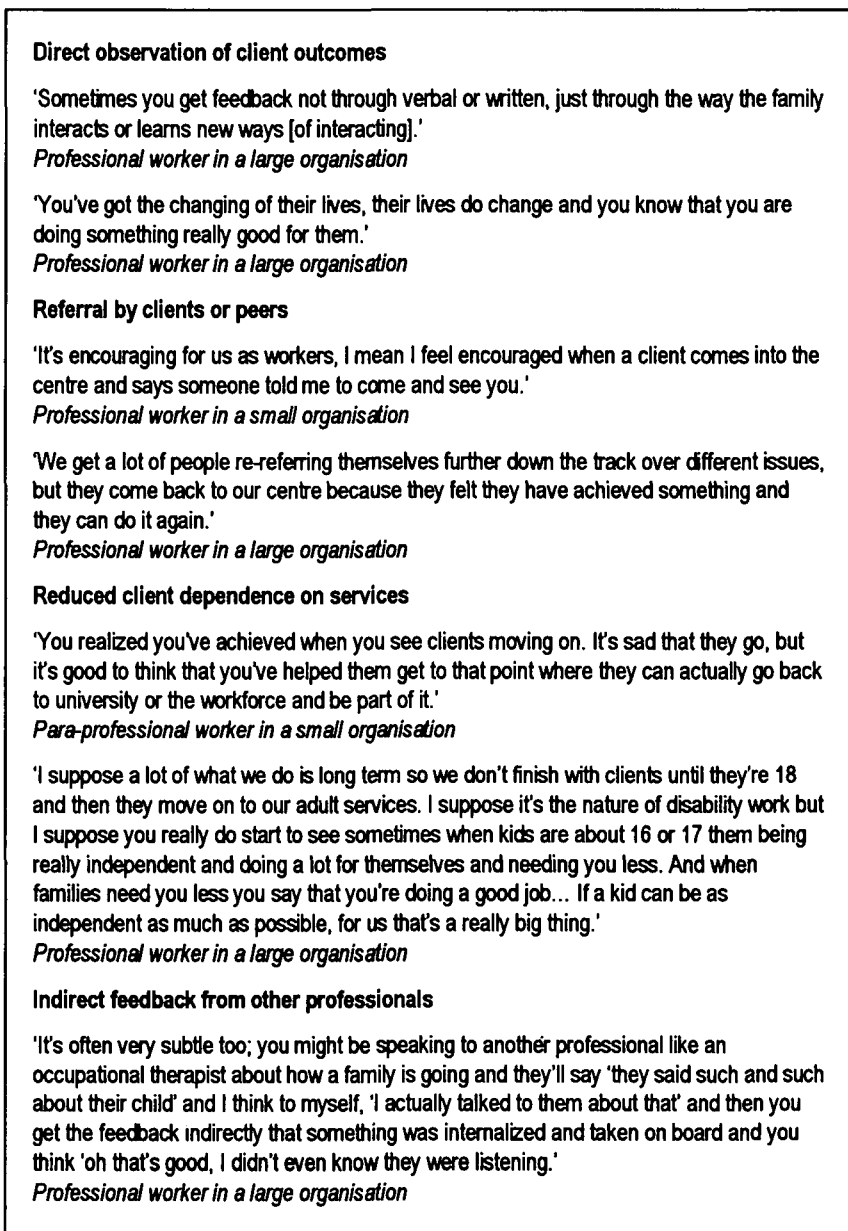
> I find it really helpful particularly when I come to a cross road and I think 'well where are we going with this?' I pop in a review and it makes things clearer.

Similarly, a para-professional from a small organisation said:

> If they [service users] seem to have come to a standstill or are stumped well you go back and say 'how about we look at those goals again. Maybe we should bring this one down a bit or start again on this one, or work on this one.' Reassessing and reassessing again until you think they can do it.

These practitioners saw case reviews as opportunities to monitor, evaluate and improve their practice during intervention rather than at its conclusion.

Figure 2   **Practitioners describe their sources of information for self-evaluation**

Direct observation of client outcomes

'Sometimes you get feedback not through verbal or written, just through the way the family interacts or learns new ways [of interacting].'
Professional worker in a large organisation

'You've got the changing of their lives, their lives do change and you know that you are doing something really good for them.'
Professional worker in a large organisation

Referral by clients or peers

'It's encouraging for us as workers, I mean I feel encouraged when a client comes into the centre and says someone told me to come and see you.'
Professional worker in a small organisation

'We get a lot of people re-referring themselves further down the track over different issues, but they come back to our centre because they felt they have achieved something and they can do it again.'
Professional worker in a large organisation

Reduced client dependence on services

'You realized you've achieved when you see clients moving on. It's sad that they go, but it's good to think that you've helped them get to that point where they can actually go back to university or the workforce and be part of it.'
Para-professional worker in a small organisation

'I suppose a lot of what we do is long term so we don't finish with clients until they're 18 and then they move on to our adult services. I suppose it's the nature of disability work but I suppose you really do start to see sometimes when kids are about 16 or 17 them being really independent and doing a lot for themselves and needing you less. And when families need you less you say that you're doing a good job... If a kid can be as independent as much as possible, for us that's a really big thing.'
Professional worker in a large organisation

Indirect feedback from other professionals

'It's often very subtle too; you might be speaking to another professional like an occupational therapist about how a family is going and they'll say 'they said such and such about their child' and I think to myself, 'I actually talked to them about that' and then you get the feedback indirectly that something was internalized and taken on board and you think 'oh that's good, I didn't even know they were listening.'
Professional worker in a large organisation

Respondents also valued highly as evidence of effective performance informal verbal feedback such as clients telling workers they felt positive or showing other signs of appreciation. One professional worker from a large organisation commented that: 'I think the other thing apart from the written feedback is also, we get verbal feedback as well and I think that's really great for us, that really keeps you going.' In the focus groups, practitioners referred only to positive verbal feedback; it was not clear whether these practitioners had encountered or used negative verbal feedback from clients to improve their performance.

2. Self-evaluation

Because the goals of family support work are diffuse, complex and long term, workers did not expect clients or peers to give them all the feedback they needed to evaluate their performance and improve their effectiveness. Focus groups participants reported that by observing for themselves changes in clients' lives, by noting client or peer referral of new clients to the service, and by observing reduced client dependence on their services, practitioners could gauge whether or not they were doing a good job. Indirect feedback gathered in interactions with other professionals involved with families they worked with was also important. Figure 2 provides some illustrations of practitioners' comments on these sources of information for self-evaluation.

3. Practice supervision

A third way practitioners reviewed their effectiveness was through practice supervision. Practice supervision refers to meetings of individuals or peer practitioners with a supervisor for the purpose of reviewing their practice. There appeared to be two major forms of practice supervision. Group supervision, whereby staff meet in a group of peers, usually with a supervisor external to the organisation, was most common amongst practitioners in small organisations. Participants from small organisations reported that resources for individual professional supervision were limited if extant at all. In individual supervision, staff members meet individually with a supervisor for the purpose of reflection on professional

practice. One respondent from a large organisation described her experiences of professional supervision thus:

> We have supervision which is really good supervision in the sense that you go in and anything that is worrying you, you talk about. So it's not supervision for 'checking out', so much as helping.

The challenge for providers of social services is to find ways to assess the caring work at the heart of their practice in ways which are 'legible' (Scott 1998) to all stakeholders, including government funders.

In this study, we found that all participants who were professionals in large organisations had access to individual professional supervision. Individual professional supervision was made available to some respondents from small organisations but this seemed restricted to dealing with specific issues, usually those raised during group supervision.

Respondents regarded supervision as essential to maximizing their effectiveness as practitioners and for protecting them from 'burnout'. Some respondents from small organisations were critical of their lack of opportunity for individual professional supervision. One professional worker in a small organisation commented that the lack of availability of individual supervision for family support workers in her organisation showed:

> ... a lack of understanding [from management] about how the work affects individual workers. For instance, psychologists have to have outside supervision, they hear very similar stories to what we all work with and yet we don't.

Few respondents had been subject to

an external evaluation of their services. Only one practitioner from a large organisation commented that her management at her service is currently introducing quality assurance procedures; these will provide a further form of ongoing evaluation of professional practice in this organisation. On the rare occasion that external evaluations had occurred it appeared that this was with invitation of members of the services involved. There was some indication that respondents did not see external evaluation as useful to improving the quality of their practice. As one para-professional worker from a small service stated: 'I think it would be a really intrusive thing to your work, too, to have an evaluation.'

DISCUSSION AND CONCLUSIONS

We draw three conclusions from our findings so far. First, practitioners are committed to understanding the effectiveness of their work, and use a variety of means to attempt to evaluate their own effectiveness. The sources and methods they use are similar to those reported in the literature, for example, by Elks and Kirkhart (1993), who found that social workers rely on professional and personal values, client change, and the quality of the practitioner-client relationship to evaluate their work.

Second, practitioners' reported evaluation methods have organisational implications: they are rarely systematic, and are unlikely to provide data useful for measures of service economy and efficiency. Moreover, practitioners appear to value professional goals over organisational goals. Taken together, these findings suggest that practitioners' evaluation strategies are unlikely to mesh well with the kinds of performance measures which funders favour. This leaves practitioners vulnerable to undervaluation of their work.

Third, when we look at the way practitioners define their work, it is clear that their practice consists of processes to which conventional evaluation techniques are ill-suited. This is because, as Bullen (1996) argues, the assumptions underpinning conventional evaluation techniques – that cause and effect relationships can be identified,

that things are easily counted and measured, and that processes are well-defined and standardised – are unlikely to be true of their practices. Even though many governments are calling for the implementation of performance measures across the human services field, it seems that valid measures of service provider outputs and outcomes are far from established.

Despite these difficulties, any perceptive observer of practice in the social welfare field can distinguish between good and bad practice when they see it. The challenge for providers of social services is to find ways to assess the caring work at the heart of their practice in ways which are 'legible' (Scott 1998) to all stakeholders, including government funders. To assist in this task is our larger project. □

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