



Knowing what you do works

Measuring your own effectiveness with families, parents and children: **a short guide**

Honor Rhodes

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Introduction: why measure?

There are many good reasons to be interested in measuring outcomes for the families with whom we work. It is an interesting feature of the workforce that most of us come to work to make a difference: we have chosen this field of endeavour for just that reason. However, the hard question arises as to whether we know what we chose to do with the families was the best intervention that we could have made, a 'What works best?' question. Even before that are the 'What should I not do?', 'What does not work at all?', or 'What could make things even worse?' questions.

If we were doctors, we would have been required to take the Hippocratic Oath before our professional body allowed us to practise at all. Doctors swear to do the best that they can to help the sick but also, perhaps more importantly, to do no harm. Whilst this may seem to be rather pessimistic, it should be a comfort to us as patients that if our doctor can't make us better, then at least they are not going to make us worse. This oath requires a doctor, throughout their whole professional life in practice, to have an up-to-date working knowledge of what will work best for their patients – or as a backstop, do them no harm.

The family and parenting workforce, a wonderfully diverse group of people, make no such oath: we may not be as well trained as we would like to be, have less than comprehensive supervision to keep our practice safe, and have not had the time to read the mountains of literature on evidence-based approaches (even if we had the time, we would find it hard to know where to look and to be able to apply what we read). All of this could sound quite gloomy and a recipe for doing nothing.

There are other crucial reasons for being able to measure the outcomes that you help families to create by your work. Money is at the heart of it: as a nation we can never afford to do all the good that we would like to do, but in these particularly difficult financial times, agencies such as yours and mine are going to have to show why we should continue to receive funding, wherever it comes from. It would help us all as practitioners to show that the resources invested make a good return; that if we are fairly sophisticated, we can show that a pound spent on our salary produces many more pounds in benefit by the savings we make in helping families to function well. Usually this is by demonstrating that they will not need other, even more expensive, services over their lifetimes – a simple example would be the parenting officer who helps families to keep young people from being drawn into Youth Offending Services.

There is much talk of the importance of early intervention and the enormous savings that it would make; the problem here is that we all mean something different by it and don't measure what we do. This matters, as we are depriving ourselves of the evidence base – we are testing and piloting our new approaches, but not sharing what we have learned so that others can benefit.

The most compelling reasons for measuring the effectiveness of our own practice are about being a responsible, reflective, developing practitioner and holding ourselves and our agencies to account for the resources we receive, whilst making an excellent Value For Money case. This is helpful, as we all seek commissioning money for the services we deliver. If you or I were a commissioner making hard choices on which agency to fund, we would be drawn to those who can show that what they do works well for their service users – and quite right too.

What can we measure?

We can find tools to measure a wide variety of behaviours, beliefs and relationships that we might be interested in knowing more about within the families we work with, and for individual adults there is an even wider range. There are tools for measuring family beliefs, family celebrations, family distress, family functioning, family unpredictability, parental authority and parental tolerance.

Measures for children include scales for homework problems, persistence, self-control, phobias of spiders, friendships, schools and children's relationships. In fact, it is quite hard not to find a measure for something that is troubling the families and parents with whom we are working.

What really is measuring? What is the point of measuring and the focus of this guide?

Put simply, measurement is *“the assignment of numerals to objects or events according to some rule”* (Stevens, 1946). For the purpose of this guide we will focus on the task of 'counting' in relation to aspects of family or parenting functions.

One of the main points of measuring is to be able to recognise change, and that the change is attributable in the main to an intervention that we have made, rather than other events or things simply improving by themselves. This short guide is designed to introduce you to (or refresh your understanding of) a range of measuring tools, mostly questionnaires, which are known collectively as **Rapid Assessment Instruments (RAI)**. One commonly used example of these is the **Goodman Strengths and Difficulties Questionnaire (Goodman SDQ)** devised by Robert Goodman (Goodman, 1997). It may help you to do this now, as we will refer to **Goodman SDQ** throughout as a good example of a measuring tool and some of its features that make it so.

Pre- and post-measuring

If we think about measuring something simple – for example, how fast your rhubarb is growing – then the only way to do this would be to measure it now then return

a week later and measure it again – the difference of several centimetres would please you. If you returned and found that there had been no change you would be puzzled, although it might support your first thought (or hypothesis), when you planted it, that the soil is not nutritious enough for spectacular rhubarb growth. You might then decide to make an intervention: heavy duty manuring is your chosen option, and when you take your next measure you will see the positive effect, several centimetres of growth. Friends might suggest that this is not due to the intervention you made but because the weather has been excellent; however, you can respond that you have ‘controlled the variable conditions’ as the rhubarb is under a cloche and not affected by the weather. You can claim that the positive difference is down to your actions or intervention, although you would be in an even stronger position if you had manured one rhubarb bed and not another and your intervention rhubarb was taller. In this example you would have created a **control group** designed not to receive the service, so that it acted as a good comparison.

Plainly, families are not like rhubarb: we can't leave them under a cloche; they are affected by all sorts of variables, some of which we know (for example, a young person returning home from a stay away), and others we do not (for example, who they have talked to, what they have read and past patterns of behaviours that we have not noticed or seen before). This is why very few sensible people ever suggest that it is their work which has produced the improvement in a family's life. What they can claim, if they have taken sensible measures at the start, is that the intervention they have made has been a part of the positive change.

What we are talking about here is the idea of **pre- and post-measuring** – as a part of your initial assessment when you are meeting the family to gather information on what to do for the best, and at the end when you have worked with the family (or a member of the family) for a period of time.

This is the sort of measuring work which has made the evidence-based parenting programmes so popular. Their evidence is just this kind of **pre- and post-measuring**; some even suggest a further measure some time after the work has stopped to see if positive changes in behaviour are sustained beyond the life of the programme. This is the **post-post-measure** – you could do this too if the families you work with are amenable, as it is very significant. Many families make rapid improvements when we work with them, supported by us to make positive changes. Often we simply don't know if this effect continues after our help has ended. **Post-post-measures** tell us how much the families themselves have changed and have been able to maintain such changes on their own, and how they are facing new challenges.

Parenting programmes such as **Triple P** (www.triplep.net) and **The Incredible Years** (www.incredibleyears.com) have a great deal to show us. The authors of these programmes saw a problem in family functioning (identification and assessment), and considered what would best resolve or improve the problem

(reviewing the evidence of what seems to work best and careful work planning). They created a programme based on informing and developing parental behaviours (**the intervention**), measuring a range of issues before the programme began (**pre-measure**) and after it had ended (**post-measure**). By choosing very carefully what they measured, they were able to show positive change in most of the hundreds of families with whom they tried it out in the piloting phase, and that the change could not be due to chance.

Whilst the programmes are expensive in terms of staff training, time and ongoing supervision, they are so effective at what they do that policymakers in the UK have spent millions of pounds on them to make them widely available. It is important to remember that of necessity they are focused and targeted: many, perhaps most, families will receive help from agencies such as ours, it is just that we should be as determined to show the effectiveness of our work as the programme makers have been.

You may have been trained in one of these programmes or know people who have; what practitioners find unusual is that both the programmes identified above require those who are delivering them to use the official manuals and not to deviate from the programme as it is set out. This returns us to the rhubarb example: by controlling to a very high degree how the programme or intervention is delivered, the programme authors are controlling for extraneous variables which could make their carefully devised programme much less effective. In addition, practitioners are required to screen the families being suggested for the programmes to make sure that they are living with the problems that the programmes are devised to help, and that their children are in the right age range. All the evidence-based programmes have measurement tools that are used by the practitioners delivering them: some have been adopted and adapted from other standardised instruments and others have been developed and tested specifically to show that they are valid and reliable (see 'Understanding the terms' below). The practitioners use **pre- and post-measures** together with parent satisfaction questionnaires as a means of ensuring that the programme continues to be as effective in their hands as the developers found it to be. This protects the integrity (and reputation!) of the programmes, and enables commissioners to know that when they buy a programme, they can be confident that it will 'do what it says on the tin'.

The programmes are not universally applicable, and so ensuring that the right people get them is very important, otherwise the outcomes would be much less impressive and might even do some harm. This is particularly so for families who are reluctant to engage and experience the programme as unhelpful, often because they were wrongly chosen. Whatever the reason, when poorly delivered, the programmes not only produce weak effects but can go on to deter families from seeking or accepting help from other agencies later, as they can find themselves believing that they simply cannot be helped. This matters, albeit

'selfishly', as it might be you coming along to try and help a family in this position, and it makes your work just that bit harder.

What the parenting programmes demonstrate to us is that to be able to show what you do works – and continues to work – is a resounding vote of confidence in whatever it was that you did and how you did it. We can do that in our work too, with some thought and time.

Understanding the terms, particularly reliability and validity

There is a great deal of mystery generated in conversations about measuring: you will hear terms such as 'internal consistency', 'mean scores', 'standardised tools' and 'Cronbach's alpha'. They can sound so daunting that most family and parenting practitioners decide that an exploration of the possibilities simply is not worth the head- and heartache. This section will look at what you need to know to choose a useful tool, how to use it and what the results might show you and invite you to do differently. Where we have to use a technical term it will be written in bold so that you can refer back to it if you encounter it again and need to refresh your memory.

Reliability and validity

Two important ideas in measuring or 'test' theory are **reliability** and **validity**. A **reliable measure** is measuring something consistently: a tape measure measuring the length of a particular thing (this book, for example) will give you the same measurement every time you use it and if two different people use it.

A **valid measure** is measuring the exact issue that you want to measure: for example, using a tape measure to see how fast a child's feet are growing is the right or valid tool for the job, whereas a weighing scale would give you no help at all in that task, although it would be entirely valid for another measuring task, such as weighing the ingredients for a cake.

Ideally we would be able to find a wide range of measures that are completely reliable and utterly valid. Sadly, as with all areas of human endeavour, perfection is beyond us. We have to settle for measures that have been tested well enough to show that they are sufficiently reliable and valid to be useful, accepting that what they tell us is not 'the truth' but an approximation of it. Test results will be used by us in conjunction with the wealth of other information that we find about the way in which a family or parents have worked with us.

The measures used in this book are all well tested and have evidence to show that they are both reliable and valid for use. They have been tested for use with many different black and minority ethnic communities, including the **Goodman SDQ**, which is available for use in many other languages.

Before we even start thinking about using a measure

It pays to just consider for a moment that, rather than have to search far and wide for measuring tools or **RAIs**, there are thousands of them out there, although you may not have noticed them as they are located in scholarly journals and on websites that you never visit. It won't be a question of finding something that might help, but rather about making choices as to what is going to help you to help service users the best.

In addition, you will have to decide how much time you can devote to the task of measuring. Some of the tools are quite short, with a selection of only two or three possible responses, for example 'agree' and 'disagree' when measuring issues such as beliefs, or like the **Goodman SDQ**, 'not true', 'somewhat true' and 'certainly true', as it is looking at a child's behaviours and asking parents to reflect on what they have seen over the past six months to establish the baseline from whence to measure the change.

Other tools are long: some have more than 40 questions and a wide range of responses available to the service user, sometimes using a grading scale from 1 to 10 (where 1 = least and 10 = most. However, beware that some questionnaires score the other way round, with 1 = most and 10 = least – it always pays to read the instructions carefully).

Most significantly, some lend themselves to the assessment process that you will be undertaking with families or parents. The information that they help you secure will assist you in your understanding of the family's problems or issues – which is, after all, what an assessment is.

Practice Suggestion:

For more information on the assessment process and tools to use, see the Briefing Sheet *Assessment and tools to use: family trees and ecomaps*, available as a free download. It includes help in using family trees/ geneograms and ecomaps, both of which are useful measures in themselves. www.familyandparenting.org/item/document/1175

Finding the right tools for the job

It will help your work if the tools that you choose give you helpful information about the family as a sort of diagnostic overview, lending themselves to identifying the problems that you want to help the family with, *and* are sensitive enough to the differences made in order to tell you and the family something about the change that has happened.

The effectiveness of your intervention is to be measured either by a reduction in problematic behaviours (for example, reducing arguments over what to watch on TV), or by an increase in positive behaviours (for example, tidying up in the kitchen after making sandwiches).

There are no tools that I can find to specifically measure TV-related arguments, or standards of kitchen cleanliness – and this is right and proper. Both these family difficulties are really smaller parts of a larger problem, perhaps found in families where the parents feel that they have lost a degree of control over their children's behaviours – and that in itself makes us ask why these parents are parenting as they are. This is an important question. Depending on the focus of the work, we might want to find a tool that measures children's behaviours, such as the **Goodman SDQ**, or we might choose to look at the parents' parenting style. Alternatively, we may want to find a tool that measures the quality of the family's relationships, or how effectively they communicate.

Plainly, there are many aspects of family functioning that we could measure. If we did that, a number of things would happen. The family would become exceptionally bored with us and would start to refuse to answer questions, plus we would have too much information to manage sensibly. The materials we collected would not illuminate the family for us but obscure them and, worse still, would make planning our work nearly impossible.

In these situations, simple is often best. It is best to find a good general measure that will identify problems and measure change over time; also, it must be reliable in helping you identify what to do. For example, the **Goodman SDQ**, which measures children's behaviour, tells you about problem areas (attention span, selfishness and more), but will be responsive enough to help with focusing your work on these areas alone, perhaps through direct work with the child, or working with parents on parenting differently to change a child's behaviours.

If you want to focus on parenting particularly, then you may want a scale that pinpoints parents' anxieties or issues: for example, the **Parenting Daily Hassles Scale**, which looks at common areas of parental worry (Department of Health, 2000). It is part of a Department of Health pack on family assessment.

The **Parenting Daily Hassles Scale** is interesting, as it asks parents to rate how often the hassles occur and how high or low they are on a hassle factor of 1 to 5. Your job is to help parents distinguish what is going to be most effective for them: changing low hassle–high frequency behaviours or focusing on the high hassle–low frequency ones. Of course, some of the families you will be working with will have a long list of high hassles which happen often. This is a harder task for you to help them manage, but you will if you concentrate on dealing with ones that produce good benefit quickly, in order to instil confidence that change can really happen with your help.

Practice Suggestion:

For help in working with families, download *How to help families in trouble: a short guide* free of charge. The downloadable Briefing Sheets written to support this work include *Helping parents help their children to behave well: behaviours, star charts, rewards and discipline*.

www.familyandparenting.org/publication/40

www.familyandparenting.org/item/document/1176

Ethical and practice issues and what we can do to resolve them

Some practitioners have made a decision that they are not going to use the measures we have looked at so far; in fact they may well have decided that they are not going to use any measures at all. They have some sensible anxieties which are worth exploring before we consider how to use these kinds of tools.

Some workers have practice objections: they feel uncomfortable working through a questionnaire very soon after meeting a family (to secure the **pre- or baseline information**); others think that a family may feel compelled to answer questions that they do not really want to answer as a way of getting the services they need. Often practitioners have yet to be convinced that a paper tool can tell them anything that they cannot observe from spending time watching a family together.

Other objections are generated by professional anxiety ('What if measuring outcomes just goes to show that I am a truly poor family and parenting worker?', 'What if everyone else in my team is better than me?'), or a sense that one's own agency cannot cope with this sort of practice departure. Often, this last concern is felt most strongly in third-sector organisations which have limited resources in both money and worker time. Workers may feel that devoting time to measuring is hugely important but simply not possible, as it is unfunded work.

Each of the objections – and there are more than those outlined here – is important and worthy of consideration. However, they can all be countered by remembering the urgent necessity to show that we are not doing harm but good, that incorporating measuring into our practice can be done in ways that allow families to engage in the process, and that they find such approaches helpful when done well and confidently.

Many practitioners just need a bit of companionable support in testing tools and working out what words they are going to feel comfortable with when introducing them. The words always need to include a real offer to the family that this is going to be done with their consent, and that they can opt out whilst remaining secure in the knowledge that they will be offered the service that they need regardless.

Workers who feel that they can get what they need from detailed observation are entitled to their view, but their case for being a significant part of the change process is weakened by the lack of an independent measure of change.

As for our often secret anxieties about our own efficacy, this requires us to be brave and honest. Measures are helpful for us as workers, in that they tell us something about our strengths and weaknesses. Also, measures may be telling us that the intervention we chose to offer the family was not helpful to them at that time: this may be our responsibility, and we need to think about why it did not work as it should, when it has with similar families. Lack of change may have only a little to do with us, and more to do with the fact that a family's granny has gone to live in Australia, or their dog has died. Whatever the reason, it may be comforting to remember that we cannot be good at everything; having some useful indication of where we could do with an investment of professional development is probably more helpful in the supervision and appraisal setting than other more general and less well-evidenced conversations. It may be helpful to have a whole team or service discussion on moving to a measuring approach as something which you are contemplating doing, then people can air anxieties and professional concerns and they can be resolved collectively.

Practice Suggestion:

One way of making this introduction of measuring into an agency feel more equal might be for workers and supervisors to agree to use a tool that shines an effectiveness spotlight on a supervisor's performance. FPI has produced *Supervising family and parenting workers: a short guide*, which has as an accompanying download a tool that measures a supervisor's effectiveness, the **Supervisor Effectiveness Rating Scale (SERS)**. See if it might work in your setting or agency. www.familyandparenting.org/item/publication/51

Information technology and measurement tools

The issue of some investment in computers or software packages is important but need not overwhelm organisations; plainly, over time some electronic way of capturing information from questionnaires will make aggregating the data easier, thereby showing overall how effective the agency is. This sort of globalised data will enable your agency or service to make statements such as:

"Rhubarb Services helps 90 per cent of its rhubarb to grow more than 7 cm as a result of its work."

or better:

“Yum-Yum Family Services can show that after working with 100 families in distress and trouble, more than 90 per cent were helped to significantly improved child behaviour, reduced family conflict and better family communications, demonstrated by the use of independent and nationally accepted clinical measures selected for reliability and validity.”

These are the kind of statements that we want to be able to make; it is the measuring tools that will allow you and your agency to do so.

At the start, old-fashioned paper and pencils will do. Provided that you follow the basic rules of making sure that what you collect is dated and attributable to the family, parents and children in question, when you come to reapply the measure, you will have a record of the point from which you all started.

Measuring is not ‘doing’, and some dangers of measuring

Before we start, it is worthwhile remembering what measuring cannot do. Measuring in itself will not make things better – measuring is not **‘doing’**. Constantly measuring your rhubarb is not going to make it grow any better. It can be a seductive process: mastering the process of using a **Rapid Assessment Instrument** can feel quite powerful and sometimes we need to hold our enthusiasm in check, particularly with colleagues who are not (yet) as convinced as we are about the helpful information we can secure. In an uncertain world such as family and parenting work, holding on to something which can feel like protection from the pain and distress of the families we work with is a defence mechanism of which we ought to be aware. Perhaps we can hold in mind how disconcerting it has been when we have approached a professional who has measured us in some form or other – someone who has a clipboard and a piece of paper that they work through insistently – while we would have preferred to talk about other things or give answers to their questions in a different way or order. Poorly delivered assessment tools can feel like that for the individuals or families who are subjected to them, which is why we must always be able to explain ourselves, why we are asking the questions and the order in which they come.

Problems with social desirability bias

Another unintended consequence of measuring is being given answers that you don’t believe to be entirely true: *“I shall score myself as ‘very rarely’ for shouting and losing my rag at Dinah”*, even though you have just witnessed a serious shouting episode.

There are various ways of approaching this problem. Known as **social desirability bias**, we do it ourselves – for example, when we complete a quiz. If the quiz is measuring our predisposition to illegal acts, ‘How criminal are you? Take our test and see’, we might find ourselves responding in ways that are not entirely true. **Social desirability bias** is a research term that describes the tendency of respondents to answer questions in a way that they consciously or unconsciously believe would cause others to think better of them. The very act of asking the questions produces the distortion.

One way of dealing with this is to bear in mind that the ‘truth’ is complicated and what we are after is a good enough approximation of our service users’ worldview: with some help, our respondents can be more truthful than they first thought they could be. Answering the questions via a laptop loaded with the questionnaire seems to reduce this effect. This may be possible in your agency, but it is not a big problem if a computer is not available. Another way is to ask the questions again but in a different form using a different questionnaire; this is probably unnecessary for the work you want to do, but you might find this approach used by a clinical psychologist in Child and Adolescent Mental Health Services (CAMHS), for whom a high degree of scientific rigour is essential to their work.

Another way is to give service users the tool you have chosen and ask them to fill it in on their own, perhaps taking it away with them after the first session. This is quite common practice but has a number of problems associated with it. The return rate can be very poor, as papers are easily lost, especially ‘difficult’ ones; many service users do not read English or read at all; and in other cases, people skip questions, are puzzled or even frightened by what they see on the page.

If you can manage to incorporate using the tools you have chosen within your first session (see ‘Introducing the measurement tool to families’ below), **social desirability bias** apart, you are doing very well, are likely to get an excellent completion rate and, best of all, have immediate access to the assessment information gathered for you to work on immediately with the service user(s). You may be able to say:

“I will need to go away and add up the scores properly, but at a first glance I can see you are really worried about Dinah’s behaviour at bedtime. Perhaps we could think about that together and plan what to do to help you help Dinah go to bed more easily. Helping you to change Dinah’s behaviour helps me when I meet other families.”

This becomes easier the more times you use a tool. Often, practitioners who have been using the **Goodman SDQ** for a while can pinpoint a number of areas to work on as a priority with parents, and cross-check or corroborate these after the session has ended to ensure by the score that they are right.

A tool such as the **Children's Beliefs about Parental Divorce Scale** (Kurdek and Berg, 1987) is very useful for practitioners in contact services. Whilst it is quite long at 36 questions, children aged five upwards (easier from eight years) can manage to complete it with thoughtful practitioner help, as the answers are simple yes/no responses. It is reproduced for you to look at on the FPI website as one of the supporting Briefing Sheets to this guide (Rhodes, 2009), and you may want to have a look at it now as we explore what it is seeking to do.

Kurdek and Berg reviewed the tools to measure children's beliefs at this most painful time and found very little to help. They considered what children were likely to be feeling, and developed, tested and refined the questionnaire. It is clever, as practitioners who do have cause to use it find that rather than giving just a global score for what a child is thinking, it breaks the areas down into six particular areas of concern. The questionnaire helps us to understand how much a child is blaming their mother, father or themselves for the parental break-up. It also tells us painful but helpful information on a child's possibly secret belief that their friendships are affected by their parents' separation, that they will be abandoned utterly by both parents and – a feature well known in contact services – that their parents may well get back together again, particularly if the child behaves in a certain way. Each of the 'problem' areas can be scored individually, helping a worker to focus on the particular areas of concern for the child.

This is a good example of a tool which can be used as both a helpful diagnostic measure (a good overview of a child, parent or family's needs and problems) and one which will help you as a worker to assess the impact of the work you do measured as change over time (Kurdek and Berg, 1987).

What not to do

It is always worth knowing what not to do, the lessons learned by others about what has not worked well or has not been worth the investment of time and trouble. One of the key issues to avoid is measuring the wrong or a less than helpful thing. Perhaps because it is not particularly amenable to measurement, a tricky area such as being less greedy is a good example due to **social desirability bias**. Think carefully about your service user group and the problems they bring to you and your agency. What would be the most helpful issue for which to find a measure? Often using a quite general scale, perhaps the **Family Activity Scale** found in the Department of Health *Home Assessment Pack* (2000) or the **Goodman SDQ**, will be sufficient for your purposes, giving you insight on family functioning and being sensitive enough to pick up change.

Use valid and reliable tools

Usually it is best *not* to create your own measuring instrument. There are all kinds of reasons for this, but the main ones are issues of **validity** (defined above) and **setter bias** (defined below). A homegrown measure will never have the validity of the measures identified here – that is, unless you are already an expert in this area of work and able to undertake large-scale testing to ensure that the changes measured are not due to chance.

The phenomenon known as **setter bias** arises when we ask questions about issues in which we have some investment. We can create a questionnaire that unconsciously produces the results we wish to see: for example, “On a scale of 1 to 4, how helpful has this guide been to you? 1 = exceptionally helpful and 4 = just terrifically helpful.”

It is worthwhile avoiding a tool that does not come with a good pedigree. The tools identified in this guide have been tested extensively. We have looked at their testing process, including the size of the test population, whether that population included black and minority ethnic families, how other people have used them and how each correlates with other tests (they should all produce similar results).

Stick to the measurement tool

Another rule is: don't mess about with a well-chosen tool. It can be tempting to perfect something – you may think that the questions should come in a different order, some should not be asked at all, and those that are on the page in front of you could be asked in a better way.

For example, there is a questionnaire that we are not going to recommend. It is excellent, short, well tested, reliable and valid. The **Depression Self-rating Scale** (Birleson, 1981) is used with children aged between 7 and 13 years and asks them to score 18 short questions with a ‘most of the time’, ‘sometimes’ and ‘never’ response. The questions include two which are particularly hard to ask: *‘I think that life is not worth living’* and *‘I feel so sad that I can hardly stand it’*. We are not recommending this tool because whilst you may be concerned about a child's emotional state, for most agencies it would be more appropriate to consider, as a matter of urgency, referral on to a place where the child's emotional wellbeing is the focus of the work – CAMHS, for example. Rather than temper the questions of a tool such as the **Depression Self-rating Scale**, simply find a better one for the task that you have to do.

Changing the way a clinical tool reads, in terms of order of questions or the actual wording of the questions, attacks the validity of the measure itself. It means that you are measuring something in a different way than the author intended, and may introduce other elements without noticing it. If you use the tool again as a

post-intervention measure you will not be able to claim that the changes made are reliably measured – which is a waste of time and effort after all your hard work with a family.

Test the tool first

The final recommendation is: don't try out a new measure on a service user without first trying it out on a colleague and then asking them to try it out on you. You can see what it feels like to ask and be asked the questions. It will help you think about what might surprise you and how to introduce the questionnaire to the family or parent with whom you are planning to use it.

Incorporating measures into a family or parenting assessment, or simply a first session with a family

The way that we start work with families or a parent on their own matters a great deal. It pays to take time to really plan what you want to ask and need to know, and from whom. Depending on the tool that you use, you will need to make a decision as to whether everyone is involved in answering it (this is helpful for tools that seek to establish a baseline count of activities), or whether you need some time with one or both parents or children on their own. You will need to explain this – parents do understand that the questions you might need answers for could not be discussed appropriately in front of their children, so arrange your visit and explain who you'd like to see and why.

Practice Suggestion:

To refresh your understanding of family work and to think about assessment in particular, have a look at *How to help families in trouble: a short guide* and the associated Briefing Sheet, *Assessment and tools to use: family trees and ecomaps*. www.familyandparenting.org/item/publication/40
www.familyandparenting.org/item/document/1175

Your task is to make a family or a family member feel trusting enough to allow you to ask some hard questions. These will not necessarily be on the questionnaire, but will be a part of what you need to know. We should think carefully about this and about who is going to give us the information we need. The manner in which we approach the task is vital; our job is to enable families to believe that by answering our questions, they can enable us to find the ways and means to help them. Family

members who are engaged with us in the task are the best resource we can have. We need to have built enough trust with the family to allow this to happen and we achieve this by our behaviours, by being able to explain ourselves – our role, the nature of our concerns and some of the things that we might be able to do to help.

Many families engage rapidly on this basis. It is also true that many families find starting hard but are relieved when they have done so. Often, they can respond well if you can explain that the process is a shared one: *“Just trying to help me understand can help you too.”*

If you have a measure (or measures) with you in the meeting, you can make a decision as to whether to introduce it in the session or leave it behind for it to be filled in later. The decision you make should be a conscious one: is this a family which will be able to help you, here and now, and get something from it that can be used together in the work planning? Or is this really a family which will do best on their own? This saves you from thinking that you are going to use the measures then finding that you have run out of time. My own choice is clear: I would prefer to help families understand why I think the measuring tool is important and I try to use them in every starting session I can.

What seems to matter most is the confidence that the worker gives the family; that the task of measuring will help in the process of change. You need to be confident, which is easier said than done when this way of working is relatively new to you; this is why those tests you did on colleagues and yourself are really necessary. Many workers develop a sort of script that they use and refine over time, for example:

“I find that this questionnaire helps me to understand what is going on in your family at that moment, then we can work out what to do for the best and what to tackle first. What is really helpful is that we can do it both now and later on – when we have worked together for while, we can do it again and see what changes you have made. It helps you to see what you have done differently, and it helps me to understand how I can help families like yours better.”

It is always vital to point out that the family or family member does not need to complete the questionnaire and that they will still have the same sort of help from you regardless. Families or a parent may start the questionnaire process with you and then decide after six questions that they don't want to continue – this is also their right. As with most things, pushing something against the grain of a family's culture is generally unproductive. Having said that, it is worthwhile persisting a little without being persecutory, as some families find themselves feeling quite intrigued once they have started the process.

Introducing the measurement tool to families

It is usually worthwhile telling people how many questions there are and how long the questionnaire is likely to take: this gives them some comfort in that they know it is not going to take forever or be a process that is just 'done' to them. They can hold the questionnaire and just have a look at first; you may choose a question that comes early on to show them what the questions are like, and this may well ease their anxieties. It is also worth remembering that measuring takes place in many areas of our lives (for example, often when we go to the GP, we are weighed and have our blood pressure taken as part of our doctor's general health surveillance programme). While you might be feeling a bit anxious about asking structured questions, the family or parent may be quite blasé about it.

Helping families to answer the questions

As you work through the questionnaire it is helpful to check that the people understand the questions. If they don't, then you can simply repeat it more slowly and, rather than offer different words to explain, suggest that it might be helpful to move on and come back to that one later. Often when you return, the person has had a chance to think some more – this approach applies to the 'I just don't know' position that people sometimes adopt when they feel a bit pressed. By assuring them that you can come back to it, you give them some comfort in knowing that they have a degree of control over the process. If they still don't know or cannot answer a question because they don't understand it, then you can either do a minimum amount of interpreting, or skip it altogether. Note beside the question that it was not answered or the alternative wording that you had to use.

Some families or parents ask you for the results straight away. In this case it is sensible to say that you need to go away and look at the answers properly, and that you can show them what the results are next time, if they are interested. If they are – and many will be (wouldn't you be?) – then you must have the results when you see them next in a form which can be understood easily.

It is always worth explaining how carefully you will keep their information. This questionnaire is only a small part of the recording you are likely to do about your work, all of which must be treated as confidential and protected from people who have no legitimate reason for seeing it.

As you file the questionnaire away, make sure that you have dated it and that the name or names of the people who completed it with you are recorded on it. This will ensure that all the key information relating to this document is immediately accessible and it will prevent the sadness of finding an undated or unattributable measuring tool loose in your filing cabinet, having fallen out of any paper system you have.

Families for whom questionnaire measures are inappropriate

Some families are never going to be happy with a questionnaire approach, so we might decide that we cannot measure anything formal with them. However, these families may be quite keen to measure things for themselves and share the results with you.

Developing expert families

You might choose to help the family develop a family log or family diary. You can agree together the problem areas of family life that will be logged, and show the family how it can be written up. Some families are happy to use a computer-based log, either in database form or as a simple text-based document. Many families prefer a paper-based log and you can provide them with one (and a couple of nice pens as encouragement). It might record behaviours that happen often during the day, in which case you may well need a page per day, or it might keep a tally of problems which are significant but happen less often. It might look something like this:

The Smarty family log about shouting between Claire and mum

Today's date is _____

Time of argument	What was happening BEFORE the argument	Who was in the room or nearby?	What started the argument?	What happened DURING the argument	What happened AFTER the argument?
7.30am–7.40am	Claire was playing with the cat.	Claire, cat, Dan (Claire's younger brother), mum.	Claire was rough with the cat, which bit her. She lashed out and hit Dan. He was hurt and upset. Claire shouted at everyone angrily.	Mum shouted at Claire, mum pushed Claire out of the room as Claire was stopping mum from comforting Dan. Dad shouted at mum and then at Dan for shouting.	Dad went up to Claire's room and comforted her. Mum gave Dan a biscuit, mum had a word with Claire but Claire ignored her, so mum gave up.

Whilst a log will never be a perfect unbiased record of family life, it will be very helpful to you in understanding what the pattern of behaviour is, what happens to 'allow' the problematic behaviours, what they are in some detail and what continues them by subtly or less subtly rewarding them. In this brief outline we can see that the Smarty family have a large number of shouters, and what the worker is going to need to do is to help this family find their volume control whilst preventing mum and dad from splitting apart when arguments happen.

In this kind of instance it is worth asking the family to keep a log over a fortnight or so if they are able to, as this is a very helpful way of seeing the various permutations of the shouting behaviour, and the worker will be able to help the family more effectively. A daily log when the work has been done on family relationships should show a reduction in shouting, which would be a measure of success.

Equally, **ecomaps** that plot out family members' relationships with the outside world, both before and after a family- or parent-focused piece of work, are helpful as a tool for measuring change (see the Briefing Sheet on how to use an **ecomap** and a family tree exercise with families, referenced on p. 8).

Using the information collected from families, generating reliable internal evaluations

What effective **pre- and post-measures** give you and your agency is a chance to see the change that you are all helping to make. By gathering the data through a database, for example, you may well be able to show the impact of the work that is done, perhaps over the course of a year. Whilst the time invested in gathering and understanding the material is not inconsiderable (but probably not as much as you would think at first), it is exactly what an independent evaluation of your service would offer you. Evaluators would need you to gather **pre- and post-measures**, otherwise they would have nothing on which to base their judgement of your effectiveness. By using valid, reliable and accepted tools you are evaluating your practice and your agency's ability to help families make changes for the better.

Some tools have systems to support them that are free for use; for example, the **CORE (Clinical Outcomes for Routine Evaluation) System** (www.coreims.co.uk), which is a very useful set of tools for measuring the impact of the more psychological or counselling types of intervention. Whatever sort of intervention your agency makes, you may well find **CORE** to be a very useful starting point in finding helpful tools and how to apply them. Equally, the **Goodman SDQ** now has a helpful computerised program for collating and reporting scores. It is available without charge for non-profit organisations that do not make any charge to families (see **References and resources** section).

Final thoughts

One issue that you will need to bear in mind is that whilst the measures we have talked about here are free for your use, you must acknowledge the authorship of the originator. Other tools that look very interesting and are exactly what you would like to measure may involve purchasing the right to use them. They rarely cost very much, but occasionally you may need to purchase a manual to use them: for example, to understand how to score them. Other authors are happy to give you permission to use them for free, provided that you supply them with information on their usefulness to you.

These requirements are in place because the authors own the intellectual property to the materials that they have created. This allows some of them to sell the materials although, as we have seen, others are created to be freely available. However, whether paid for or free for use, each requires you to accept the terms on which they are offered, usually that you will not adapt or change the tool in any way, that you acknowledge copyright and that you do not reproduce it for any other purpose than that for which it was created. This prevents you from taking the tools, adding your logo and selling them to other organisations.

If in doubt, it is always sensible to contact the authors and explain why you would like to try their measuring tools – most will be very happy to help you.

The Briefing Sheet to accompany this guide (Rhodes, 2009) has a list of tools and explains which are free to use and which you would need to pay for.

Some organisations are collecting what are called 'soft' outcomes, developing scoring tools such as the **STAR** system, trying to measure softer changes in people's lives (for example, steps towards self-esteem). There is a growing literature on the use of soft outcomes, particularly **SOUL**, with some key references below.

Many organisations have developed service user satisfaction questionnaires. Whilst it is always important to know what service users think of the service they have received, clearly this is one of the softest outcomes that we can collect, as it is only asked towards the end of our work. Methodologically it is complex, as often only satisfied service users return questionnaires, and their answers may be very dependent on the part of the service that they have received – and more importantly from whom they received it (it may well be measuring how securely and effectively attached they feel towards their particular worker). This is not to disparage such enquiry; it will tell us something important about what we do. It will not tell us because it cannot: that at worst we have done no harm; that, better, we have been helpful; and that at best, families are better at being together because of what we have done together.

These are just the answers that you can secure with effective measuring. Your practice and agencies would be improved by knowing – a worthy endeavour indeed.

Would you like some further help?

Contact FPI's consultancy service to get help in developing a measuring approach. FPI has developed a series of short courses on the introduction and selection of clinical tools for organisations' use. Contact: info@familyandparenting.org.

References and resources

Birleson, P. (1981) The validity of depression disorders in childhood and the development of a self-rating scale: A research report. *Journal of Child Psychology and Psychiatry*, **22**, 73–88.

Department of Health (2000) *Home Assessment Pack*. Online at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

This pack includes the Family Hassles, Family Activities and Alcohol Scales.

Goodman, R. (1997) *Strengths and Difficulties Questionnaire*. Online at: www.sdqinfo.com/b1.html

There is a computerised scoring and report-writing program that runs using the Access component of Microsoft Office Professional. If you are working for a not-for-profit organisation and are interested in using the program, contact: youthinmind@gmail.com.

The Goodman SDQ is interesting as it offers you the chance to ask a child's teacher, as a neutral observer, the same questions that are asked of parents. You will need to ask parents' permission for this but if you secure it, then this triangulation is very helpful in giving you a different view of problematic behaviours. If you ask the teacher to complete it at the end of your work, you will have an independent view of the efficacy of your work with the family. There are pre-school and student (11–16 years) versions, which makes it even more useful; also, the scoring has subscales as well as a total score, helping you to pick out areas of behaviour on which to focus your work.

Kurdek, L. A. and Berg, B. (1987) Children's Beliefs about Parental Divorce Scale: psychometric characteristics and concurrent validity. *Journal of Consulting and Clinical Psychology*, **55**, 712–718.

Rhodes, H. (2007) *How to help families in trouble: a short guide*. London: Family and Parenting Institute. Online at: www.familyandparenting.org/item/publication/40

This contains the following associated Briefing Sheets:

- *Assessment and tools to use: family trees and ecomaps*,
- *Helping parents help their children to behave well: behaviours, star charts, rewards*.
- *The art of making good referrals*

Rhodes, H. (2008) *Supervising family and parenting workers: a short guide*. London: Family and Parenting Institute. Online at: www.familyandparenting.org/item/publication/51

Rhodes, H. (2009) Briefing Sheet, *Examples of effective tools*. Online at: www.familyandparenting.org/item/document/2401

Stevens, S. (1946) On the theory of scales of measurement. *Science*, **103(2864)**, 677–680.

CORE system www.coreims.co.uk

A very useful set of tools for measuring the impact of more psychological or counselling types of intervention. Whatever sort of intervention your agency makes you may well find CORE a very useful starting point in finding helpful tools and how to apply them.

STAR outcomes www.mhpf.org.uk/recoveryStarResources.asp

A helpful example of a soft outcomes approach for people with mental health problems but demonstrating a more general applicability.



'How effective are we as practitioners?' is a question to which we all want an answer. Understanding what, when and how to measure the impact of individual pieces of work with families, parents and children is of significant benefit.

This short guide is a practical resource that includes the following topics:

- **pre- and post-measuring**
- **reliability and validity**
- **finding the right tools for the job**
- **ethical and practical issues**
- **information technology and measurement tools**
- **helping families to answer the questions**
- **what not to do.**

It is designed to help individual workers and whole services understand the terms and issues within the act of measuring and, better still, how to go about it.

It is a companion guide to *Supervising family and parenting workers: a short guide* and *How to help families in trouble: a short guide*, both of which are available at www.familyandparenting.org/publications

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