

## SURVEY FINDINGS: Children Who Witness Abuse Program Outcomes

### Background

This survey fulfills one of the BC Society of Transition House's (BCSTH) 2012-2013 contract deliverables (Schedule A, Services and Terms, B. Deliverables 3. Canvas all Children Who Witness Abuse (CWWA) service agencies (whether members of BCSTH or not) on two specific topics).

The survey asked:

- i. What programs are doing related to tracking and analysis of participant outcomes:
  - Are programs collecting data related to participant outcomes and if so, what type of information is being collected?
  - How is this information being collected/tracked? How is it being analyzed?
  - What ideas do programs have for collecting information related to participant outcomes?

*See Appendix 1 for the survey template.*

In BC, there are 95 communities with CWWA programs. This online survey was distributed electronically to all CWWA programs in BC. Thirty-four survey responses were received but only thirty-two surveys were completed (91% completion rate), although not all questions were answered by each respondent. All respondents were CWWA counsellors.

### Summary of Survey Results

#### 1. Quantitative Inputs (32 responses)

Programs tracked six types of quantitative data, including the number of one-to-one participants (97% of programs tracked this data), participants (97%), caregivers supported (91%), children/youth on waitlist (88%), presentations given (84%), and groups facilitated (81%). Eight programs (25%) tracked other quantitative data such as number of support calls, caregivers on waitlist, referrals received, unsuitable referrals, and referrals re-directed to other supports.

#### 2. Qualitative Inputs: Data at Pre-Service (32 responses)

Twenty-eight programs (88%) collected qualitative data (information expressed in words) at pre-service (before starting support). Four programs (12%) did not collect qualitative data at pre-service.

#### 3. Pre-Service Qualitative Data Collection and Process (27 responses)

Programs collected a variety of quantitative data during the intake process, including basic contact information, background, and medical information, the child/family's history with abuse, past and



current behaviors, goals for the program, and/or knowledge about abuse. Some programs provided self-surveys for youth, parents, and adults. Other programs used a simple checklist, questionnaire, telephone screening, standard assessment, or wellness satisfaction survey.

#### 4. Gathering Feedback When Closing Files

Twenty programs (69%) collected post-service feedback. A follow-up phone call (n = 16 or 55%) was the most common means of gathering feedback when closing files. Comparably, 15 programs (52%) collected feedback at pre-service.

Ten programs (34%) completed a follow-up meeting after the last session. Twelve programs (41%) used surveys to gather feedback, while 16 programs (94%) did not host focus groups.

#### 5. Collecting Other Feedback (10 responses)

Nine programs (31%) used other means for collecting feedback when closing files, including evaluation forms, documentation as to how the child progressed in the program, why the file was closed, any additional supports after file closure, the child's perspective, and/or group highlights to parents. As well, one program reported that youth provide feedback through texting.

#### 6. Outputs Tracked (indicators of quantity, volume, or capacity) (32 responses)

Thirty-two programs (100%) tracked the number of participants receiving one to one support. Twenty-five programs (78%) tracked the number of participants attending groups and 16 programs (50%) tracked the number of attendees at presentations.

Nine programs (28%) tracked the percentage of attendance compared to intake or registration. Ten programs (31%) tracked the percentage of increased knowledge at post-service.

#### 7. Other Outputs (6 responses)

Five programs (16%) tracked other data, including whether the participant was treated with respect, equality, and dignity. As well, some programs tracked whether supports needed were received, whether service would be recommended to others, and any other comments. Suggestions for improvement were also collected by some programs. The child's perspective of the outcome and the child and parents' goals at pre-service compared to outcomes were also documented by some programs.

#### 8. Tracking Outcomes (Timeframe) (32 responses)

Twenty-one programs (66%) tracked outcomes monthly, seven programs (22%) tracked quarterly, and three programs (9%) tracked annually. No programs tracked outcomes bi-annually.

#### 9. Analyzing Outcomes (29 responses)

Programs used a variety of ways to analyze outcomes, including meetings with program managers, using data that informed an accreditation process, as well as surveys and service questionnaires, a case monitoring process, and/or discussions with youth and caregivers. As well, some programs were analyzed through the tracking of no-show data and other program statistics. Overall, programs used a variety of means to analyze outcomes: Print surveys, program statistics, feedback gathered through discussions and interviews with participants and stakeholders. Program managers and executive directors then made decisions about how to respond to the feedback and implement necessary changes.

#### 10. Post-Outcomes and Program Change (31 responses)

Informed with quantitative and qualitative data, programs said they responded to the need for change by adapting materials, program/appointment times, and/or by developing additional counsellor skills. Some programs adjusted their presentations to groups, others consulted with supervisors or others to get direction about how to make change. Respondents noted program change is an ongoing process.

#### 11. Service Follow-Up (31 responses)

Nine programs said they do not follow-up with participants when a file is closed. Some programs follow-up through phone calls or visits. Other programs initiated contact after varying time frames of one-month to three-months. As well, other programs said they sometimes call after the file is closed, depending on the situation. Some programs reported that the participant has the choice whether s/he would like to be contacted in the future. One program reported that participants are welcome to re-open their file at anytime. Overall, there is no program trend to follow-up or not.

### 12. Other Outcomes Information for BCSTH (19 responses)

Six programs said they had no other information about outcomes to provide BCSTH. One program highlighted that outcomes are often “intangibles” and unknown “until the child is in a similar situation and employs some of the strategies offered by the counselor.” One program said that it is often challenging to complete outcomes surveys as the mother and child may leave town or stop service abruptly. Another program said that tracking outcomes is time-consuming and emphasized the need for a streamlined system.

Additionally, one program said that “when we try to add strict measuring tools we miss a lot of data. Participants are giving us outcome information all the time, in so many various ways. What is important is to have workers who are responsive to the differing needs of all of their participants, and ready to make changes based on this feedback.”

“When we try to add strict measuring tools we miss a lot of data. Clients are giving us outcome information all the time, in so many various ways. What is important is to have workers who are responsive to the differing needs of all of their clients, and ready to make changes based on this feedback.”  
-CWWA Counsellor

### 13. Other Outcomes Information for Ministry of Justice (20 responses)

Eight programs said they had no other information about outcomes to provide to the Ministry of Justice.

As mentioned above, one program noted that it is difficult to track outcomes when children are dealing with social and emotional issues, healing, and the far-reaching impacts of violence and abuse. Outcomes, then can be intangible, are often misinterpreted, and do not reflect the full scope of the child’s experience.

Likewise, one program said that change, as it pertains to participant needs, should be measured in flexible ways. Yet “we often do not know the true meaningful and measureable outcomes until after session follow-up, which does not contribute to the effectiveness of outcome tracking - it can also place the onus of change on the worker, not societal change, which is where change would be most meaningful.”

“The amount of time spent on researching, planning, and liaising with other services is not identified statistically, but it is vital to the service being offered. This is not reflected in the current statistical tracking.”  
- CWWA Counsellor

One program said that because each participant and family has unique needs, it is important to accurately track outcomes and participant satisfaction in order to ensure that they are being effective in responding to participant needs. Another program said there is not adequate funding to track outcomes. What’s more, one program said that the Ministry of Justice monthly statistics form does account for the collaborative work CWWA counselors do with community partners, which is an important part of the work, especially in rural communities.

Finally, one program said that “sometimes the numbers don't fully represent the needs of clients.”

## Comments and Recommendations

The CWWA Outcomes survey findings confirm that programs are tracking quantitative and qualitative data. As mentioned above, 97% of the programs are tracking six types of quantitative information and 88% of the programs are tracking qualitative data at pre-service, generally through intake/interview methods or checklist-type of data. However, only 69% of the programs that responded to this survey are tracking post-service outcomes. Varying life circumstances may make it impossible to receive program feedback from participants, and therefore provide a gap of information. It could reasonably be concluded that this lack of information means program changes may be made without full and complete information and the need for adequate funding for time to carry out these services. Also, if tracking outcomes becomes a requirement, an increase in professional development funds for CWWA counselors to adapt their program to current emerging issues based on the feedback on participants will be needed.

Likewise, what is also missing from the survey findings is a more child-centered and women-centered approach, inclusive of children, youth and women's voices. BCSTH concludes that the development of resources and more training is needed in the areas of tracking post-service outcomes and the importance of applying a child, youth, and women-centered framework to this work.

## Survey Results

### 1. Quantitative Inputs: What inputs (resources) are you tracking by number? Check all that apply. (32 responses)

Program inputs (resources) tracked by number:

Caregivers supported n=29 (91%)

Children/youth on waitlist n=28 (88%)

Groups facilitated n=25 (81%)

One-to-one service recipients n=31 (97%)

Participants n=31 (97%)

Presentations given n=27 (84%)

Other n=8 (25%)

- Each quarter I submit reports to our Board of Directors that contains a section regarding outcomes. As an accredited agency, we use a Service Plan Agreement to determine client goals with the client/family and evaluate progress in meeting those goals. When gathering data to evaluate program outcomes for this report, I use the Children's Global Assessment of functioning Scale (CGAS), self-reporting and interviews with clients, caregivers and relevant others to determine if progress toward client goals is being achieved.
- Most of the above is a requirement of our program; unfortunately we don't get the information back from the government website. Perhaps there could be a print option for us to save a copy before we submit.
- Number of caregivers on waitlist
- Number of clients off program, referral sources, parent calls, calls made by the program
- Number of community workshops given
- Number of referrals received, number of referrals which were not appropriate for program, number of referrals from different sources such as schools, MCFD, etc.
- Referrals not suitable, where the referral comes from, and any and all trends or norms we see emerge
- Support calls

### 2. Qualitative Inputs: Do you collect qualitative data (information expressed in words) at pre-service (before starting support)? (32 responses)

Yes n=28 (88%) No n=4 (12%)

### 3. If you answered "Yes" to Question 2, please describe what pre-service data you collect and the process. (27 responses)

- All relevant information on child/family history with abuse, conflict, past, and current behaviors, emerging issues

- Basic info (number of people in the home, relationships, school, friends, pediatric diagnosis, medications, other services, parents' views of the issues, types of behavior)
- Description of why the child needs CWWA service, and problems the child is having
- Face-to-face intake for youth, face to face intake with parent/caregiver of child
- Goals, hopes for program
- History (need for service, screening info, other agency involvement, service expectation)
- History/intake (client history, family, medical info, presenting symptoms, suicidal ideation, grievances)
- Intake assessment (usually one meeting with caregiver)
- Intake process (6)
- Knowledge about abuse, violence, and feelings (tracked on pre-service checklist)
- Membership form and preliminary intake/screening form
- Parent interview/intake to see what child has witnessed/experienced (abuse), client's strengths/weaknesses, current behaviours/ coping skills
- Reasons for service
- Self-survey for teens, parents, and adults
- Simple questionnaire about relatives, siblings, school, other services accessed
- Standard assessment (parent's input about the child's behavior and experiences)
- Telephone screening (basic personal info, nature of abuse, behavioral issues); walk-in
- Thorough intake process to determine the client's situation, needs, and intentions in seeking support
- Wellness satisfaction survey
- Yes, names and eligibility for waitlist provide data for pre-service.

**4. Gathering Feedback: If you collect feedback when closing a child/youth's file, how do you do this?**  
(Example: Feedback or evaluation form)

	Survey	Focus Group	Pre-service input	Post-service feedback	Follow up phone call after last session	Follow up meeting after last session	Other	Total Responses
Yes	12 (41%)	0 (0%)	15 (52%)	20 (69%)	16 (55%)	10 (34%)	9 (31%)	29
No	11 (65%)	16 (94%)	5 (29%)	8 (47%)	7 (41%)	11 (65%)	8 (47%)	17

**5. If you collect 'Other' feedback describe this here:** (10 responses)

- Child may be referred on if further support is needed
- Closing file: Information about how client has progressed, why file has been closed, any additional supports after file has been closed, etc.
- Depending on the family or situation, I try to get the child to gauge what they have learned or had help with as well as the family. In the case of a group session ending I often offer the families the opportunity all along and at the end a synopsis of group highlights and give the parents opportunity, via appointment, phone call or email to give feedback.

- Evaluation form
- Follow-up session or phone calls are at the discretion of the clients, service questionnaire is also used
- Information and comments from other service providers
- Reports to our board of directors with a section regarding outcomes. As an accredited agency, we use a service plan agreement to determine client goals with the client/family and evaluate progress in meeting those goals. When gathering data to evaluate program outcomes for this report, I use the children’s global assessment of functioning scale, self-reporting and interviews with clients, caregivers and relevant others to determine if progress toward client goals is being achieved. I do quarterly progress reports and closing reports that also summarize outcomes. For groups we also have feedback forms completed at closing.
- Ongoing contact with families, ongoing discussions during contact
- Ongoing feedback at end of session about continuing to book counselling sessions with both children and caregivers
- Teenage clients will often text and update after last session

**6. Outputs: What outputs (indicators of quantity, volume, or capacity) are you tracking? Tracking involves qualitative and quantitative documentation. Check all that apply.**

(indicators of quantity, volume, or capacity) (32 responses)

	Frequency	Count
Number of participants receiving one to one support	100%	32
Number of participants attending groups	78%	25
Number of attendees at presentations	50%	16
Percentage of attendance compared to intake or registration	28%	9
Percentage of increased knowledge post-service	31%	10
Other	16%	5

**7. If you have 'Other' outputs describe them here: (6 responses)**

- As above (see #6)
- If treated with respect, equality, dignity; receive supports needed, suggestions for improvement, whether service would be recommended to others, and any other comments.
- It is a requirement of the program to fill out info on outputs on the government website.
- I like to hear how the child is coping in their day to day life from teachers, parents, or other stakeholders these children in their environments. I also try to hear from the child to track their own outcomes.
- The parent and/or child set goals at the beginning of service; at the end of service we assess progress on those goals.
- Numbers of families and children, referred each month.



**8. When do you track outcomes? Tracking involves qualitative and quantitative documentation. Please include your stats collection for Ministry of Justice. (31 responses)**

Response	Frequency	Count
Monthly	66%	21
Quarterly	22%	7
Bi-Annually	0%	0
Annually	9%	3
Other	3%	1

**9. Describe your process for analyzing outcomes. (29 responses)**

- All of the above. Plans are formulated at meetings with program manager (which occur on an irregular basis).
- All the above
- Annual review is completed on self-survey, service questionnaire. Annually, statistical information of number of clients served, number of session and direct service/indirect and administrative, compiled and reviewed.
- As part of our accreditation standards our agency has a Performance Quality Improvement group that gathers client feedback annually, and ongoing client satisfaction input and recommendations for change are acted upon as possible. Individual counsellors are responsive for client feedback in making change as needed and our Annual General Meeting Report includes a section documenting program and agency changes made in response to client feedback or need. Our quarterly board reports and AGM Report also documents change through outcome measures.
- Constant monitoring and feedback from clients and/or caregivers
- Continuous monitoring of change through outcomes, ongoing discussion with youth/caretakers
- Currently shifting to CAMS record-keeping system, will necessitate ongoing review of goals and outcomes on a session-by-session basis.
- Discussion between workers and with Executive Director
- Formulating plans to address change, implementing program change
- In the program we use any and all input to help us mold and change our service to fit the clients we see. Through continuous examination of outcomes and trends, the counselor and manager of programs evaluate and formulate plans in going forward with clients. Each month programming is evaluated for meeting the needs of clients and matching needs with the capacity of the program.
- Implementing program change, reviewing feedback
- Noticing trends for no-shows and cancellations.
- Paper system of collecting information to gather at the end of each month, occasional meetings in the community and with the schools where I work to see where the most need is.
- Post-service surveys and provide an after service phone call at one month to see how client is doing and confirm if they still need service. Clients file remains open for 3 months and a space is saved with the worker in case client needs more service.



- Review all statistics collected, analyze evaluation and feedback forms, discuss changes indicated by feedback with Board of Directors and staff, monitor change through outcomes.
- Review and compare from year to year: Referral sources; number of participants and amount of service usage. Identifying what service method has been most successful.
- Review evaluation forms. Make changes where needed. Talk with caregivers often about child's progress and see if any new events have taken place since counseling started.
- Reviewing feedback, summarizing feedback annually, implementing programs/sessions that address the clients expressed needs.
- Reviewing client feedback, stats (monthly and quarterly), and Board feedback. Making changes where data suggests improvement is required. Monitoring program changes.
- Reviewing files, plans for program change, continuous monitoring of client's progress/behavior.
- Reviewing and summarizing feedback, collaborating with supervisor to address possible improvements, implementing program changes, monitoring effectiveness of program changes.
- Reviewing and summarizing feedback forms for annual report.
- Reviewing and summarizing feedback. Summarizing inputs from database. Reviewing how policies and procedure affect outcomes. Team discussions on how to address change and implementation of program change. Monitoring and set times to review changes.
- Summarizing feedback
- We are a CARF accredited agency and have a formal process for collecting outcomes data, reporting on this data and making adjustments to service provision, when possible, based on the results of our outcomes analysis.

**10. Once outcomes are known, describe how you make change(s) to your program.** (31 responses)

- Accumulate extra information on pertinent issues
- Adapt materials, times, develop additional skills
- Adjust the appointment times to facilitate after school and during school hours for families with children of different ages
- Analyze variables for outcomes and adjust program as needed according to needs of individuals
- As information comes in to the program either quantitative or qualitative, it is assessed if there could be adjustments made to the program to better fit the needs of the family. The counselor consults her manager, best practice handbook, and the mandate of the program to assess whether a change can be made or more education is needed and or if a service is being offered in the community that better meets the needs of the client. This process is ongoing and cognizant of new practices, education and trends in counselling that would better serve this population, as well as ongoing dialogue with clinical counselors to maintain the level of programming and support needed
- Based on outcomes, analyze what changes are required, discuss with Executive Director or other relevant staff member, and execute change.
- Change my presentation to client to suit their needs
- Consult with program supervisor and collaborating with colleagues to implement appropriate changes
- Dependent upon the types of changes indicated, some have evolved due to a change in staff in consultation with clinical supervisor.
- Discuss what might work better, if appropriate, implement.



- Feedback is provided to the manager and manager meets to discuss feedback and see how change, if necessary, can be implemented.
- Give the data to my executive director and we discuss what is feasible to change, for example, time of group flexibility in scheduling, going to clients making the service more accessible
- If referrals have fallen off from a particular source, re-engaging with the referral source. Reviewing files to identify what has worked well and what needs to be changed. Sole service provider, so great flexibility in how service, or what service, is offered.
- Make changes dependant on intake process as what the group needs.
- Make client plan with client
- Management makes changes
- May change intake requirements, family involvement, timing of evaluation, etc.
- Once evaluations are reviewed, changes are made where needed.
- Research and design curriculum, share resources with other professionals in the field.
- Situation dependent, either unilaterally (for example, offering a different group) or in consultation with the Executive Director or the PQI group.
- Team meetings to discuss how best to implement change, setting goals or milestones for change and continual evaluation at predetermined dates as well as follow up with participants, staff and other community members
- The agency has an internal CQI Continuous Quality Improvement committee which reviews and supports implementing program change. Changes are implemented under the supervision of the Executive Director and in compliance with CARF.
- The program changes depending on need. If I am more needed at the elementary school level, I spend more time there. If a group is requested I prepare a group if the need is greatest there.
- This year we hosted a day long visioning session where we looked at making shifts in service.
- Through discussion with supervisor, through feedback from clients
- Try different techniques with the clients, for example, working with their hands rather than paperwork exercises
- With one counsellor working within the program, changes are made when appropriate as comments and feedback is received.
- We are constantly changing our programming to meet the needs of our clients, based on the feedback they give us. This is an ongoing and organic process.
- We (the counsellors) discuss potential changes and share them with program manager at meetings. She then approves them or not.
- We will look at trends that arise in the surveys and work to address these issues. Also, if parents are requesting topics to be covered, this can be added to the support and education plan for the child.

**11. Do you follow up with participants after their file is closed? If so, what does this process look like? (31 responses)**

- No (n=3)
- No, feedback is sought prior to closure.
- No follow-up unless they call us.
- No, if file is actually closed.



- No, there is an open invitation for the person to request to see me, if things change after I close.
- A call or visit
- After about three months I call the caregiver to see how the child is making out. Find out if there is anything new. Offer support to caregiver if needed.
- At this time no ongoing formal follow-up process is adhered to; however, as we are an agency seeing people for multiple reasons, the counselor sees a number of families and gives them opportunity to revisit the program and share their experience.
- At times, yes - hope to do more of that in future - perhaps giving client the choice of phone call or follow-up session upon closing.
- Clients are welcome to re-open at any time.
- Contact client, family, school or referral services
- Follow up appointments or phone calls are arranged at the end of counselling appointments. A file is kept open for three months following the final appointment.
- No, participants are always welcome to call us after their file is closed to touch base or if they need support.
- Phone call, after approximately one month, to check on status.
- Phone contact
- Program survey, closing meeting or follow-up phone call, depending on most appropriate for the file
- Sometimes a call to the family
- Sometimes, depending on the type of file. It is often informal.
- Sometimes, depending on agreement when file closes. All clients know they can contact for future/ follow up service, and many do this.
- Sometimes, depends on the need of the client.
- Sometimes, not always.
- This can look many different ways, depending on the specific needs of the family. i.e., a MCFD referred family might have more follow up support as they might be closer to crisis, other families are clear that they will be back in touch as needed. Usually a follow up phone call or two is required.
- Upon closing a file this process is usually done with the client and at times if they are not available this may be done through a letter or phone call. Upon closing we offer up to 3 follow-up sessions without re-opening a file and referral information for new services are provided, clients are given the information that they can call the agency and intake worker at anytime for information on community services or reactivation.
- We follow up with a phone call post service completions.
- We try to. Ideally, they return for a 30-day follow-up visit. Sometimes they aren't able to come in but we have a phone conversation. Sometimes they do not return calls at all once their file is closed.
- Yes, 1 month and 3 month follow up phone calls are attempted.
- Yes, I call the caregiver and see how they feel about the client leaving and the progress they see in the client. I also talk to the client after their file is closed and invite them to attend one last group session if they like. This process can only be done if I've been able to properly close a file and maintain contact with the family. Often times, a client moves without notice and I don't get to properly say goodbye or have a last session for closure.

- Yes, participant is asked to meet to close file, a follow-up call is made three months later and data collected throughout the process is compared for increase or decrease in the presenting issue indicators.
- Yes, we follow up after one month with a phone call to see how client is doing.

**12. Is there anything else you would like BCSTH to know about tracking outcomes?** (19 responses)

- No (n=6)
- A summary from the government website where we enter data would be nice, once a year.
- As BCSTH is aware, often outcomes are intangibles that are not known until the child is in a similar situation and employs some of the strategies offered by the counselor. This process is life-long and skills and options offered in counselling are life skills that can be used at any stage of development.
- Can be useful for agency effectiveness but I feel certain liberties can be taken from it and the information is not always as clear and meaningful as one would hope.
- It can be challenging to have satisfaction surveys completed as the mom may return to the abusive relationship, move out of town, or stop accessing services for their child without informing the counsellor.
- It is incredibly time consuming and a streamlined system would allow for more direct client hours.
- Some things are difficult to track – for example, how far a client has traveled to get services. In our region, we service people within a very large region.
- The amount of time spent on researching, planning, and liaising with other services is not identified statistically, but it is vital to the service being offered. This is not reflected in the current statistical tracking.
- The program in Powell River consists of one worker; program change is often carried out by this individual on an ongoing basis in order to ensure continual improvement in order to meet clients' needs.
- There is no time to do this! And no wage increase for the demand on service.
- This counselor looks to the client to be their own expert and decide what their outcomes will be and how they will track their own growth.
- We would be more than happy to learn more about tracking outcomes so we can make more effective changes to our program.
- Whatever they discover.
- When we try to add strict measuring tools we miss a lot of data. Clients are giving us outcome information all the time, in so many various ways. What is important is to have workers who are responsive to the differing needs of all of their clients, and ready to make changes based on this feedback.
- While tracking outcomes is important, too much emphasis on evaluation can take too much time away from direct support to clients.

**13. Is there anything else you would like the Ministry of Justice to know about tracking outcomes?** (20 responses)

- No (n=8)
- As mentioned above, especially with children social and emotional issues are difficult to track and just as violence and abuse are far reaching as is the ongoing healing from being exposed to these issues. Outcomes for such an intangible healing are often misinterpreted and do not reflect the full scope of the situation the child has experienced.
- Change with our clients' needs to measured in very flexible ways (as would outcomes) - we often do not know the true meaningful and measureable outcomes until after session follow-up which does not contribute to the effectiveness of outcome tracking - it can also place the onus of change on the worker, not societal change which is where change would be most meaningful.
- Each client and family has unique needs and it is important for an agency to track outcomes and client satisfaction in order to ensure that they are being effective in responding to client needs. That being said, it is important to me as a counsellor that outcome measure accurately capture the work being done and its usefulness to the client rather than taking a "one size fits all" approach. For example, the Sexual Abuse Intervention Program funders request data regarding improvement in symptoms of PTSD, and there is so many other aspects that are attended to in working with a victim of sexual abuse that taking such a limited measure in determining program effectiveness does not accurately reflect the validity of the work being done in support of clients and their families. The current quarterly report submitted to BCSTH captures quantitative data only.
- No time or money to correctly do this.
- Some things are difficult to track - example, how far a client has traveled to get services. In our region, we service people within a very large region.
- Sometimes the numbers don't fully represent the needs of clients.
- That while it is worthwhile, it is also time consuming and should be considered when looking at our direct service levels.
- The program in Powell River consists of one worker; program change is often carried out by this individual on an ongoing basis in order to ensure continual improvement in order to meet clients' needs.
- The stat forms that the Ministry of Justice has us doing on a monthly basis does not take into account collaboration that we do with other community partners, for example, sitting on a community coordination for women's safety committee or community service provider committees. These committees/partnerships/collaborations are an important part of the work we do, especially in rural communities.
- When we try to add strict measuring tools we miss a lot of data. Clients are giving us outcome information all the time, in so many various ways. What is important is to have workers who are responsive to the differing needs of all of their clients, and ready to make changes based on this feedback.

## Appendix 1

### Survey Template: CWWA Program Outcomes Survey

The Ministry of Justice has asked BCSTH to submit a report on the tools and process that CWWA programs are using to track outcomes.

The purpose of tracking and analyzing outcomes is to determine how effective your program is for its participants. In this way, data tracking and analysis are learning tools, as this information can help you make decisions about how to improve your program, where needed. An example of learning tools are evaluation and feedback forms. An example of data tracking process could be statistics collection.

Please take a few minutes to tell us about your process for tracking, measuring, and analyzing your program outcomes. Your responses will remain anonymous in the report.

Thank you for taking the time to complete this survey!

#### 1. Quantitative Inputs: What inputs (resources) are you tracking by number? Check all that apply.

- Number of program participants
- Number of groups facilitated
- Number of presentations given
- Number of one-to-one service recipients
- Number of caregivers supported
- Number of children/youth on waitlist
- Other, please specify...

#### 2. Qualitative Inputs: Do you collect qualitative data (information expressed in words) at pre-service (before starting support)?

- Yes
- No

#### 3. If you answered "Yes" to Question 2, please describe what pre-service data you collect and the process.



**4. Gathering Feedback: If you collect feedback when closing a child/youth's file, how do you do this?**

(Example: Feedback or evaluation form)

	Survey	Focus Group	Pre-service input	Post-service feedback	Follow up phone call after last session	Follow up meeting after last session	Other
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. If you collect 'Other' feedback describe this here:**

**6. Outputs: What outputs (indicators of quantity, volume, or capacity) are you tracking? Tracking involves qualitative and quantitative documentation. Check all that apply.**

- Percentage of attendance compared to intake or registration
- Numbers of participants receiving one-to-one support
- Number of participants attending groups
- Number of attendees at presentations
- Percentage of increased knowledge post-service
- Other

**7. If you have 'Other' outputs describe them here:**





**8. When do you track outcomes? Tracking involves qualitative and quantitative documentation. Please include your stats collection for Ministry of Justice.**

- Monthly
- Quarterly
- Bi-Annually
- Annually
- Other

**9. Describe your process for analyzing outcomes.**

Example: Reviewing and summarizing feedback or evaluation forms and inputs from database, formulating plans to address change, implementing program change, continuous monitoring of change through outcomes.

**10. Once outcomes are known, describe how you make change(s) to your program.**

**11. Do you follow up with participants after their file is closed? If so, what does this process look like?**

**12. Is there anything else you would like BCSTH to know about tracking outcomes?**

**13. Is there anything else you would like the Ministry of Justice to know about tracking outcomes?**

Thank you for taking the time to complete this survey.