

INTERACTIVE CHILD WELFARE MONITORING SYSTEM

Călin Drăgoi – pedagogue, Germany⁹⁷

International Federation of Educative Communities (FICE)

„(...) Social science has been singularly unsuccessful to discover law-like regularities. (...) Realism replaces the regularity model with one in which objects and social relations have causal powers which may or may not produce regularities, and which can be explained independently of them. In view of this, less weight is put on quantitative methods for discovering and assessing regularities and more on methods of establishing the qualitative nature of social objects and relations on which causal depends. And this in turn, brings us back to the vital task of conceptualization.“

**Andrew Sayer – Method in Social Science: A Realist Approach –
Routledge, London, Digital Printing 2003, p. 3**

Abstract

The goal of this report is to present new areas for refining extending, and developing the existing methods of assessment (evaluation) and monitoring child care settings, measures, strategies and policies.

We will focus on presenting an interactive database which was developed in the recent years and which was designed in order to improve the assessment and prognoses processes in social child care, at the level of macro- (administrative areas, social spaces, etc.) and micro-entities (care institutions, placement centres, foster families for instance). In our opinion it is of critical importance that, as new measures are developed, adequate attention is paid to their applicability across settings, age groups, and diverse demographic backgrounds. Specifically, measures must be developmentally appropriate and applicable among children and youths with special needs (such as children with disabilities) and adjusted to domains that accommodate variations of setting, age, race/ ethnicity, ability, and linguistic and cultural diversity. The database represents a practical, exhaustive and flexible product (device), which enables an objective and exhaustive assessment of individual development of young people benefiting of a care measure, of the efficiency of the care

⁹⁷ Mail dragoic@gmx.de

settings and of the effects (the results) of the care interventions, respectively a comprehensive evaluation in terms of quantity but also in terms of quality of structures, processes and results. There will be presented the interactive structure, the main components and subsequences of the database, the most representative facilities (like for instance editing of reports, online questioning, online evaluation of each subject and of the activity at the level of an institution, etc.) and some of the possibilities to use the stored data in order to improve the controlling and strategic controlling, the estimation of the evolution of the care settings and the ways of increasing the efficiency of the care measures. The report describes also some of the specific possibilities to use the database at the level of care-providers, decisional formal bodies, non-governmental organizations and politics and in designing, in implementation and evaluation of social care programs for children and youths belonging to disadvantaged populations (ethnic groups, youth over 18 leaving the care institutions, etc.). The benchmarking facilities of the database are also described.

Key words: *assessment in child care institutions, data base, computer assisted monitoring, care planning, quality of structures, processes and results, benchmarking*

1. Premises

1.1. The assessment of the structures, processes and results in child care became in the last time more and more one of the priorities of the authorities and ONGs in Romania. In the context of a relatively rapid changing social protection system and of assimilation of different heterogeneous organization and pedagogical models the assessment must be understood as a collection of methodological issues and a justified evaluation of processes and events (results) for a better understanding and designing practical measures (interventions) in child care through effective monitoring, control and reflection.

Basically there can be identified following areas in which a complex, multifactorial assessment could play a relevant role:

- care programs development (care / objectives)
- implementation of care actions (programs, projects)
- effects (outcomes)
- efficiency (costs / benefits)

1.2. The development of software for computer supported monitoring and assessment in the field of child social care was in the last decade impressive. Most of the monitoring systems are based on complex analyses of the existing social care structures and assure a complex monitoring and the possibility of evaluation different components and modules of the social child care activities carried out by different NGOs, formal organizations and institutions.iii

1.3. The development of the child care system in Romania imposes a rapid implementation of adequate assessment and monitoring methods. At the level of each county there has been created a “Complex Evaluation Department”, that is responsible for the valuation of the individual development of the children and the estimation of the impacts of the care measures.

The standard (traditional) methodology was in the last decades significantly improved. The case documents and the individual documentation of the care work have been modernized in the last decade. Most of the interventions are monitored by the “Evaluation Department”. Despite all this, an investigation made in 2010 – 2011 in 16 counties revealed that most of the social-workers and employees of the social care offices at the local level are with the actual system and with the currently used computer assisted assessment system only partly content.

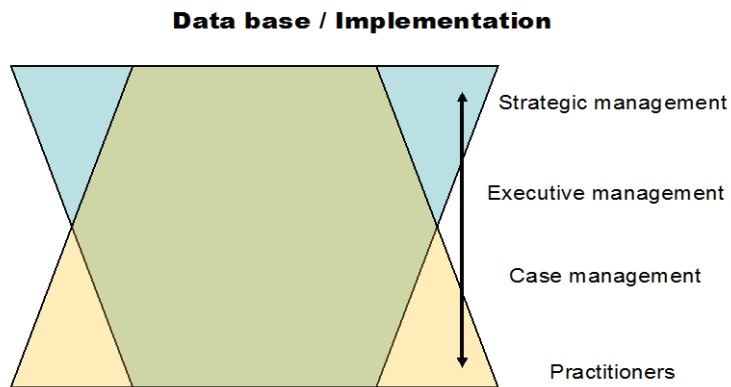
1.4. About two decades ago a complex database (CMTIS) was created and implemented at the national level. The software has been developed within an international project for the “National Authority for Child Protection” in order “to sustain the daily activity of the social workers, of the regional (county) departments and of the national formal body in charge with the child careiv. All the regional care offices (Directii Judetene) and the National Authority for Child Welfare were equipped with new computers, the staff was trained how to use the database.

Like some other databases, CMTIS was designed and structured mostly for the administration and monitoring of the care measures at the level of the strategic management (national level) and executive management (local level). The care institutions, the NGOs, the care providers, social workers and educators in the practical work had less access and interest to use the kind of data that could be found in such a database. The database was confronted firstly with the same problems as many of the analogue products: it was less designed for the “practical issues” and has no impact on the daily work in foster families, institutions or some other organizations involved in working with disadvantaged children. The consequence was a relatively restricted use of the stocked information and the lack of interest among the practitioners.

Secondly the accessibility of data was limited. The providing of report and analysis for instance was restricted and relatively complicated.

Despite the technical complexity and the accuracy of the offered solutions, the database “popularity”, usability and practicability remained restrained.

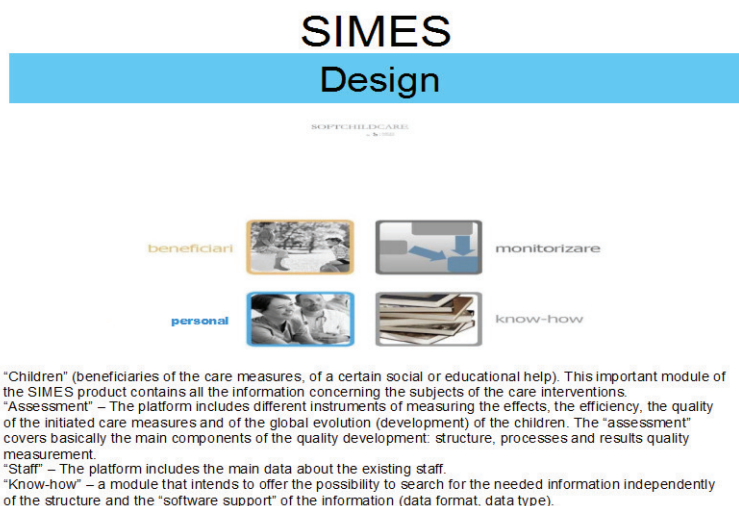
1.5. The intention of the authors was to develop a software which can be frequently useful for all the categories of professionals involved in child care, at each management level (including the basis level of practitioners working directly with institutionalized children or children included in other form of care). The usability should not be influenced by the management position (Diagram 1)



The intention of the developers was also to create an instrument that facilitates:

1. a most effective, comprehensive and differentiated assessment of the need for assistance (child care)
2. designing and implementation of generally accepted professional standards
 - A. more transparency – especially at the inter-institutional and multi-institutional projects levels
 - B. more legitimacy – in doubt, even in the context of an administrative or judicial analysis to contribute to the “smart” savings, i.e. the choice of using

the most suitable (for the young people in care), relevant and ultimately “low-costs”.



2. SIMES database – Design

SIMES database is structured in four main platforms (modules):

1. **“Beneficiaries”** (children, beneficiaries of the care measures, of a certain social or educational help). This important module of the SIMES product contains all the information concerning the subjects of the care interventions.

2. **“Assessment”** – The platform includes different instruments of measuring the effects, the efficiency, the quality of the initiated care measures and of the global evolution (development) of the children. The “assessment” covers basically the main components of the quality development: structure, processes and results quality measurement.

- **“Staff”** – The platform includes the main data about the existing staff.
- **“Know-how”** – a module that intends to offer the possibility to search for the needed information independently of the structure and the “software support” of the information (data format, data type).

2.1. Platform “Beneficiaries” (Children). Individual assessment - design

It includes all available data concerning the children benefiting of a care measure. The module is so structured, that the amount and the

informational support of the data do not play a decisive role. Each information can be included and can be “recalled” independently from its structure, design and format.

2.1.2. One of the most important instruments in collecting the SIMES data are the so-called “diagnostic inventories” (portfolios, catalogues)

The diagnostic inventories represent a “snapshot” of the initial and ulterior development of the young people, snapshot in which the risks and the individual resources of each child during the care process or during a certain amount of time are assessed and defined and systematically described as accurately as possible. The resulting categories were developed based on standardized analysis tools (such as the Child-Behavior-Checklist and the Multiaxial Classification Schemeii) and cover the following areas:

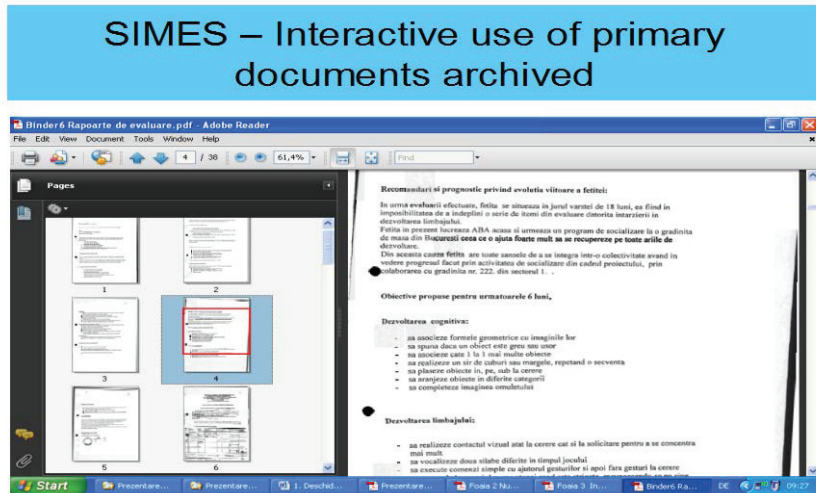
2.1.2.1. Behavior and individual resources of young people

- a) Physical health (including anamneses)
- b) Psychological health (including mental disorders)
- c) Performance issues
- d) Social behavior (including social deviant behavior)
- e) Social skills
- f) Autonomy (also autonomy deficits)

2.1.2.2. Educational and development policies (care policies)

- a) Family situation (marital status, economic situation, professional situation of parents, housing conditions, parents biographies, currently stressful life events)
- b) Primary care (health, nutrition, hygiene, supervision)
- c) Education (secondary and tertiary care) – (caregivers, relationships, environment, care measures, education processes and ideas)
- d) Development (physical, spiritual, emotional and social development) and
- e) Integration (social and emotional inclusion) - (in the family, in the community and surroundings, in the school, in leisure activities)

2.1.2 For input-data will be mostly used closed questions



SIMES sessment – proces diagramm

The platform can be used offline or online.

(multiple-choice questionnaires) concerning the development of each child, the immediate environment and social area (social field) and the causal relationships (social nets, social relationships, formal and peer groups, family constellation, etc.).

There will be also included the previous diagnostics and anamnesis and the contents of the previous medical and social development reports (additional external diagnostics).

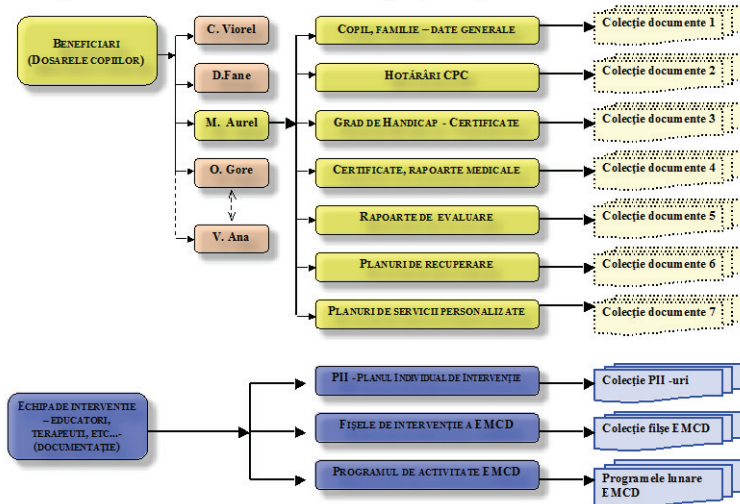
The second main source for the input-data is based on the interviewing of the employees (closed questions related to important facts, such as permanent and current help, goal achievement, unsuccessful situations and their causes).

The input-data will be collected successively in different phases of the care intervention.

2.1.3.1. At the beginning will take place a so-called “initial assessment”. It will include the examination of the initial situation of the child and of its social- and medical components, and also of the individual general development of the child and the characteristics of its environment

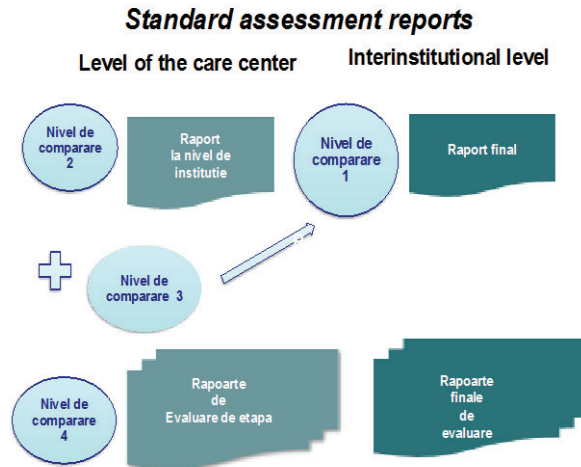
(family, peer groups, school, etc.). It will be also taken into consideration the previous activity of the youth office (until the decision for a new type of assistance has been taken). The assessment of the satisfaction / approval of the selection of a certain type of assistance and of a certain care provider, as well as the evaluation of the expectations of the young people and of the care takers will be conducted directly and indirectly through questionnaires or via the youth care offices.

Module „beneficiaries” – interactive archiving of primary documents



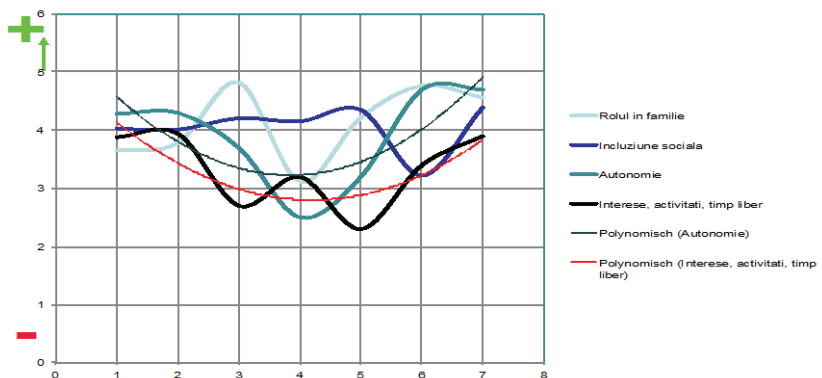
(The diagram was for the first time developed within the Project “Increasing the capacity of the local authorities from Romania to support children with disabilities in their own families” – Bucharest 2010 – 2011)

2.1.3.4. This kind of individual assessment is generally “doubled” by an assessment of the implicated formal and informal structures (structural assessment) carried out during the main phase of the care project and it refers partly to the structures of the youth care office and of the institutions or formal bodies that implemented the care project.



2.1.4. The statistical examination (comparative evaluation) that follows enables the additional analyses of the quality of the structures, processes and results and the establishment of different categories of initial, six-monthly and final reports.

Assessment of the individual resources (potential) - Exemple



In order to facilitate the “reading” of the reports and to reduce the risks of an over-dimensioned mathematical approach, most of the data are presented in a graphic form. It makes the “visual interpretation” and the

“reading” easier and avoids the distortions due to a complicated presentation of the evaluation scales.

2.1.5. Characteristics of the platform “Beneficiaries”

The platform was designed as a customer-friendly tool that can be directly applied (integrated) in the daily care work.

The online version allows a quick and exhaustive retrieving of the needed information at the level of an care institution, of a group of children participating at a care program or at the individual level (for individual cases, respectively for each child).

The data are available for the formal bodies and institutions, but the access is restricted according to the position of each employee and the “confidentiality level” of the stored data.

The educators and the practitioners (social workers, educators, teachers, etc.) have appropriate and immediate access to the most important information and they can selectively choose the data they need from the whole package.

The assessment can be done on the individual level (individual care), a characteristic or ad-hoc peer-group or an organization (entities like institutions, care centers, schools, etc.). It can be also done for different categories of young people, according to pre-determinate selection (grouping) criteria.

The data can be used directly in the case management, for instance in the staff meetings (case management conferences). The individual case analysis achieves a new quality. It plays an important role in terms of objectifying the frequently used empirical information (mostly observation data) about the child’s observed behavior and the subjective, spontaneous reaction of individual customers and facilitates a better professional perspective and an objective positioning in relation to a child or in evaluating the future implementable structures and care interventions. For example, important issues concerning the development of a child might be faster identified, the strong role of the subjective motives can be diminished and the significant discrepancies between the empirical and the objective assessment can be clarified.

The platform contributes to a greater transparency and to the improving of care activities altogether and internal practical work patterns and know-hows in different institutions.

The data can be efficiently used in structuring of the care plans (care planning), especially because the assessment allows the replacement of the existing “empirical data” (subjective evaluations, empirical analyses) with objective, measurable aspects. This will facilitate comparisons, competent

reasoning in everyday life and in crisis situations and an efficient use of the existing individual resources and the capacities of the institution.

The platform contributes to a greater transparency and to the improving of care activities altogether and internal practical work patterns and know-hows in different institutions.

The data can be efficiently used in structuring of the care plans (care planning), especially because the assessment allows the replacement of the existing “empirical data” (subjective evaluations, empirical analyses) with objective, measurable aspects. This will facilitate comparisons, competent reasoning in everyday life and in crisis situations and an efficient use of the existing individual resources and the capacities of the institution.

To conclude, the software of the module: represents a customer friendly tool (can be used, for example, by any educator, social worker, pedagogue or social care provider, requires not to much time for filling out the questionnaires; the stored data are easy to find, to recall and “to read” and are easy to read, respectively “understandable”graphic presented).

Regular use of the database plays a relevant role in improving the daily practices and behavior patterns in some care institutions

The obtainable case analysis (comparative evaluation) can be applied differentiated in case management, staff meetings, staff conferences, to organize coherent and realistic structured care interventions, to prepare the care planning (especially to formulate achievable goals) and to assure a sustainable quality of development.

3. Benchmarking

The software also allows benchmarking tasks like: identify “problem areas” - Because benchmarking can be applied to any process or function, a range of research techniques may be required. They include: depth interviews bur also informal conversations with children, employees, authorities; exploratory research techniques such as focus groups; quantitative research, surveys, questionnaires, process and social mapping, financial ratio analysis.

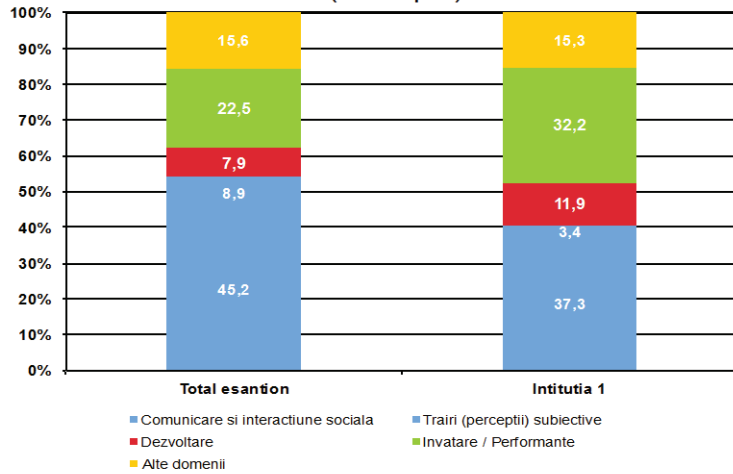
Identify other institutions (organisations) that have similar processes

Identify organizations that are leaders in these areas

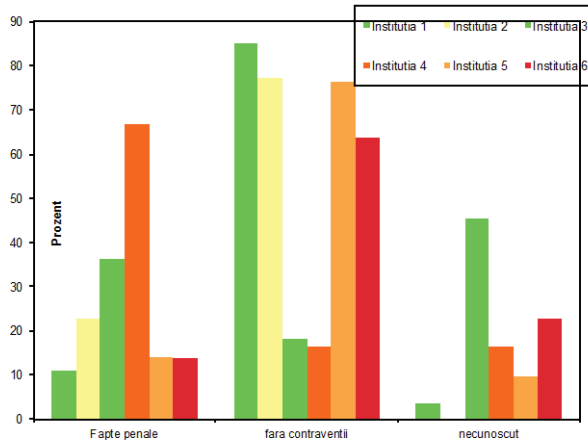
Survey for measures and practices in order to identify leading edge practices

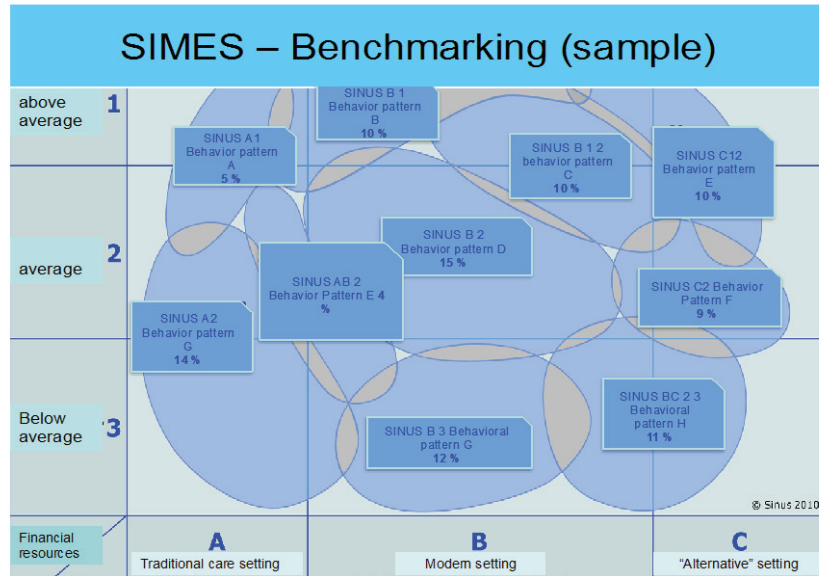
Implement new and improved care practices

The achievement of the goals – Care planning
 (Example)



Offenses committed by young people (minors) coming from several care institutions





(To create the behavior pattern was used the Sinus methodology)

4. Professional know-how

It is imperiously needed to provide good quality professional know-how. The access to information is one of the most important premises for the development of a modern and efficient care system. The empiricism and the professional experience alone are no longer sufficient.

The module contains three components:

- records of books, journals, magazines, audio-visual materials and websites and covers all aspects of social welfare, social work and social care.
- a „free glossar“ (free lexicon) for social care (social sciences) and
- a „professional chat“ platform for all the persons working or being interested in the field of child care or other specific field of social sciences; the necessity of such a „specialised chat platform“ became more and more evident in order to create a professional net of specialists and practitioners.

Conclusions

The database represents a flexible instrument, easy to implement and to use in the daily activity of the educators, caretakers and care-providers, NGOs and other formal authorities. It also facilitates:

developing or refining measures that are strongly associated with positive child outcomes

developing or refining adequate, “functional” settings for children of different ages and cultural backgrounds, and with children who have a disability

developing additional measures, including balancing instruction with children’s choice of activities and active engagement, transitions, crises management

aligning child care measures with professional development

increasing possibilities of combining domain-specific measures with global measures of quality

References

Copple, C., & Bredekamp, S. (Eds.) (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8* (3rd ed.). Washington, DC: National Association for the Education of Young Children.

See also Reischmann, J., *Weiterbildungsevaluation -Lernerfolge messbar machen*, Neuwied, 2003 S.

Hirsland A., Uhl K.- *Evaluationsmethoden für Modelle zur Förderung von Zivilcourage in der politischen Bildung*, S. 3 -4
(www.bpb.de/system/files/pdf/UM3VIS)

Some of the most well-known softwares in use in the UK (the above list is of course not exhaustive) : ChildData - Produced by the National Children's Bureau (subscription required). This resource contains four databases – a catalogue of over 75,000 records of books, reports and journal articles; abstracted summaries of newspaper coverage of issues affecting children since 1996, a directory

Ethnicity & Health Specialist Library - This is part of the National Library for Health. This electronic library provides evidence needed about specific needs in health care for minority ethnic groups and the management of a health care service in a multicultural, diverse society. It attempts to select the best available evidence relevant to 'culturally competent healthcare' for minority ethnic groups and cultures present in Britain in significant numbers. The main topic areas include:

Disease and conditions; Service delivery; Cultural competence and Management and policy statistics. The resources can also be viewed by type:

Journal Plus Education, ISSN: 1842-077X, E-ISSN (online) 2068 – 1151
Vol VIII (2012), No. 2, pp 213 - 227

Guidance & pathways; Evidence; Reference; Education & CPD and Patient information.

NSPCC Inform - Produced by NSPCC, is UK 's only free, online, specialised child protection resource. Developed specifically to share information with practitioners, researchers, trainers and other professionals working to protect children, it brings together all NSPCC products and services. NSPCC Inform includes access to the library catalogue of over 30,000 child protection related references.

CommunityWISE - Covers community development, social policy health, welfare and education (subscription required).

Social Sciences Citation Index - Provides access to bibliographic information, author abstracts, and cited references found in over 1,700 world social science journals covering more than 50 disciplines (subscription required).

Evidence Based Policy and Practice (EBPP) Resources Listing - Produced by the UK Centre for Evidence-based Policy and Practice covers six major types of resource, bibliographic and research databases, internet gateways, systematic review centres, EBPP centres, research centres and library services. Social Care Online - free database maintained by the Social Care Institute for Excellence (SCIE).