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ABSTRACT

This manual, designed to increase citizen understanding of child advocacy, offers practical suggestions on how groups of citizens, civic clubs, and fraternal organizations can become advocates for children in a community. The booklet describes child advocacy, child service agency monitoring, and possible ways to improve community services for children. Six steps for systematic monitoring are outlined: (1) the identification of agencies currently providing services, (2) the selection of agencies for monitoring, (3) the identification of data to be collected, (4) the selection of data collecting techniques, (5) the determination of scope, and (6) the summarization of the data. It is suggested that regular monitoring by child advocacy groups will stimulate self-monitoring in agencies previously unconcerned with accountability. (CS)

a matter of service

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a matter of service

How To Monitor Agencies That Serve Children

by
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John W. Pelosi
Rebecca T. Dixon

CHILD ADVOCACY SYSTEM PROJECT
Learning Institute of North Carolina
1006 Lamond Avenue
Durham, North Carolina 27701

August 1974

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Dr. James L. Paul and G. Ronald Neufeld provided continuous support and encouragement throughout the project. Both were deeply involved in conceptualizing and initiating the original project as well as spending much energy on refining project objectives and ways to achieve them, one outcome of which is the present manual.

Sandra Johnson contributed importantly in helping to develop the ideas. She also worked with us to lay out the overall framework for the manual.

Several individuals contributed to refining the manual by reviewing or field testing it. Mrs. Betty Ann Knudsen, Past President, League of Women Voters, Wake County, North Carolina, coordinated efforts to test the manual against the expertise of several members of the League, who have long been involved in monitoring community agencies. Careful reading by Dr. Leo Rippy, Jr., and Dr. Edward Donlon helped us to see mistakes and weaknesses we could not see by being too close to the manual. Dr. Iverson Riddle and several of his staff suggested changes and ways the manual could be put to use.

John Niblock and Bernice Willis helped us to overcome, at least partly, our tendency to use too many words to make the point. Bernice and John R. B. Hawes, Jr., contributed importantly to helping us implement the idea by facilitating the means and structure in which the work was accomplished.

We are deeply indebted to Dr. Paul Ackerman and Mel Ladson of the Bureau of the Educationally Handicapped. Their help, support and encouragement is closely linked to the outcomes of the project.

We owe much to the project staff, the children, the private citizens, and the professional service workers of Morganton, North Carolina. We worked for and with them in our attempt to make sense out of the meaning of advocacy. Without them, this effort would be meaningless.

Harold D. Holder
John W. Pelosi
Rebecca T. Dixon

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FOREWORD

Within the last decade the concept of child advocacy has been set forth to insure that needed services, programs and resources be available for every child. As part of this bold and innovative idea the Joint Commission on Mental Health of Children Report (1970) made as its major recommendation the development of a nationwide system of child advocacy.

In North Carolina, as in every other state, we have sought to deal with the realities and implications of this commitment. The Child Advocacy System Project, one of six in the nation funded by the Joint Committee on Child Advocacy of the Bureau of Education for the Handicapped and the National Institute of Mental Health, was administered by the Learning Institute of North Carolina. The Learning Institute, with its mandate to seek new solutions to North Carolina's most pressing education problems, has sought through this project to demonstrate effective and systematic means through which community resources can be united on behalf of children and youth.

A Matter of Service is one result of the Child Advocacy System Project. It is hoped that this publication will assist parents, citizen and professional groups, and other interested parties as they seek to facilitate each child's development.

Another handbook, *To Protect and Respect,* was also produced as a result of our experiences in the Child Advocacy System Project. It describes methods which a group of community citizens use to find out how well services are provided to children. The methods described in each handbook serve as different ways to assure that a community is fulfilling its responsibility to its youngest citizens.

John R. B. Hawes, Jr.
Executive Director

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PREFACE

This manual was produced as a result of the Child Advocacy System Project (CASP). The general purpose of CASP was to learn more about the concept of child advocacy, and about its practical application in a neighborhood where children live. It was clear from the outset of the project that one important function of child advocacy is to pay careful attention to the way in which services for children are provided. The objective of this function is to look carefully at the quality and adequacy of child service. If some part of the service network is found to be insufficient, then efforts can be made to correct problems or improve services.

There was a strong belief among project staff and the people we worked with in the neighborhood and community that the function of looking at the child service network was partly the responsibility of the citizens of the community. This belief came from parents, other citizens concerned about children AND from professionals, themselves serving children.

This manual was produced to help citizens carry out this function. It serves as a reference and guide to the process of looking at child-serving agencies. The process is called *monitoring*. Monitoring is carried out by systematically collecting and interpreting certain kinds of information about agency operations.

This manual can be used by a variety of groups having an interest in children. It can be used by civic clubs, fraternal organizations, or groups of community volunteers, who want to carry out agency monitoring as an important community program. It can be used by citizen groups working closely with child serving agencies, who by working together can support joint efforts to improve child services. It can also be used as a guide for agencies, themselves, in efforts to look closely at how well they are providing service they are mandated to provide.

While an individual reader may find the material helpful, the monitoring process described herein requires involvement of a group of people. This guide does not require group members to be professionally trained, but professional help is recommended to select indicators, design data collection instruments, and analyze and interpret data.

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WHAT'S IT ALL ABOUT?
Introduction To Child Advocacy And Agency Monitoring

Child advocacy is, first, a *point of view* which emphasizes the rights of children to having their basic health, housing, nutritional, and clothing needs met as well as an opportunity to develop socially, emotionally, and educationally to their highest potential. Therefore, the purpose of child advocacy is to advocate for children in ensuring and protecting these rights and reminding communities of their responsibilities to their own children.

Secondly, child advocacy is an *active process* which works to fulfill this purpose. Child advocacy groups are usually organized to collect information about and act on behalf of individual children and groups of children in neighborhoods and communities—whether at home, at school, or at other agencies. One of the activities of advocacy is the review and monitoring of services that children receive from public agencies such as schools, health departments, courts and social services as well as private agencies and institutions. This manual provides procedures for this monitoring process.

Accountability and Child Advocacy

A basic position of child advocacy is that community agencies and organizations should be accountable for the services they provide children. Accountability should, by definition, be included in the service mandate of agencies. One function of advocacy in a community is to encourage and insist on this accountability. *Accountability* is defined here as holding public and private agencies responsible for (a) fulfilling the legal mandates under which the agency was chartered, incorporated, or funded, (b) using resources appropriately and efficiently in providing services for children, and (c) providing relevant and effective services which meet the needs and respect the rights of children in the community.

In recent years, there has been a breakdown in the systems which are to serve people. Many people needing services are missed, ignored, or denied. In addition, the quality of services in terms of cost, availability, appropriateness, and effectiveness has been frequently inferior. One reason for this breakdown is the lack of information available to agencies and consumers about service quality. Many agencies resist needed change and do not value or feel a need for such information. Consequently, consumers and funding sources have developed increasing interest in accountability, evidenced by the increase in requirements for evaluation of services. Many funding sources, particularly the federal government, have insisted that programs provide documentation of the delivery and results of services.

Too frequently, children do not receive the services they need. One reason is because children as a consumer group are vulnerable and powerless. Thus, there is a need to advocate for children by monitoring the programs and agencies serving them. A primary concern of advocacy is ensuring that agencies are accountable for the services they actually provide. Accountability

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is a way to require that agencies organized to provide services for children are responsive to needs and responsible in their services.

Levels of Concern in Accountability

Concern about the services for children in a community can be at one of three levels:

(1) the entire community (e.g. neighborhood) or group of agencies serving children.
(2) an individual agency within the community, or
(3) an individual child being served.

These levels and their relationships are illustrated in Figure 1. If your interest is in the amount of unmet need for all children, you focus at the community level, i.e., the network of services for children. If you are interested in the reduction of unmet needs for children served by a particular agency, you focus on that agency and its clients. If you are interested in the effectiveness of services for an individual child, you look specifically at the unmet needs for that child. Of course, problems experienced by a single child may uncover a general problem for an agency or a network of community services and correction of a problem in an agency will have specific results for a single child. In short, the levels are interrelated. Monitoring at the community level or individual agency level are described in this manual. Individual child monitoring is described in *To Protect and Respect.*

A *community-level* concern relates to all children and the degree to which their needs are not met by existing services. Thus, as Figure 1 shows, the network or group of services is accountable for their overall (if you will, total) effectiveness in reducing unmet needs among children. For example, the network of agencies providing medical care and health services for children (including hospitals, private physicians, the public health department, the public schools, etc.) can be evaluated by the quality of dental health, the level of disease resistance, or the death rates among children. Community monitoring does not emphasize the clients of one particular agency but is concerned with the situation for all children in the community or neighborhood. Each single agency within the network may be very effective with its own child clients, but the overall effectiveness of the network can still be inadequate with respect to the unmet needs of all children in the community.

An *agency-level* concern focuses on a single agency or service. It is concerned about the effectiveness or success of the agency in reducing the unmet needs of the child clients actually served. Agency-level monitoring also examines the appropriateness and availability of the services to the group of children for which the service(s) are designed.

Need to Monitor Existing Agencies

Determining agency accountability at either level requires two essential steps: (1) *monitoring*, that is, collecting and interpreting information about the quantity, appropriateness, costs, and effectiveness of services which children receive and (2) *action*, that is, intervening to correct problems and inadequacies detected through the review. This guide is to assist child advocacy groups in carrying out the first step.

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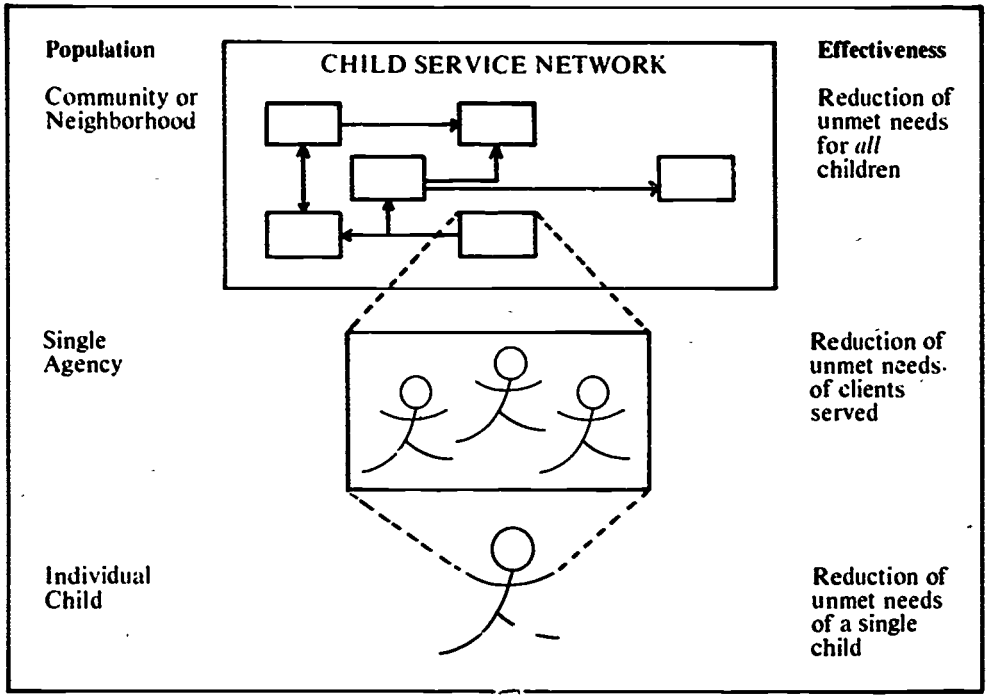

Figure 1. **Level of Services for Children**

Through the regular monitoring of child services, problems can be identified and agencies held accountable for the services they provide and for their use of public and private resources. Effective action is dependent upon accurate information about services delivered, child needs met and unfulfilled, and child rights respected and violated.

Who Can Monitor?

Any citizen in any state has the right to obtain information about agencies using public funds. In many states, private agencies soliciting funds from the general public must make certain information available.* An individual, acting alone, can monitor a child-serving agency and advocate for the rights of children, but realistically both monitoring and action are more effective when conducted by an organized group. Consequently, this guide assumes that monitoring will be conducted by an organized group, hereafter referred to as an Agency-Monitoring Group (AMG).

This group may be composed of professionals or community volunteers. There is considerable merit in having private citizens organized around their interest in children. Such groups acting for children can have substantial impact on the lives of children and the institutions and agencies with which children interact.

Although this guide is designed for use by child advocacy groups composed of volunteers, the assistance of professionals sympathetic to the goals of child advocacy will be most beneficial during Steps III, IV, and VI as described later.

*Check the laws and regulations concerning private, fund-raising agencies in your state.

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HOW CAN YOU MONITOR SERVICES FOR CHILDREN?

Planning And Monitoring

Monitoring child service agencies is serious business. It requires careful planning of objectives, of process, of resources available and of time.

No matter the size of the community in which an AMG is under way or the number of volunteers or paid workers to conduct agency monitoring, the following observations are likely to be relevant:

The child advocacy group has particular interests or concerns which will and should be reflected in the monitoring of agencies.

The number of agencies providing services to children is large.

The process of monitoring takes time no matter how few agencies are actually monitored, or the frequency with which they are monitored.

The number of people and their available time for monitoring will be relatively small compared to the maximum time needed.

The scope of monitoring activities must be appropriate to the hours people can realistically devote to them.

Therefore, a number of decisions must be made and problems considered before the final decision to go ahead with agency monitoring is made. In short, the AMG itself must set a boundary or focus of agency monitoring which reflects AMG interests, must identify the process or steps necessary for monitoring, and must determine what resources are available and required for monitoring.

The Focus of Monitoring

The focus of monitoring should be adapted to the unique interests of the child advocacy group in terms of the conditions and needs of the community and of children as perceived by the group. Therefore, the purpose and desired results (end products) must be specified from the beginning.

Two basic decisions are necessary for determining the focus of the AMG for monitoring:

1. Examine the particular interests and motivations of the group. Agency monitoring can be based on concern about a particular agency, such as the public schools; on particular needs of children, such as health care; on particular services for children, such as custodial care. In addition, it is very important that the group search its reasons, aims, and expectations for monitoring. Is it to provide a basis for advocacy action? Is it to provide a service inventory? Is it for some other reason(s)? Whatever the purpose, the AMG members should be clear about their intentions when engaging agency personnel, parents, media representatives, or others.

2. Decide on the desired results of agency monitoring. A review of possible end products and ways to use information collected may help the AMG decide whether to engage in monitoring or what to do with the results of monitoring. These are more thoroughly outlined in the final section of this guide.

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Some possible results of monitoring are:

Increased Agency Accountability—holding agencies responsible for the types, quality, and effect of child services, and the openness and appropriateness of the organization delivering service, through a court suit or exposure through public media.

Identification of Unfilled Needs and Service Gaps—determining where gaps in services for children exist and if important needs are overlooked for exposure through public media.

Better Agency Records and Self Accountability—stimulating and aiding agencies to develop better record systems on the quality and quantity of their services and to begin to be (or increase) accountable to themselves via better information.

A Community Guide to Child Services—publishing a reference book listing by type the programs, locations, and eligibility requirements for services for children in the community.

Documentation of the Network of Child Services—describing the collection of agencies serving children, how they relate (or fail to relate), and whether they function as a system of services to the benefit of children.

The Process of Monitoring

The process of monitoring described herein is composed of the six steps shown in Figure 2.

This sequence of steps is designed to systematically accomplish the objectives of monitoring, including:

1. inventorying the current public and private agencies actually serving children;
2. selecting from this inventory those agencies that should be monitored;
3. identifying the basic data or indicators which should be collected, measured, or observed during monitoring;
4. selecting the data collecting technique and collecting data on the selected agencies and/or clients served after step 5 is completed;
5. determining the scope (extensiveness and frequency) of monitoring;
6. summarizing and analyzing the data collected to determine the need for action and to use the data as a basis for advocacy action.

Each of these six steps outlined above is detailed in the following sections of this guide.

The process must provide considerable latitude and flexibility in monitoring according to the focus of the AMG and the scope of monitoring as described below.

The Scope of Monitoring

Agency monitoring also requires planning and careful attention concerning the people who will collect agency information, the time required, and the type of information to be gathered. Consequently, making preliminary estimates of the time required and actually available by the people involved is an important decision. The calculation of a time estimate may seem unnecessary, and a "full steam ahead" approach may appear to be a better choice. However, if monitoring requirements exceed resources (people's time and interest), the entire process may be aborted before it can produce the desired results. Therefore, this step is necessary to increase the likelihood that monitoring can be carried out successfully and that the time of the people involved is well-planned and used responsibly.

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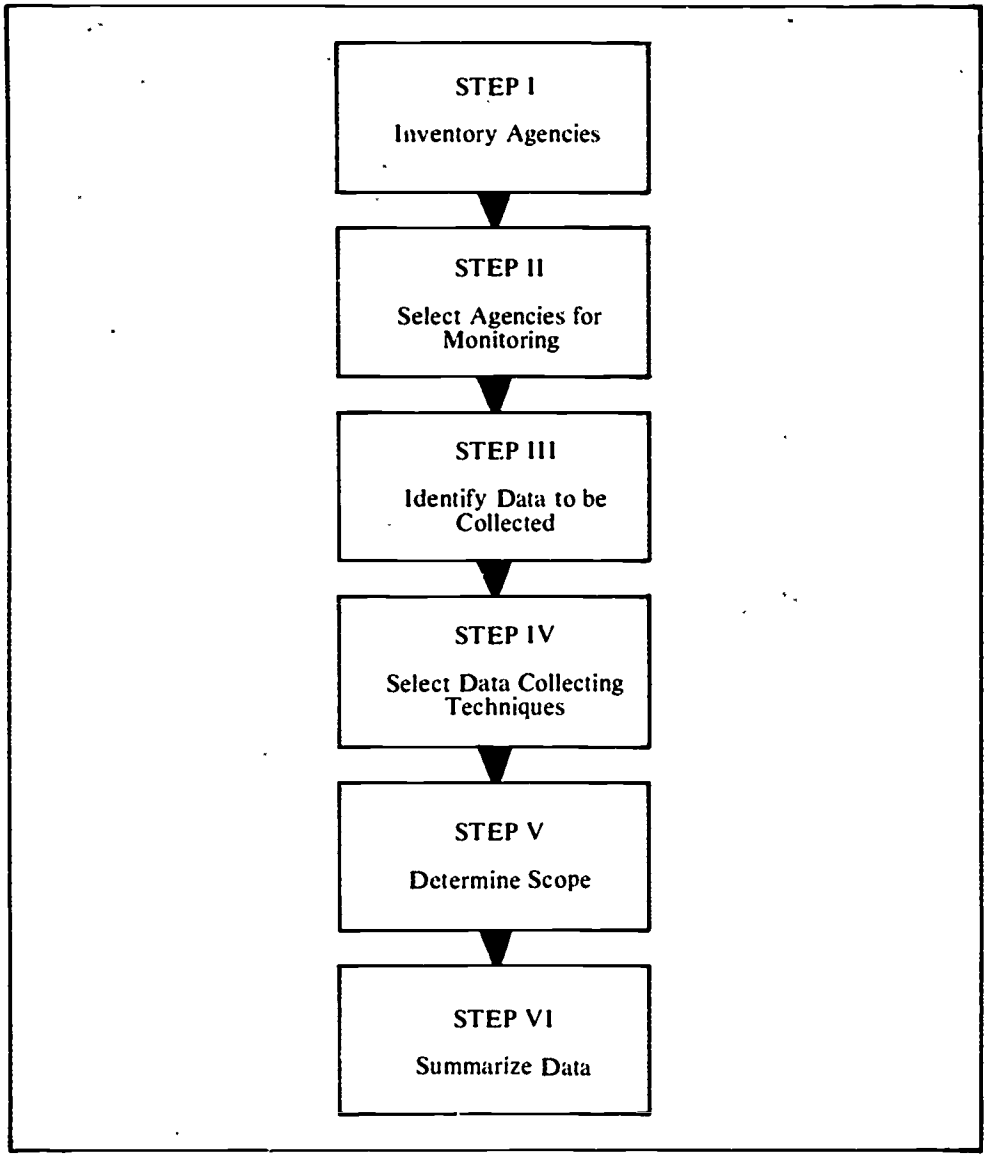

Figure 2. **Chart of Steps in Agency Monitoring**

Techniques for making time estimates are outlined in Step V. As a rule of thumb, unless the AMG can dedicate an average of five hours per month to agency monitoring *in addition to* the time required for group meetings and other regular work, agency monitoring should not be pursued.

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STEP I: WHAT COMMUNITY AGENCIES SERVE CHILDREN?
Child Service Agency Inventory

The first step in monitoring community services to children is to determine which agencies are currently providing services for children. This inventory will help child advocates become aware of what services are available and which agencies are involved, and will enable a systematic approach to be used in selecting agencies for monitoring (Step II in the monitoring process). If, however, only the services provided by a specific agency are of interest to the group, it is not necessary to compile an inventory.

Depending on the size of the geographic area of concern (community, metropolitan area, or county) the task of compiling a child service agency inventory might be difficult. However, if resources are available, an inventory is valuable from a number of perspectives. It can become a community directory for child services to be used by children, their parents, and advocates to select services; it can be used by service agencies to make interagency referrals.

Compiling the inventory involves two basic tasks: (1) identification of agencies or organizations which provide one or more services to children, and (2) classification of those agencies by services to increase the usefulness of the inventory.

If a child service directory is already available, it would be wasteful to repeat the work. Contact two or three agencies which work extensively with children (e.g., the public schools or public health department) to see if such a directory exists. If it does, this section should be studied to determine if the directory meets the needs of the monitoring process outlined herein, and if the directory was recently published or updated and revised.

Identification of Child Service Agencies

First of all, it is necessary to define the boundary of such an inventory. For the purposes of this guide, the Child Service Agency Inventory is limited primarily to those agencies and organizations which provide direct services to children, aged 0 to 18, within a given geographic area such as a neighborhood, community, city, or county.*

Direct services are those that focus on the child. For example, included would be child psychological services in which direct counseling and assessment were provided for the child, perhaps along with counseling for his parents. If, however, an adult sought parental counseling about a child in which the child was not directly served, this would not constitute a child service. Similarly, a parent may seek public housing, and even though this directly benefits his child, the service was not sought specifically for the child. If the child is an orphan, the housing of that child in an orphanage or foster home does constitute a *direct* service.

Also excluded from the inventory are those indirect services provided by one agency to another, such as case consultation, even though it may be in the interest of a particular child.

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*This boundary is recommended for the purpose of limiting the volume of information for the inventory. If desired, indirect services, such as case consultation, also can be included. Such an inventory would then be more beneficial to agencies.

With these limitations in mind, there are a number of information sources that can be used to identify agencies providing services to children. These sources include: telephone directories (county and municipal listings and the yellow pages), city directories, existing community service directories or information councils, the United Fund and similar organizations which promote services for children, personal experience of members in the child advocacy group, and significant community leaders and primary child agencies (such as the public schools' administrative office). Using these sources, a list should be compiled of all agencies serving children.

The kinds of information that are desirable about each agency include:

1. The type(s) of services the agency provides for children,
2. The child population the agency serves and any service limitations by physical, mental, socio-economic, or other characteristics,
3. The primary sources of funding for the agency (private, municipal-county, regional, state, or federal), and
4. A brief description and name of each program offered for children.

An inventory of child services must include the service each agency provides. Therefore, using Form AMG 01 determine either through mail questionnaire or by telephone what services are provided. The categories of services on Form AMG 01 come from the United Way of America Service Identification System (UWASIS) chart of services explained below and described in detail in Table 1. The extent to which the other kinds of information (2-4 above) are gathered will depend upon the amount of available time of the AMG. If you want to publish a directory of child services, a more detailed questionnaire should be used, such as shown in Appendix A.

Classification of Child Service Agencies

After agencies which serve children and youth have been identified, these agencies should be classified to facilitate the next step in the monitoring process. There are a number of ways by which agencies can be classified:

- by type of service
- by characteristics of clients they serve
- by primary source of funding

For purposes of this guide, agencies are first classified by the type of services they provide. This method enables the user of the inventory to select agencies on the basis of interest in a particular type of service such as housing or mental health care.

The UWASIS chart of community service areas shown in Table 1 has been selected as the basis for this classification.* This chart, which is used nationally for programs supported by Community Chest or United Way, offers a comprehensive way of looking at community services and goals for all people within that community. While some of the service areas (such as employment and income maintenance) may appear most directly applicable to adults, it is important to remember that a segment of the youth population (particularly ages 16 through 18) may well be eligible and in need of such services. The chart covers those services which are directly delivered to people and does not cover services to the community.

*Published by United Way of America, 801 North Fairfax Street, Alexandria, Va.

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AMG 01

Child Advocacy Group
Address
City, State

CHILD SERVICE AGENCY IDENTIFICATION FORM	
Agency Name Address	
Contact Person	Phone
Check the service areas provided by this agency for children:	
1 Employment	Notes:
2 Income Maintenance	
3 Consumer Protection	
4 Food and Nutrition	
5 Clothing and Apparel	
6 Housing	
7 Transportation	
8 Justice, Safety, Protection	
9 Physical Health Care	
10 Mental Health Care	
11 Mental Retardation Care	
12 Rehabilitation	
13 Formal Education	
14 Informal and Supplemental Education	
15 Individual and Family Life	
16 Personal and Social Development and Adjustment	
17 Cultural and Spiritual Development and Adjustment	

TABLE 1

United Way Of America Service Identification System
Chart Of Community Goals And Service Areas

GOAL I. ADEQUATE INCOME AND EMPLOYMENT OPPORTUNITY

Service Area 1. Employment

Services aimed at creating opportunities for full employment of all those who can be gainfully employed and can participate in the nation's economy. Services included in the system are: manpower development, training, placement and referral: and special employment services for those individuals who are handicapped because of some social, economic, political or health condition.

Service Area 2. Income Maintenance

Services aimed at providing the minimum necessary income to meet the basic material needs of those individuals who are unable to provide for themselves. The services embrace those using the insurance principle as well as those involving cash financial aid to eligible individuals.

Service Area 3. Consumer Protection

Services aimed at helping consumers to obtain the optimal return on their income by providing protection against fraudulent and unfair trade practices and against distribution of products unsafe for human consumption. The system includes services which are primarily of an educational or informational nature and also services which are of a remedial nature.

GOAL II. OPTIMAL ENVIRONMENTAL CONDITIONS AND PROVISION OF BASIC MATERIAL NEEDS

Service Area 4. Food and Nutrition

Services aimed at providing food, food products, and nutrition guidance to the needy who are unable or not in a position to provide for themselves.

Service Area 5. Clothing

Services aimed at assisting individuals in need of clothing and unable to purchase clothing in the open market.

Service Area 6. Housing Assistance

Services aimed at providing individuals and organizations with a wide variety of assistance related to the housing needs of individuals, families and communities. These include: urban renewal and redevelopment: loan assistance for home buying, building, repairing and improving, rent and interest subsidies, various forms of mortgage insurance: public housing: rural housing: cooperative and multi-family dwellings: model cities and new communities: and special groups housing, such as housing for the aged, Indian housing, veterans housing and college housing. These services have come to be almost entirely a public sector responsibility.

Service Area 7. Transportation

Services aimed at providing fast, safe, efficient, and convenient means of transporting individuals and goods from one place to another. These services embrace the development, control and safety of every means of transportation for individuals and goods, including special transportation needs of selected groups.

Service Area 8. Justice, Safety, Protection

Services aimed at the promotion and preservation of conditions that enable individuals to live in an environment where they feel safe and are protected from anti-social or criminal elements and man-induced or natural disasters, and where they can expect to receive legal justice and equal protection of law, and resolve disputes without recourse to force.

GOAL III. OPTIMAL HEALTH

Service Area 9. Health

Services designed to foster the health of the individual and to assure care for the treatment of illness and disability. These include a comprehensive range of health and health-related services available and accessible to all and providing a continuum of

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care quantitatively and qualitatively adequate to meet the health needs of the community.

Service Area 10. Mental Health

Services designed to foster the mental health of the individual and to assure care for the treatment of mental illness and disability.

Service Area 11. Mental Retardation

Services aimed at individuals who, as a result of inadequately developed intelligence, are significantly impaired in their ability to learn and to adapt to the demands of society. Services range from attempts at early diagnosis and prevention to comprehensive programs designed to meet the daily needs of mental retardates throughout their lifetimes. These are tailored to meet the needs of the retardates at various degrees of retardation, such as mild, moderate, severe, and profound.

Service Area 12. Rehabilitation

Services aimed at the physical restoration of disabled persons. The major objective is to reduce the handicapping effect of the disability or to facilitate realization of the disabled person's maximum potential in terms of the disability incurred.

GOAL IV. ADEQUATE KNOWLEDGE AND SKILLS

Service Area 13. Education, Formal

Services aimed at enabling individuals to learn to acquire knowledge and skills within a structured framework of institutions (schools, colleges, universities, technical institutes, etc.) having well-defined curricula and goals and awarding certificates and diplomas upon successful completion of specified courses of instruction. These services cover a formal educational process that ranges from services provided by nursery schools to those provided by universities.

Service Area 14. Education, Supplementary

Services aimed at enabling individuals to acquire knowledge and skills outside the framework of the formal educational system. These services are geared to provide educational opportunities for informal self-teaching, supplementary education, special education of the gifted, and compensatory education to fill gaps in the education of the disadvantaged.

GOAL V. OPTIMAL PERSONAL AND SOCIAL ADJUSTMENT AND DEVELOPMENT

Service Area 15. Individual and Family Life Service

Services aimed at the preservation and strengthening of families; substitutes for family life; crisis intervention and protective services; and certain supportive services to individuals.

Service Area 16. Social Adjustment

Services aimed at promoting sound personality development and social maturation of individuals through various recreational, group and intergroup relations and activities.

Service Area 17. Cultural and Spiritual Adjustment

Services aimed at the promotion of arts and humanities and other services which help human creativity to flourish and which uplift the human spirit.

Using the forms (i.e., AMG 01) on which individual agency information was gathered, identify all those which provide Service Area 1, "Employment," and alphabetize them by agency name to compile a directory. Follow this process for each service area. Remember that an agency which provides more than one service should be shown under all appropriate service areas. When this procedure is completed for all service areas and compiled in order, Section I of the Child Service Agency Inventory is complete (See Figure 3).

If information is available on the client characteristics and primary source of funding, agencies can be further described in detail using the information from the form shown in Appendix A. Section II can then be completed as shown in Figure 3.

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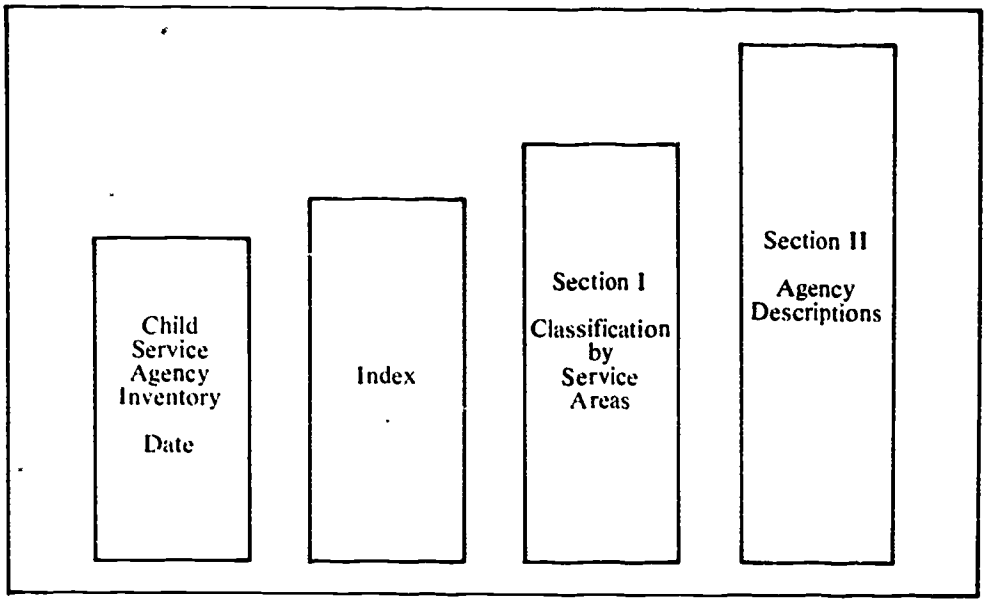

Figure 3. **Compilation of the Child Service Agency Inventory**

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STEP II: HOW DO YOU SELECT AGENCIES TO MONITOR?

Agency Selection

The purpose of this section is to describe a procedure for determining the types and number of agencies to be monitored.

Considerations in Making Choices

A suggested procedure for selecting agencies to be monitored is described below. First, some considerations which may influence the selections are:

a) Characteristics of children—the AMG may have a particular concern or interest which is used in selecting agencies for monitoring, such as:

- children with special needs due to physical, social, or economic characteristics (e.g., physically handicapped, mentally retarded, blind, children from low income families.)
- a particular age group, e.g., preschoolers (0-5).

b) Sources of funding—the AMG may be most interested in agencies receiving primarily public (tax revenue) funding or those using private funding such as contributions or United Fund receipts.

c) Types of services—the 17 types of services used in the inventory section represent a convenient way to summarize services. The AMG may wish to choose agencies based upon the types of services (*e.g.*, personal and social development, health, formal education) of particular interest.

d) A particular agency*—the AMG may be interested in monitoring one particular agency and the array of services or selected services it provides (*e.g.*, the public schools).

Procedure for Selecting Agencies

The procedure used for selecting agencies depends on the particular focus or interest of the AMG. The following suggestions are given for an AMG interested in any one of the four possibilities listed above.

a) Characteristics of children:

An AMG interested in a particular group of children, whether defined by special needs or age, should first be clear about *exactly* how they define the group of children. If a particular age group of children is of interest, *e.g.*, 0-5 years, then the task is simple.

However, if the AMG is interested in a group of children who have special needs, then the task may be more difficult. The AMG should try to clearly define what they mean by "group of children with special needs." For example, consider the group of children labeled mentally retarded. How does the AMG define this group? Do they include all children labeled mentally retarded by various service agencies in the community? Do they use the definition cited by the American Association on Mental Deficiency? Are they only concerned with children labeled retarded as a result of brain damage?

There are two main reasons for being clear about what children belong in the group. First, clear definition is needed in order to help in the selection of agencies. Second, it helps in communicating with the agencies selected. In the first case, it would be a waste of time to set up monitoring procedures for an agency that had no legal mandate to serve, and therefore no service for, the children of interest to the AMG. In the second case, clear definition helps you explain to the agency exactly what group of children you are talking about.

*An AMG interested in monitoring of this type can skip Step II and turn immediately to Step III, p. 18.

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Once careful definition is reached, the task is to identify the services needed by the group of children, and the agencies providing these. Most AMG's interested in a particular group of children already have good ideas about the kinds of services needed by these children. Services available in the community can be identified by examining the Child Service Agency Inventory. If the AMG members are concerned that their knowledge of services is too general, they could seek help from professionals who work closely with the group of children, to identify the range of services required.

b) Sources of funding:

An AMG concerned mainly with agencies supported by a particular type of funding could identify the agencies through the Child Service Agency Inventory (assuming it was compiled using the form shown in Appendix A). There are easy ways to identify agencies by source of funding rather than going through Step 1. A list of agencies supported by United Fund is available from the United Fund Office. Federal, state or locally funded agencies are usually listed in the telephone directory.

The difficulty arises with agencies supported by funds from a variety of sources. If source of support for certain agencies is not easily identified, then the agencies should be contacted for the purpose of securing the necessary information.

c) Types of service:

An AMG interested in certain types of service can use one of two different procedures for identifying the agencies they wish to monitor. First, if the particular types of service have already been identified through group decision, then agencies providing these services can be identified through examination of the Child Service Agency Inventory.

On the other hand, if an AMG has not yet decided on the types of services or agencies it wants to monitor, the following procedure can be used. It involves these three steps:

1. Use the UWASIS chart (Table 1) to note the five general goals and each area of service under each goal.
2. Select the particular goal(s) from the list in which the AMG is most interested. CAUTION—selecting all five may be "hazardous to your health" because of the requirements for monitoring. Then, select one or more of the service areas under each chosen goal you want to monitor.
3. For each specific service chosen, identify the agencies by name (and, where appropriate, the specific program within an agency) that provide these services, using the inventory developed in Step 1.

An example will serve to illustrate the three tasks. Table 2 lists each of the five goals and corresponding service areas contained on the UWASIS chart. On the right side are examples of programs or agencies which correspond to the service areas. For example, if Goal I, "Adequate income and employment opportunity," and Goal IV, "Adequate knowledge and skills," were selected because of particular importance to the AMG, then service areas 1-3 (employment, income maintenance, and consumer protection and safety) and areas 13-14 (formal education, and informal and supplementary education) are the relevant service areas. A review of the goals completes task 1. The selection of goals and corresponding service areas completes task 2.

Task 3, to identify the agencies providing these service areas from the inventory, is also illustrated by Table 2. In this example, "Employment Services" are provided by the Employment Security Commission through job counseling to young people. For example, a young person (say age 17) who

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TABLE 2

Example Of Identification Of Agencies To Be Monitored Via Relevant Community Goals And Services

	Examples of Agencies Serving Children and Relevant Programs
GOAL I. ADEQUATE INCOME AND EMPLOYMENT OPPORTUNITY	
Service Area 1. Employment	Employment Security Commission (Job Counseling)
Service Area 2. Income Maintenance	Employment Security Commission (Unemployment Benefits)
Service Area 3. Consumer Protection and Safety	Hotline (Consumer Complaints and Advice)
GOAL II. OPTIMAL ENVIRONMENTAL CONDITIONS AND PROVISION OF BASIC MATERIAL NEEDS	
Service Area 4. Food and Nutrition	City Schools (National School lunch and Milk Programs)
Service Area 5. Clothing and Apparel	Rescue Mission
Service Area 6. Housing	Dept. of Social Services (Foster Home)
Service Area 7. Transportation	City-County Schools (School Busing)
Service Area 8. Public Protection, Justice, and Safety	Court (Juvenile Correctional Program)
GOAL III. OPTIMAL HEALTH	
Service Area 9. Physical Health, Maintenance and Care	County Health Department (Birth Control and Family Planning, Well Baby Clinic)
Service Area 10. Mental Health Maintenance and Care	Area Mental Health Center (Child Counseling)
Service Area 11. Mental Retardation	State Center for the Retarded
Service Area 12. Rehabilitation	Division of Vocational Rehabilitation
GOAL IV. ADEQUATE KNOWLEDGE AND SKILLS	
Service Area 13. Formal Education	City and County Schools, Technical Institutes, Community Colleges, and Universities
Service Area 14. Informal and Supplementary Education	Agriculture Extension Service (home economics programs)
GOAL V. OPTIMAL PERSONAL AND SOCIAL ADJUSTMENT AND DEVELOPMENT	
Service Area 15. Individual and Family Life	Family Service (Family Counseling)
Service Area 16. Social Adjustment, Development and Usefulness	Girl Scouts 4-H Club
Service Area 17. Cultural and Spiritual Enrichment and Development	Little Theaters Churches Ballet Schools Little Leagues

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has been employed for a time and is laid off from work is eligible for unemployment compensation; then "income maintenance service" may be a relevant service provided by the state unemployment insurance program. The local hotline program might act as a "consumer protection and safety service" through referrals to medical services for drug abuse or pregnancy testing or through identifying counseling services a young person is eligible to receive. "Formal education services" are provided by city, county, and private schools. Agricultural extension programs for home economics training could be an example of "informal education" in many communities. The list of agencies or programs shown in Table 2 is not inclusive but is illustrative of the ways agencies can be matched with service types to set a boundary for monitoring.

To list the agencies which are to be included in monitoring use Form AMG 02. Designate the goal(s) of particular interest, and, using the inventory of child services from your community, list the agency(ies) or program(s) which correspond to the goal(s) you have selected.

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WORK CHART FOR DESIGNATING AGENCIES FOR MONITORING

1) Check goals to be used in monitoring	2) For each goal checked, identify from the child service inventory in your community those agencies providing services in the area(s) of interest.
☐ **Goal I** Adequate income and employment opportunity	
☐ **Goal II** Optimal environmental conditions and provision of basic material needs	
☐ **Goal III** Optimal health	
☐ **Goal IV** Adequate knowledge and skills	
☐ **Goal V** Optimal personal and social adjustment and development	

STEP III. WHAT DO YOU WANT TO KNOW ABOUT AN AGENCY?
Identification of Indicators

Once the agencies to be monitored are determined, the AMG should identify the specific information to be collected about those agencies. The purpose of this section is to describe three types of agency information which can be obtained and to review data collection forms which could be used for each type.

Types of Agency Information

Selectivity must be exercised in monitoring agencies, because there is insufficient time and resources to collect and interpret all the possible pieces of information. Three types of information which reflect aspects of child service agencies and which can be the basis of monitoring are outlined below and illustrated in Figure 4.

- Agency/service program management—activities concerned with the overall organization of the agency or program, including planning, setting policy and procedures, resource allocation, and evaluation and modification.
- Direct service—activities concerned with the direct provision or delivery of services to children.
- Service effectiveness—the impact or consequences for children resulting from receiving services, particularly the extent to which their problems are solved and their needs are satisfied.

Each of these types of agency information is described in more detail below. Suggested indicators and possible data collection forms also are included.

Selection of Indicators for Monitoring

An indicator is a specific observation, measure, or reading which gives you information about what is going on. The speedometer on your automobile gives a reading on one indicator of speed, that is, miles per hour. The thermometer at your back door tells you the level of the temperature on the outside (at least, at your back door). Miles per hour and the height of the column of mercury in the thermometer are indicators of speed and temperature, respectively.

If you want to monitor a counseling program for school dropouts, a number of indicators may be chosen. For example, if you want indicators of direct service, the number of young people served and the average time spent per youth in counseling might be used. If you want indicators of effectiveness, you might use the number of dropouts who return to school, the number who enter other training or find employment, or the number in general reporting finding a more satisfying situation, whether school, work, military, etc., as a result of counseling. Indicators of program management might be whether clients are asked to evaluate the program or participate in planning, or if goals for the program have been set, and if the effectiveness of the program is assessed by the program administrator.

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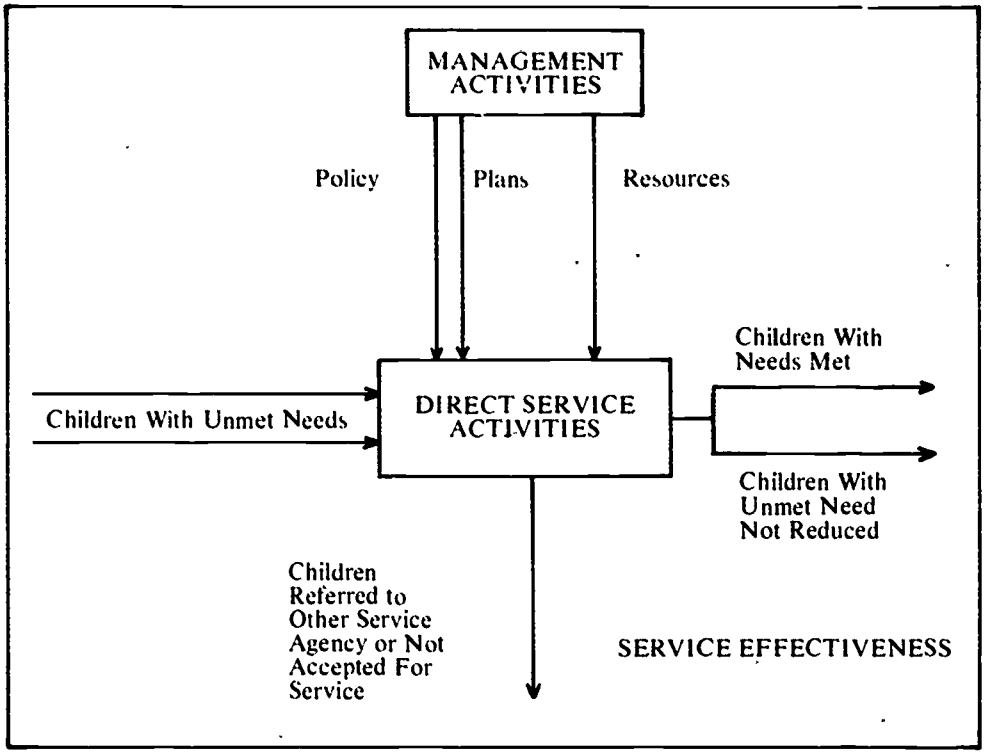

Figure 4. **Types of Information Which Can Be Collected for Monitoring**

Recommendations

The results of effectiveness of a service are, in the final analysis, the most important data that monitoring can collect. In other words, services can be delivered in the most professional manner with high quality facilities and equipment at a low cost. However, this means little if the results of these services for children are not as desired.

If more information can be collected, then information about direct services should be included along with results, since the quality of services is directly experienced by the child client and is usually related to effect. If the quality of service is poor, then agency management activities of planning and evaluation are not successful.

The entire picture for agency monitoring is complete if indicators about management activities can be included. In fact, if problems are detected, monitoring management may suggest points of intervention and advocacy to correct and improve services.

The stated purpose of this section is to aid in the determination of the type of information to be collected. It is recommended that if only limited information can be collected, information on service effectiveness be given priority.*

A checklist for identification of indicators is provided to assist in this planning step. See Form AMG 03.

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*The decisions concerning selection of the type of agency information and appropriate indicators for date collection must be closely related to the scope of the AMG monitoring project. Scope is discussed in Step V.

Monitoring Service Effectiveness

The *effect* of a service refers to the amount of need reduction or level of need satisfaction which occurs for a child client due to participation in the service. The effect which is a result or outcome of a service is not the same as the provision of the service, however, as illustrated by the following examples:

Service	Effect
dental care	sound and corrected teeth
eye examination and glasses fitted	corrected vision
classroom instruction in reading	improved reading skills
job counseling	satisfactory employment

Few agencies obtain follow-up information on the effects of their services; therefore, such information is not readily available. Most frequently, agencies report the quantity of direct services delivered, i.e., number of clients served, number of materials distributed, number of dollars spent, etc. Here, however, we are concerned only with results achieved and the degree of need reduction clients experience due to the services.

Effectiveness can therefore be defined as the degree to which unmet needs are reduced for a child or group of children as a result of receiving direct service, or for a community as a result of having services available. Depending upon the monitoring extensiveness chosen (see Step V on Scope), various indicators can be selected for monitoring.

The first task is to select the effectiveness level of interest. The second task is to define the specific effect you want to monitor and select the indicator(s) or means to measure or observe that effect.

Level of Concern. As illustrated in Figure 1 and Table 3, service effectiveness can be assessed at the community level, agency level, or individual child level. The focus of this manual is on the community and agency levels.

Basically the difference between the community and agency levels of effectiveness is the population of concern, i.e., "all children in the community" versus "the clients of a particular agency."

If your concern is primarily with the overall community and the extent of unmet need in a certain goal or service area, the service effectiveness of all agencies relevant to that goal or service area (see the Child Service Agency Inventory) can be determined by a community audit.[2]

Desired Effects. The desired effects must be stated by the AMG depending on what level is to be monitored. At the community level, a desired effect must be stated as a condition of all child community members. If, on the other hand, the service effectiveness for the clients of a particular agency is of concern, the desired effect that is defined must be relevant to the purpose of that agency and only clients of that agency can be assessed. Whether an agency is responsive to all clients who appear for service is an indicator of direct service, not effectiveness. If you are concerned about children who should be served but are missed, then the focus of effectiveness is at the community level.

[2] A *community audit* is a means of determining the level of unmet need in the community. It may be conducted through a survey of a sample of children who are believed to be representative of the entire community. (See Appendix B on Sampling Procedures.)

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CHECKLIST FOR IDENTIFICATION OF INDICATORS FOR MONITORING

1) Check the type(s) of agency information selected for monitoring:	☐ Service Effectiveness ☐ Direct Service ☐ Management
2) If service effectiveness:	
a) Select the effectiveness *level* of concern or interest:	☐ Community Level ☐ Agency Level
b) Define the desired effect(s) you want to monitor:	☐ Form AMG 04 Completed
c) Select appropriate indicator for each effect:	☐ Completed (Form AMG 04)
d) Identify technique for data collection of each indicator:	☐ Completed
e) Identify source of data for each indicator:	☐ Completed
3) If direct service:	
a) Select the aspect of direct services to be monitored:	☐ Service Requirements ☐ Service-Community Relationships ☐ Service Activities
b) Complete the tasks outlined for each on Direct Service checklist:	☐ Completed
4) If management:	
a) Select the aspect(s) of management to be monitored:	☐ Planning ☐ Policy and Procedures ☐ Resource Allocation ☐ Evaluation and Modification
b) Select the technique(s) for collecting data:	☐ Completed
c) Collect data using suggested questions as outlined plus others as desired:	☐ Completed

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TABLE 3
Levels Of Service Effectiveness With Examples Of Desired Effects And Indicators

SERVICE EFFECTIVENESS

Level of Concern	Desired Effects	Types of Indicators
COMMUNITY	A condition desired for all children in the community, such as "high disease resistance against measles of all children in community B"	No. cases of measles in community during the year
AGENCY	Specific agency goals such as "Increase the reading level of all children by one grade in a year."	Scores on Reading achievement tests of all public school children during the given year
INDIVIDUAL CHILD	Maintain adequate level of health for a child.	Health status obtained from a physical check-up

Indicators. The type of indicator chosen for either of the above levels is dependent upon the requirements for collecting such information. For some indicators a personal interview is the only way to get information; for others, going through agency records is the only source of the indicators. Examples of community and agency level indicators of service effectiveness are shown in Table 4 organized by UWASIS goals.

Two possible approaches to determining service effectiveness are (1) obtaining through interviews the level of need satisfaction for children, and (2) obtaining from generally accepted tests or indicators the levels of need satisfaction of agency clients or children in the community.[3]

The first approach requires contacting the parents, guardians, or individual child advocate, or even the child, if he or she is old enough, to determine his need satisfaction level. Using mail, telephone, or personal interviews, a sample of the entire community or a sample of clients of a particular agency can be contacted concerning the stated desired effects.

For example, if the desired effect were for "all children between the ages of 16 and 18 who are currently enrolled in school to have summer employment if desired," then indicators might be:

(a) number of children who desire a summer job for the summer of 1975.

(b) number of children who had summer employment during 1975.

Corresponding questions for an interview with a sample of teenagers 16 to 18 might be:

1. Are you currently enrolled in school?
2. Did you seek employment for this past summer?
3. Were you employed during the summer?

[3]A note of caution about indicators of service effectiveness is needed. Effectiveness has been generally ignored or overlooked in service agencies. Correspondingly, few good indicators of effectiveness exist. Few standard, generally accepted tests are available. Furthermore, many existing standardized test results such as IQ scores are very questionable as indicators, particularly since standard tests often have strong cultural biases. While the emphasis here on service effectiveness is important, you should be aware of the difficulties in selecting and/or developing good indicators of effectiveness.

TABLE 4

Examples Of Indicators Of Service Effectiveness By UWASIS Goals

GOAL I. ADEQUATE INCOME AND EMPLOYMENT OPPORTUNITY	1. Number of teenagers who obtain summer or year-round employment 2. Number of children covered by health insurance 3. Number of "dropouts" from school who become employed
GOAL II. OPTIMAL ENVIRONMENTAL CONDITIONS AND PROVISION OF BASIC NEEDS	1. Number of children having "adequate" diet 2. Number of children living in "standard" housing 3. Number of children who are abused or neglected 4. Number of children in trouble with law
GOAL III. OPTIMAL HEALTH	1. Number of children with uncorrected vision, dental, hearing, orthopedic, or other "correctable" health problems 2. Number of child suicides or attempts 3. Number of children with VD 4. Number of problem pregnancies among children 5. Number of children involved in serious injuries due to auto or hazardous facilities 6. Number of child "problem-days" due to illness 7. Number of child deaths by age 8. Number of drug-related problems
GOAL IV. APPROPRIATE KNOWLEDGE AND SKILLS	1. Percent of all children achieving below their ability 2. Number of "dropouts" 3. Number of high school graduates seeking work who become employed 4. Number of children referred to special classes due to failure or under achievement in regular classes 5. Number of children needing compensatory education 6. Number of children below appropriate reading skill level
GOAL V. OPTIMAL PERSONAL AND SOCIAL ADJUSTMENT AND DEVELOPMENT	1. Number of children seeking cultural programs (ballet, theater, speech, music, etc.) 2. Percentage of all children participating in organized sports or recreational programs 3. Number of children running away from home 4. Number of children having difficulties relating to peers or being rejected

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Collecting and summarizing these data for a sample of teenagers from the community or from an agency such as a State Employment Commission would provide indication of the level of need satisfaction concerning summer employment. If the sample were of the entire community, the effectiveness of all agencies relevant to this service area is monitored in aggregate. If the sample were of clients of the Employment Commission, additional questions on the interview might be:

4. How well did the Employment Commission help you in meeting your need for summer employment?
5. Are you satisfied with the assistance you received from the Employment Commission in finding a summer job?
6. How did you get your summer job?
   Located it myself
   Referred by Employment Commission

The second approach involves using agency records to determine the level of effectiveness of agencies in a community or among the clients of one agency. For example, if the desired effect is a "high disease resistance against measles among children in Community X," then indicators may be

1) number of child cases of measles in the community in the last five years by year.
2) number of children who have received immunization against measles during each of the past five years.

The Public Health Department maintains public records of this type. Another source of data might be public school health records for school aged children.

These data can be used to monitor the effectiveness of the Public Health Department only (using only a sample of their clients during a particular time period) *or* data can be collected to indicate level of disease resistance against measles among the entire community (using a sample of children from the community.)

Another approach to determining service effectiveness involves a study of public documents, such as census data, for the community level or review of any reports which agencies may have produced for the agency level.

Examples of other community and agency level indicators of service effectiveness are listed in Table 4, organized by UWASIS goals.

Summary. If AMG chooses to monitor service effectiveness, the level of concern (community or agency) must be selected, the desired effects must be stated, and the indicators of those desired effects must be selected. The selection of indicators is dependent on the techniques and data sources available.

Planning form AMG 04 can be used to record these decisions.

Monitoring Direct Services

Direct service refers to those activities actually involved in delivering services to clients. Monitoring direct services can involve one or more of the following:

- Service Requirements
- Service—Community Relationships
- Service Activities

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PLANNING FOR MONITORING SERVICE EFFECTIVENESS

Level of Monitoring: ☐ Community ☐ Agency

(Name of Agency)

DESIRED EFFECTS (Define the desired effects you wish to monitor below.)	INDICATOR (Identify the appropriate indicator(s) for each effect.)
Example (Agency: Public Health Department) High disease resistance of all children against a) smallpox b) typhoid c) diptheria d) measles e) polio for all children i.e., 100% innoculations.	of children receiving inoculations for each disease.
1	
2	
3	
4	

60035

Service Requirements. At the most general level, the legal mandates and federal and/or state policy and procedural guidelines can be obtained for a given agency. Then, the service programs and activities actually provided by the agency are matched to the requirements for service. For example, if a legal mandate for the public schools in community X were "to provide for *all* children within Community X physical training and education daily," then it should be determined if in fact that service activity was provided by every public school daily for all children.

Service-Community Relationships. This approach is primarily concerned with the degree to which appropriate services are available to children within a community, and the difficulty clients experience in obtaining available services.

In other words, for the goal and service area(s) of concern, what services are actually available for children in the community (across several agencies or within one agency)?

Secondly, what is the estimated community need for these services? Use public documents (census data) or a survey to estimate need. For example, there are 2,096 children in Community X who need day care services daily.

Third, do the available services match the need for services? That is, are there spaces for 2,096 children in the day care facilities of Community X?

Fourth, what deters clients from obtaining needed services? The costs, eligibility requirements, and proximity of facilities often may prevent children from using services. For example, a child may not be able to meet a need for group recreation because the closest park is two miles away and he has no transportaion. Or a child may not receive needed food in a school lunch program because his parent's income level makes him ineligible.

Use of this approach allows comparison of service availability and appropriateness to the needs of community children. The emphasis is on the the community need, the amount of services provided by one or more agencies to meet that need, and the constraints or deterrents that prevent use of the service.

To organize the process of selecting indicators and collecting data, a sample data collection form, AMG 05, and data summary form, AMG 06, are included illustrating the above example.

Service Activities. The third approach to monitoring direct services is primarily concerned with details about specific service activities provided by an agency or across a number of agencies. For example, if the service area of concern were "mental health care," all mental health service activities of the county mental health center, of the public schools, of the department of social services, and of other agencies which are provided for children may be monitored. Or one specific service activity for children, such as individual therapy, may be of importance and require monitoring of both public and private agencies and professional practices in Community X which provide that service to children.

Direct service activities are those involved in actually providing a service to clients. These activities generally are the most familiar to the public. Due to the variety of service activities, a basic grouping is shown with examples.

DIRECT SERVICES
SERVICE-COMMUNITY RELATIONSHIPS
Data Collection Form

Goal/Service Area of Concern:
Optimal Personal and Social Development
(Day Care for Young Children)

Agency Name: Pam's Day School
Agency Address: XXX Street, City State
Contact Person: Pam Baker
Date of Contact: January 17, 1974

Services/Programs Name	# Children Requesting Service in Year	Capacity: Maximum # Children Who Could be Served in Last Year	# Children Served in Last Year	Eligibility Requirements or Other Constraints
1/Day Care Centers	75	50	50	Cost $20 week Transportation not provided Medical Exam All Children accepted Hours: 7AM to 6 PM
2/Nursery	50	25	25	
Totals	125	75	75	

DIRECT SERVICES
SERVICE-COMMUNITY RELATIONSHIPS
Data Summary Form

Goal/Service Area:
Optimal Personal and Social Development
(Day Care for Young Children)

Community Need for Service (estimate) 2096 children per day		Eligible Children 1361	
Agencies Who Provide Service	**Capacity**	**# Served**	**# Requesting Service**
1) Pam's Day School	75	75	125
2) Motherland	XX	XX	XXX
3) Play School	XX	XX	XXX
4) etc.	X	X	XX
5) etc..	X	X	XX
6) etc.			
Total	1361	1361	2096

Constraints

Cost
Transportation
Eligibility Requirements
Other

Intake and assessment activities are those determining the unmet needs of a child to which this or other agency can respond. At this point, basic information about the child is obtained upon which future services depend. In a child service like public schools, these activities would include grading, achievement and other testing, and teacher observations. These activities are used to determine the situation and needs of a child.

Service planning is the development of a schedule for and description of services which are believed relevant to the child. This planning may result in the decision to provide the services by the agency, or to refer the child to another agency, or possibly to refuse to provide any service. Service plans may be the result of careful evaluation of needs and thoughtful identification of relevant services based on intake and assessment procedures. On the other hand, a very unsystematic and capricious use of "what is available" may be a basis for decisions with little attention to the child. Or children may get the same basic plan unless a problem arises (such as in public schools).

Service delivery activities is the actual delivery of a service to the child-client, such as medical treatment, special training, inoculation, eye examination and fitting of glasses, dental care, classroom instruction or counseling, school lunch program, and so on.

All direct service activities can be classified into one of the above groups, which provides a convenient way of looking at services provided. Many other service activity classifications are available for use.

Indicators. There are a number of important indicators which are related to the actual delivery of a service to children in a community, including the following:

CLIENT VOLUME AND FLOW

1) Total number of children accepted for service during a given time period
2) Total number of child cases closed due to completion of service during same time period
3) Total number of child cases closed due to referral to another service or agency
4) Total number of child cases closed due to client terminations or "drop outs"
5) Total number of requests for service who are not accepted
6) Total number of child cases closed that are followed-up

SERVICE RESPONSIVENESS

1) Average length of time from enrollment to completion of service
2) Average length of time from initial request for service and beginning of actual service delivery
3) Frequency of service delivery to a client (daily, weekly, monthly)
4) Service capacity vs. service case load:
   How many children (maximum) can be served in one day?
   What is average number of children served in one day?
5) Are the individual rights of children monitored?

TYPES OF SERVICE ACTIVITIES

1) List and description of all service activities and/or programs provided by agency
2) Of these services, which are:
   a) Intake and assessment
   b) Service planning
   c) Service delivery

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TABLE 5
Suggested Techniques For Collecting Data Concerning Service Activities

CATEGORY	SUGGESTED TECHNIQUES
CLIENT VOLUME AND FLOW	Each of the indicators included in this category can be monitored using either (1) agency research and evaluation reports (2) searching the files of all child cases during a given period of time
SERVICE RESPONSIVENESS	Average lengths of time and frequency of service can be determined through (1) estimation by service staff or (2) searching case files to identify length required for a sample of clients, totaled and divided by the number of clients in the sample
	Service capacity can be determined by (1) Residential-Inpatient service: No. of beds for children (2) Non-Residential-Outpatient: total number of staff times the maximum number of children one staff person can serve in a day Average number of children served in one day can be determined by (1) observing the number of children using the service on a given day or (2) service staff estimates
	The individual rights of children depend on the service under consideration and may first require search of legal and departmental policies and guidelines. The degree to which these rights are (1) specified and (2) communicated to children should be determined. (Examples: are formal eligibility requirements actually used? Are rights to hearings or choice of treatment upheld?)
TYPES OF SERVICE ACTIVITIES	Obtain a list and description of all service programs or activities provided by the agency. Categorize these services by type.
SERVICE RESOURCES	For each service program or activity determine from budgets or personnel allocations the total number of direct service staff by position and level of training and experience. This may require personal interviews with individual staff or the director of the program.
	Determine the total number of children served by that program or activity for a given length of time and divide by the number of staff providing the service to obtain a ratio of child clients to staff.
	Obtain the total budget allocation to each service program and/or activity from the director of the program or appropriate management.
SERVICE COSTS	Cost per unit of service delivered can be estimated by a representative of the agency *or* calculated in a number of steps.

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	If service is *Residential* or *Inpatient*, (1) determine the total annual budget for the service during the last fiscal year (2) determine the total number of clients served during the same fiscal year (3) divide the total budget by total number clients to get cost per client (4) determine the average number of days a child stays overnight in the facility for service (5) divide the cost per client by the average number of days per stay to get cost per day
	If service is *Non-residential or Outpatient*, (1) determine the total annual budget for the service during the last fiscal year (2) determine the total number of child clients served during the same year (3) divide the total budget by the total number of clients—cost per client (4) determine the average number of visits a child makes for the service (examples: for public education, approximately 180 days per year; for counseling, approximately 4 one-hour visits). (5) divide the cost per client by the average number of visits noting the length of one visit equals cost per service day *or* cost per hour

SERVICE RESOURCES

1) Total number of direct service staff by position and level of relevant training and experience
2) Ratio of child clients per service staff (# children/# service staff)
3) Total budget per year per service activity or program per child

SERVICE COSTS

Determine the cost per unit of service delivered:

1) Residential or Inpatient, that is, total cost per day of care per child or service
2) Non-residential or Outpatient, that is, either
   a) cost per hour of service
   b) cost per service day
   c) cost per child client

This approach to monitoring direct services can be the most detailed and complex, therefore requiring greater AMG resources. One or more of these categories of indicators for monitoring service activities can be selected. Table 5 suggests techniques that might be used in collecting the data for each category.

Summary. Monitoring of direct services, then, can take a number of approaches. First, AMG should select the approach(es) of interest: Service Requirements, Service-Community Relationships, and/or Service Activities. Then, the appropriate tasks as outlined in checklist AMG 07 should be completed. This type of monitoring may require greater professional expertise or consultation than others, particularly in the selection and implementation of techniques to obtain the needed data for indicators. More specific procedures and forms should be designed which are directly related to the aspects of direct service AMG desires to monitor.

00041

Monitoring Agency/Service Program Management

Management of an agency functions in a controlling and guiding capacity in the same way the driver of an automobile steers and controls the vehicle. Management decisions are carried out by direct service activities.

Management for a service program and/or agency provides the overall decisions about the content of services provided, provides the policies and procedures employed, secures and allocates resources, and is responsible for the quality of services and makes necessary modifications.

Here, management activities have been categorized in order to identify points where monitoring may take place. These activities are carried out by agencies in differing degrees of emphasis and detail. Some management decisions (such as program guidelines) may be specified outside the organization (by a funding source, for example).

Planning activities determine the goals and direction of the agency including what services will be provided, what results are expected, when, why, to whom, and what resources are required.

Decisions about policy and procedures set the operational restrictions, controls and specifications for the agency and its services and affect the manner in which services are delivered.

Resource allocation activities activate services (give the "go ahead") and determine the way money will be spent for supplies, travel, personnel. The selection of personnel as a type of resource allocation can be included here.

Evaluation and modification activities are those which assess the quality, appropriateness, and effectiveness of services provided. If goals are not met, then corrections or modifications may be needed.

Following are questions for each of these categories that might be included on a checklist to review the management activities of an agency. The information may be available through attending public meetings, reviewing documents, and interviewing staff.

Planning Activities

1. Does the agency do any planning for the services or programs for children? Are plans written down and available for you to review?

2. If plans are available, are desired effects or goals for children specified in terms of the reduction of needs?
(NOTE: a description of the service or program is not the same as what results the service should produce for children. For example, providing job counseling for school dropouts is a *service description*. A *desired effect* for the program could be "Sixty percent of youths are either employed or back in school within 90 days following counseling.")

3. Does the agency have data about the extent of unmet need the program or service addresses? That is, does management actually know the needs of the children to be served?

4. Does the community/neighborhood have opportunity to participate in planning? How open is the planning process and can the clients establish or aid in establishing the desired results of a service?

5. Is the service plan made public for review or approval? If a board reviews and approves plans, how well are community members represented by the board?

6. Who selects the plans for services or programs which will be actually implemented? If funding is the critical step, who decides about funding?
(Note: Staff training should be evaluated not as much by the degrees they have obtained but by the appropriateness of training to the services delivered.

00042

CHECKLIST OF TASKS FOR MONITORING DIRECT SERVICES

☐ **1) Service Requirements**

☐ Task 1) Complete	Obtain the legal mandates or federal-state policies concerning agency A from the state legislature, etc.
☐ Task 2) Complete	Determine what services (programs and/or activities) are currently provided for children by Agency A, by analysis of material gathered from completing Task 1, or other sources.

☐ **2) Service-Community Relationships**

☐ Task 1) Complete	Given the goal and service area(s) of concern, list all services (programs and/or activities) available for children.
☐ Task 2) Complete	Determine the amount of community need for these services.
☐ Task 3) Complete	Determine the maximum and actual amounts of available services.
☐ Task 4) Complete	Determine extent of deterrents which limit service use by children.

☐ **3) Service Activities**

☐ Task 1) Complete	Select indicators of interest for monitoring.
☐ Task 2) Complete	Select technique for collecting data.
☐ Task 3) Complete	Collect data as instructed.

60043

Evaluation and modification activities

1. Does the management of the agency monitor the quality of services provided children (*i.e.*, how well children are treated, are their privacy or rights respected, are legal requirements for services for individual children fulfilled, etc.)?

2. If the quality of services is below par does management make changes to correct the problem(s)?

3. If so, do such changes make any difference? Are things improved?

4. Does the management monitor the effectiveness of its services for children through follow-up of clients? Is there assessment of client satisfaction? How much is known about the consequences for children served by this agency?

5. If the services are *not* producing the desired effects for children, does management make changes to correct the problem(s)?

6. If so, do such changes make any difference?

Monitoring the management of a child-serving agency will require careful observation and judgement. You must get the "feel" of an agency's management by attending meetings, talking to staff, looking at reports, etc. The suggested checklist of questions above (which can be expanded) will provide guidance in monitoring and identifying the types of questions you might ask.

Summary

Step III has addressed the question: What Do You Want to Know About An Agency? by looking at three types of agency information: service effectiveness, direct services, and management. For each of these types, indicators and checklists or data collection forms have been suggested. The decisions related to selection of which type of information and which indicators to select are important and require careful consideration. These selections are very related to decisions of techniques (discussed in Step IV) and the scope and frequency of monitoring (discussed in Step V).

99044

STEP IV. HOW DO YOU GO ABOUT MONITORING?
Data Collection

By the time you reach this step in the guide you have covered: the inventory of the child service agencies (Step I), the selection of agencies to monitor (Step II), and the decision about the information to be collected (Step III).

The purpose of Step IV is to outline the process of actual data collection, that is, putting the monitoring process into action. This will be followed by Step V, which covers the estimation of time required for monitoring, and Step VI, which presents techniques for summarizing and analyzing those data.

Basically, data collection involves three tasks:

(1) selecting a data collection technique,
(2) organizing resources to collect the data, and
(3) collecting the data.

Since the organization of resources and procedures for collecting data depend upon the technique selected, these tasks are described below according to the technique.

Data Collection Techniques

Five primary data-collection techniques can be identified:

1. Public documents, meetings, and issue research
2. Mail surveys
3. Telephone interviews
4. Personal interviews
5. Client follow-up through agency records

Following are summaries of each of these techniques:

Public documents and meetings and issues research. This technique involves researching information about an agency from public, state, and agency libraries, in newspaper and magazine articles, annual agency statistical reports for previous years, budgets and service plans for upcoming years, proposals for funding, and special evaluation and research reports. Any citizen has a legal right to obtain certain public documents about any *public* agency. Depending upon state law, such information as total agency budget, personnel salaries, and numbers and names of clients served are often considered public information. Check the law in your state to establish exactly what information is considered public. The kinds of data that can be gathered using this technique include annual budgets, number and classifications of children served, and perhaps service goals and program descriptions. These data are already in summary form and may only allow minimum alteration and interpretation.

Another aspect of this technique may involve attending public meetings to determine current significant issues, the positions and values of agency administrators and board members. This approach, however, offers a means of monitoring only in its simplest form.

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Mail surveys. A mail survey consists of a questionnaire and a set of instructions for its completion designed to obtain certain information which is mailed along with a cover letter to a list of agencies or service clients.

This technique involves activities such as the duplication of a cover letter, instructions and questionnaire, obtaining a mailing permit or using regular postage, and addressing and stuffing envelopes. Whil the approach requires some effort by a number of people during a concentrated period of time, it requires less overall time than other data collection techniques and no face-to-face contact with the interviewee. The disadvantages include (1) the time it takes for questionnaires to be completed and returned, (2) the possibility of a low percent of return,* and (3) the possibility of a biased response in those that are returned. Ways to increase the percentage of return are to enclose a self-addressed, stamped envelope for the convenience of the person contacted and to follow up with a second letter or phone interview if the questionnaire is not returned within a specified period of time (such as one week).

The problem of a low percentage of return is not, however, as important as the possibility of a biased response. For example, if less than a 50% return is made, check to see if responses are positive because the clients responding received good service and want to report that or are negative because the clients are dissatisfied and want to complain. To reduce the possibility of bias, a sampling procedure such as those described in Appendix B can be used in selecting the service clients or agencies for the mail survey and for any personal follow-up to assess bias in responses.

Telephone interviews. An interview by phone is a way to question agency personnel or clients personally but with less time and difficulty than a face-to-face interview. It requires that the AMG representative making the contact clearly identify himself or herself, give the reason for the call, and be flexible and persistent. Consider both (1) the convenience of the interviewee and (2) the need to obtain information. However, the interviewer should ask the questions in such a way to avoid prejudicing the interviewee with his or her own personal bias.

This technique allows contacts to be made conveniently by the AMG representative. The reluctance of people to answer questions, requests to call back, and delay in data-gathering can be frustrating. The telephone interview may result in more or less information than desired, depending on the skill of the interviewers and the degree of cooperation by the persons contacted.

Sampling procedures described in Appendix B can be used in selecting clients for interview.

Personal interviews. A personal interview involves a face-to-face contact with an agency representative or client of a service in which an interview form is used to obtain the desired information. An interview form is a guide used by the interviewer to ask questions. This technique requires (1) a phone call to make an appointment for the interview, (2) clear identification of yourself, and (3) a statement of the reason for the interview. The success of this technique is increased by an appropriate and neat appearance of the AMG interviewer and by the manner of questioning used. Often more information

*A 60% return is considered "extremely good."

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can be gained or clarified by tactful probing. It is also important to remember that an agency representative has a busy schedule and that you are taking the personal time of clients. The interview should be as brief and to the point as possible.

Due to the nature of face-to-face interviewing, this technique offers the opportunity to obtain more information and to explore with less structured questions a greater range of issues than a mail or phone interview. However, the technique requires more time on the part of AMG representatives than any other technique. Interviewer bias may also affect the answers.

One of the sampling procedures should be used in selecting service clients to be interviewed. Personal interviewing can increase the representativeness of a sample, since the interviewer can ensure that sufficient interviews are obtained.

Client follow-up through agency records. Collecting data from agency records about clients is a useful technique when monitoring the service delivery of an agency or when intensive follow-up of clients is impossible or not desired.

This technique involves securing the confidence and permission of the agency manager, since he must protect the rights of clients to confidentiality. The purpose and intent of the data collection must be clearly spelled out to increase the likelihood of his cooperation. Once support is obtained, the records of the agency can be researched for the desired information in a systematic manner. This can be tedious and time-consuming work, but responsibility can be shared by a number of AMG representatives.

If the agency manager is concerned about confidentiality of client records, this is a good sign. In like manner, a child advocate should also be concerned. If access to records can be obtained, then the AMG should respect the confidentiality of individual information.

The tasks in researching client records are:

1) to choose an appropriate sampling procedure,
2) to design a form for recording the information taken from records,
3) to locate and record the information.

Selection of Technique

Each data collecting technique has related advantages and disadvantages which make selection of the appropriate technique a significant decision. Recommendations shown in Table 6 are listed for each technique according to the type of information selected for monitoring in Step III, that is, the type of information desired about the agency (management, direct service, or effect).

The final decision about which technique(s) to use should also consider the amount of time available for and frequency of monitoring, as described in Step V.

Thoughts About the Process of Data Collection

Data collection may involve either the clients (children and their parents) of a service agency or representatives of the service agency. At this point, it is relevant to point out some important considerations related to each source of information.

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Service clients. To obtain a "representative" response from clients about the effect of a service or their satisfaction with a particular service agency, two things must be considered. One, unless the client population is small (50 or less), a sampling must be used to obtain an accurate representation of clients without contacting every client. Secondly, confidence and trust in the AMG must be obtained to avoid biasing the response of the client or his representative. A clear statement of the position of "advocacy" and the purpose of the information and use of data-collecting techniques which reflect a consideration of the client will increase confidence.

Agency representatives. The intent of the monitoring process, to determine the accountability of an agency, may produce some suspicion and resistance or hostility on the part of agency managers or administrators. Therefore, the manner in which an agency is approached will have a great effect on the success of the data collection process. It is recommended that the AMG representative clearly identify himself or herself as a member of a community volunteer group interested in the needs of children, and state that the purpose of the contact is to collect information about the services available for children in the area. You need not avoid any mention of agency accountability, but you do not need to be hostile and abusive. A hostile approach may be useful in getting action but is unlikely to gain much information.

Process of Data Collection

Five basic types of data collection techniques have been reviewed and described, along with resources which must be organized to use the technique, the process of actually collecting the data, and advantages and disadvantages. The process of data collection involves the following tasks:

1) Select appropriate technique(s) for collecting data, considering (a) the type of information desired, (b) the frequency of monitoring desired, and (c) the time of the AMG members available for monitoring.
2) Design instruments or forms for each technique. The type of questions included should consider (a) the indicators selected in Step III and (b) if questioning of clients or agency representatives will occur.
3) Choose an appropriate sampling procedure (see Appendix B) if client records or contact will be used.
4) Collect the data according to schedule using the forms developed.
5) Insure that accurate and reliable data are collected.

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TABLE 6

Recommended Data-Collection Techniques According To Type Of Information Desired And Type Of Monitoring Selected

DATA-COLLECTION TECHNIQUES	MANAGEMENT	DIRECT SERVICE	EFFECT
1. Public Documents and Meetings and Issues Research	Recommended for policy and planning information	Mainly useful for service descriptions	Not recommended unless agency does client follow-up
2. Mail Surveys	Possible but not recommended	Least expensive but better response from personal interview	Recommended as least expensive means to contact clients.
3. Telephone Interviews	Recommended as alternative to personal interview	Preferred over mail questionnaire. Alternative to personal interview	Recommended. Preferred over mail questionnaire
4. Personal Interviews	Highly recommended but time consuming	Highly recommended	Highly recommended but very time consuming
5. Agency Records	Very useful but difficult to obtain access	Very useful for determining service flow, costs, waiting times, etc.	Useful if agency follows-up on clients

00049

STEP V. SCOPE AND FREQUENCY OF MONITORING

To carry out monitoring effectively the AMG must consider a great many things. Steps I through IV have reviewed the ingredients of monitoring and many of the decisions to be made. A primary concern is how to best utilize the time of AMG members in monitoring.

This step, which is affected by other decisions, is to determine the extensiveness or scope of monitoring. *Scope* means how frequently monitoring is carried out and the amount of information obtained. For convenience, a suggested way to consider scope is shown in the first column of Table 7. Scope is categorized as light, moderate, or in-depth. Each category is described by the type of data-gathering activities employed. The least time-consuming activities are shown under "light" and the most time-consuming under "in-depth." Of course, the type and amount of information collected affect time, but the most important factor is the technique employed to collect information and the frequency of monitoring. Three possible monitoring periods (monthly, quarterly, and annually) also are shown in the table.

In the column below each time period is an estimate of total hours *per year* required for monitoring each agency selected.[1] As an example, assume we prefer "in-depth monitoring" on a quarterly basis. The time required is estimated at 50 to 80 hours per agency per year.

Estimating the Time Required for Monitoring

Four tasks should be completed to estimate the time required for monitoring:

1. Determine the scope (light, moderate or in-depth) and frequency (monthly, quarterly, or annually) of monitoring. (See the description in Table 7.)

2. Determine the total time required for monitoring. Use the table to determine the estimated time per agency. Multiply the estimated hours per agency times number of agencies involved.

3. Estimate the total hours available to monitor by AMG participants. Multiply average hours per week per person times 50 or 52 weeks times the number of people involved. This will give an estimate of the total hours for all AMG participants.

4. Make adjustments in the scope and/or frequency of monitoring such that sufficient monitoring time will be available. (Steps 3 and 4 can be taken in reversed order if desired.)

An Example of Time Estimation Process

In our example, let us say you have: (1) chosen Goals I and IV for monitoring, (2) identified the corresponding service areas, (3) identified the appropriate agencies providing such services (let us say there are a total of 10 individual agencies), and (4) decided to conduct in-depth monitoring

[1]These time estimates are based on the experience of others in collecting information about child services and are shown here as rule-of-thumb estimates. In practice an AMG may find these estimates too high or low for a particular situation.

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TABLE 7
Chart Of Scope Of Monitoring And Frequency, Showing Estimated Total Hours Annually Per Agency

Scope of monitoring per Agency	FREQUENCY OF MONITORING PER AGENCY		
	Monthly	Quarterly	Annually
I. Light monitoring: Only basic information (covering only one category: management, direct service, or effect) collected usually via the least time-consuming techniques. Extensive use of information which is generally available and easily obtainable such as through public records and meetings. Limited direct contact with agency. No client follow-up.	From 48 to 60 hours per agency per year	From 20 to 30 hours per agency per year	Not Recommended
II. Moderate monitoring: Collection of more information about agency activities. (No more than two categories). Use readily available information plus direct contact with each agency. Primarily use information which agency staff provides. Some client follow-up, primarily using mail questionnaires and phone calls.	From 60 to 96 hours per agency per year	From 30 to 50 hours per agency per year	From 10 to 20 hours per agency per year
III. In-depth monitoring: In-depth collection of information about agency activities including use of in-depth interviews with staff and informed others and review of public records of agency. Extensive client follow-up using personal interviews augmented by mail questionnaires and phone calls.	From 96 to 180 hours per agency per year	From 50 to 80 hours per agency per year	From 20 to 40 hours per agency per year

NOTE: All figures shown are the total estimated hours for one year per agency. As stated in the planning chapter, unless an average of five hours per month is available for all activities involving monitoring, then monitoring is *not* recommended. These estimates are averages and assume that more than one agency will be involved. If only one, then hours should be increased by 50 percent.

on a quarterly basis. Using Table 7, you learned that from 50 to 80 hours annually per agency would be required to carry out this monitoring. If 10 agencies are identified and you take 50 hours (the most conservative estimate), the total hours required for 12 months of monitoring would be 500 hours. Next, you want to determine the total hours available by AMG participants for monitoring. Either estimate the average time each person can spend each week or month. The total hours per year equals this average time multiplied by the number of weeks (or months) multiplied by the number of people:

Total Hours Available - Average Time (Per Person x Number of Weeks (Or Months) x Number of People

00051

Thus, if in our example you have two volunteers who estimate they can spend an average of 10 hours per month monitoring, then 10 hours x 2 people x 12 months = 240 hours. Obviously, in your planning, you have a problem (i.e., only 240 hours are committed to monitoring but at least 500 hours are required). Task 4 is to reconcile any differences by either (a) getting more volunteers, (b) getting more time from the existing volunteers, or (c) adjusting the required monitoring. In this example we will reduce the time required for monitoring, since it appears that with only two volunteers you will be able to do less monitoring than you had initially planned. Since annual monitoring will be too infrequent, light, quarterly monitoring will reduce the time required from 500 to 200 hours annually. While the highest time estimate for light, quarterly monitoring still exceeds the time available, by careful planning we can keep the actual time within the limits our volunteers can spend.

Use Form AMG 03 for planning the frequency and scope of monitoring in your community.

00052

WORK CHART FOR DETERMINING FREQUENCY OF MONITORING

1a/ Check category of monitoring intensity you are planning to use:

- ☐ Light
- ☐ Moderate
- ☐ In depth

1b/ Check the frequency of monitoring you prefer:

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

Other (specify _____)

2a/ What is the time estimate per agency for the category of monitoring intensity and frequency you have selected (see Table 7)?

From _____ to _____ hours per agency

2b/ Calculate the total hours for monitoring yearly by multiplying the total number of agencies identified times the total number of hours per agency you prefer to use (the lowest estimate is the least amount possible and the highest estimate gives some room for unexpected time requirements).

# of agencies _____ X total hours per agency _____
= _____ total hours for monitoring annually.

3/ Calculate the total available hours for monitoring.

# of AMG participants _____ X total hours per week (or month)
_____ X 52 (or 12) = _____ total hours available
for monitoring.

4/ If 3 is greater than 2b, then go back and redo tasks 1-3 if more monitoring is desired. If 2b is greater than 3, then
(a) get more people for monitoring, (b) get more time from people or
(c) change the monitoring intensity and/or frequency. Recalculate 3.

00053

STEP VI. WHAT DO YOU DO WITH THE DATA?
Data Summary And Analysis

If you carry out agency monitoring (even "light" monitoring) a considerable amount of information will be collected. This information should be summarized and simplified so that it can be used and shared with others. Following are some suggestions about summarizing information from each of the three types of monitoring reviewed in Step III.

Monitoring Service Effectiveness

In Step III, the level of concern for monitoring (whether community or a specific agency) was designated, the desired effects (in terms of reducing unmet needs for children), and the indicators of effect were selected, using Planning Form AMG 04.

Once these data have been collected, they can be organized to detect problems and for use in reports to the agency(ies) and/or the public.

Examples of ways to organize and display effectiveness data are shown in Table 8 for both an agency (Public Health) and a community need for all children no matter what agency served (medical care for children).

In each example:

1. The level of concern is identified (agency name or community need).
2. The desired effect is restated from the planning form AMG 04.
3. A table of desired effect in terms of numbers or percentages or averages, etc., is shown.
4. The actual effect based on the data collected during monitoring is shown.

With these elements, you have a convenient and simple way to identify problems. For example, the low inoculation levels for diptheria and measles is shown for public health clients, and the greater percentages of incidence of measles among non-white children in the community or neighborhood is easily seen.

In addition, you may want to show how you got the data. This allows others to understand where the data came from and to determine if they can trust your results, particularly if you are pointing out problems.

Monitoring Direct Services for Children

Many numbers and figures could be collected by monitoring direct services for children. This detail can be overwhelming, particularly if monitoring was carried out monthly. Following are some suggestions for summarizing data for the characteristics of direct services introduced in Step III: service requirements, service-community relationships, and service activities.

Service requirements include the formal guidelines, restrictions, and mandates placed upon agencies by the law, the fund source, or the agency board or management through its policy. A good way to summarize is by comparing what should be done with what is actually done. For example,

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TABLE 8
Examples Of Effectiveness Reports

I. Agency Name: *Public Health Department*
II. Desired Effect and Results:
"Children will have high resistance for the following diseases through 100% inoculations."

Disease	Desired Inoculations	Actual Results* (based on monitoring)
a. smallpox	100%	90%
b. typhoid	100%	60%
c. diptheria	100%	40%
d. measles	100%	25%
e. polio	100%	70%

*Based on a review of all child records for the agency.

I. Community Need: *Freedom from measles infection*
II. Desired Effect and Results:
"Children between the ages of 6-14 will have 0% incidence of measles during the year."

Child Group	Desired Incidence	Actual Incidence*
1. Black	0%	15%
2. White	0%	4%
3. Other	0%	10%

*Based on interviews with a 20% sample of all school children 6-14 years old.

one could list the requirements and check off those which are actually fulfilled in practice or designating whether each requirement is "always fulfilled," "sometimes fulfilled," or "never fulfilled." This is shown in the example below for a drug counseling program:

Program: DRUG ACTION PROGRAM

Service Requirements	Actual Practice: Always fulfilled	sometimes fulfilled	never fulfilled
1. State law requires that any age youth can obtain counseling services.	[X]	[ ]	[ ]
2. The policy and procedures manual of the program states that counseling services will be available whenever requested by youths.	[ ]	[X]	[ ]

Alternately, a narrative report could be used to summarize requirements and the degree to which they are fulfilled.

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TABLE 9
Example Of A Report Of Service-Community Relationships

Agency: Hilltop Center For the Retarded
Agency: 2005 Jamestown Road
Agency: Mitchell, Texas

	Each Year		
	Maximum Number of Children Needing Service	Capacity	Actual Number Served
I. Programs:			
1. Long-term residental care	200	100	120*
2. Non-residental day care	600	200	160**
3. Short-term (90 day) residental care	90	20	30*

II. Deterrents to Service:
1. Cost is high for low-income families so that disproportionate numbers of higher-income families are represented
2. Need daily transportation for day-care program

*allowing for turn-over in residents
**program is not well known to community

Service-Community relationships concerns the openness and relevancy of services to the needs of children. The monitoring forms AMG 05, used to collect data, and AMG 06, used as an analysis form, were shown in Step III. The basic intent of monitoring service-community relationships is to determine how the actual services match with what is needed, i.e., can the program serve all children who need the service and are there deterrents which prevent children from obtaining service? An example of such information in table form based on monitoring a state-supported residential program for mentally retarded children is shown in Table 9. Such a summary shows those programs operating at capacity and one (the day-care program) operating at under-capacity with a significant community need. The advocate has also identified the large unmet need in the community for more services for retarded children, particularly non-residential services.

Service activities are those which relate directly to children. Form AMG 09 provides guidance in summarizing data about services gathered in monitoring. There are sections of the form which relate to:

a) Client Volume and Flow
b) Service Responsiveness
c) Types of Service Activities
d) Service Resources
e) Service Costs

00056

Monitoring Agency Management

Important considerations in reviewing and evaluating the management activities of services for children are:

1) **Performance** - whether the activity is actually carried out and if it benefits children via high quality services.

2) **Sensitivity** - are management activities open to and informed about the needs, experiences, and ideas of children and their advocates?

3) **Problems and/or Recommendations** - does monitoring identify any problems, and can specific recommendations be made?

An example of how these considerations could be summarized is shown in Table 10. This example gives the high points of monitoring at a community day care center. Activities which exist and how well they are carried out are under "performance." Whether the activity involves clients or is open to parents is documented under "sensitivity." Recommendations which the AMG has for management are shown in the last column. In this example, the center lacks service planning and a written version of policies and procedures (thus parents and staff are often "left in the dark" about what to do). The staff does include parents in many of its decisions and is open to change. No follow-up of clients is carried out.

An alternate way to summarize information about management is in a report using a narrative style. The report could describe the various activities of management, who the decision-makers were, how monitoring was carried out (as in the above illustrations), assess performance and sensitivity, and make recommendations.

Summary

Step VI has outlined ways in which the data collected can be analyzed and summarized. The volume of data and the plans for use of the data will determine the form to be taken. Professional assistance can be used during this step to organize the particular data in the most meaningful way.

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AMG 09

SUMMARY FORM FOR SERVICE ACTIVITY MONITORING

Client Volume and Flow

# of Child Cases:	Monthly Jan	Monthly Feb	Monthly . . .	Quarterly 1	Quarterly 2	Quarterly 3	Quarterly 4
1/ Accepted for Service							
2/ Closed due to completion							
3/ Closed due to referral							
4/ Who dropped out							
5/ Requesting service but not accepted							
6/ Closed and followed up							

Service Responsiveness

1/ Length of time from enrollment to service completion = _____ .

2/ Length of time from initial request to beginning of actual service delivery = _____ .

3/ Frequency of service delivery to children:

(a)

Daily ☐

Weekly ☐

Monthly ☐

Other ☐

(b)

Desired Frequency	Actual Frequency

4/

Maximum number of children who can be served in one day =	
Average number of children actually served in one day =	

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5/ Are the rights of children monitored by the staff?:

yes _____ no _____ don't know _____

Types of Service Activities

Name the services or programs which fall under each of the four service components:

a) Intake and assessment

_____

b) Individual Client Service Planning

_____

c) Direct services

_____

d) Individual follow-up

_____

Service Resources

1/	Staff Positions	# of Staff	Relevant Experience and Training
	1.		
	2.		
	3.		
	4.		
	5.		

2/ Client/Staff Ratio = $\frac{\text{\# of children served}}{\text{\# of direct service staff}}$ = _____.

3/ Total annual budget for service or program = $ _____.

Service Costs

1/ The major unit of service is: _____.

(For example, residental or hospital day of care, or outpatient hour or day of care, or per child care, or average daily attendance, etc.)

2/ The total units of service delivered per year = _____.

3/ The cost per unit of service is $ _____.

(Calculated by dividing the total annual budget for service or program by the total units of service delivered (#2)).

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TABLE 10
Example Of Summarizing Management Activities Based On Monitoring

Agency: Child Day Care Center
Agency: 211 S. Main Street
Agency: South Jasper, Ohio

Management Activities	Performance	Sensitivity	Problems and/or Recommendations
1. Planning	No formal service planning exists.	Agency listens to problems & concerns of parents in selecting new programs.	Recommend planning at least annually
2. Decisions about policy and procedures	No written statement of policy or procedures for staff or clients.	Parents are not involved in setting policy.	Recommend written manual of policy and procedures
3. Resource acquisition and allocation	Budget available for review. Staff is experienced with day care activities but lacks training with behavioral problems or handicapped children.	Parents are asked to review staff performance.	
4. Evaluation and modifications	Staff does not routinely follow-up children served. Problems are corrected when found for individual children.	Parent concerns & complaints are important to staff.	Recommend at least semi-annual survey of clients

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WHAT ACTION CAN BE TAKEN?
Possible Uses Of Information Obtained In Monitoring

The main purpose of this handbook is to assist the process of agency monitoring, i.e., the collection of information. However, some possible results of using the information collected are summarized below. Other uses exist, and each community will find applications not contained here.

Often advocacy groups are handicapped because they do not have facts or data to support the actions they advocate. The monitoring process described here can produce specific information which can be the basis of action for child advocates and can produce results described below.

Increased Agency Accountability

The use which first suggests itself is to hold agencies accountable for problems or inadequacies in service, failures to meet minimum standards or respect the rights and needs of children, or detrimental effects for the children served.

If agency management activities are inadequate, or ineffective, intervention should be made at the agency governing level by informing the agency director, governing boards, and/or local, regional, state, or federal regulatory organizations. In reporting about agency management, describe the situation and document how the situation was identified, when and by whom (show as much specific data as possible). Point out why this is a problem and what the consequences have been and/or will be in the future.

If the problem is service delivery, contact agency management first to seek correction and improvement. If this does not work, contact the groups suggested for reporting management problems. Remember that many programs of service are accountable for meeting certain minimum standards established by regulatory agencies and/or funding sources. If these regulations are violated, agency management and the regulatory agency should be contacted jointly and a correction requested. Court action could be necessary and would be appropriate if violations are not corrected when identified.

When services meet minimum standards but are being delivered incorrectly or inappropriately, with unnecessarily high costs, in undesirable conditions, and/or by insufficiently trained or inappropriate personnel, agency management should be informed. Unlike the violation of regulations, these types of problems are not as easily identified and are subject to interpretation. Consequently, careful documentation of all pertinent information is essential.

If clients are dissatisfied or if the effectiveness of services is not as desired, a report showing the results obtained by monitoring clients sent to the agency, the news media, and state regulatory agencies would be appropriate. Such information can be used by consumers to obtain corrective action or redress for ineffective service. It can stimulate an agency to better planning.

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In general, no matter the type of information, the following steps are appropriate for insuring accountability:

1) identify the person(s) or organization or groups most likely to act on the information,
2) describe the situation or findings,
3) document the ways this information was obtained, when and by whom,
4) describe how the situation is a problem and its past and future consequences, and
5) suggest ways to improve or correct the situation.

A Published Child Service Guide

One important product of monitoring could be the development and distribution of a guidebook of community services for children. Such a guide could be useful to consumers in seeking service and to agency professionals in making referrals. It could improve agency collaboration and coordination. The initial agency inventory completed in Step I would be useful in itself, but an expanded version could be developed using information obtained from monitoring. The expanded version could give consumers more information for selecting services.

Documentation of the Network of Child Services

Going beyond the development of an inventory, one could use the information obtained through monitoring to document and describe in detail the overall network of community services for children.

Such documentation may be extremely useful to a child advocacy group in identifying points in the network which requires attention or careful scrutiny. Further, agencies themselves can use the information for planning, identifying service gaps, improving the delivery of services through a better use of community resources, and initiating their own evaluation processes.

Identification of Unfilled Needs and Service Gaps

While monitoring is directed at insuring accountability for existing agencies, the information can be used to identify child needs to which no service is addressed, i.e., where service gaps exist. By organizing data about all available services into a summary form, gaps will often readily appear which are not obvious when individual agencies are considered. A summary of services for children should indicate types, quantity, availability, and location. The summary is an aggregation and emphasizes overall availability and not individual services.

Development of Better Records and Self-Accountability

Much of the information obtained in monitoring is not maintained by most service agencies. Consequently, the processes and techniques suggested in this guide could be used by agencies as the basis for developing an improved record system for themselves. Few service agencies have readily available the information necessary to monitor for themselves the quality and quantity of their services.

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It is not unreasonable to believe that regular monitoring by child advocacy groups will stimulate agencies previously unconcerned with accountability to become involved in self-monitoring. Increasing the involvement of community residents in services for children through monitoring would make a significant contribution to the quality of community quality life. Both citizens and agencies staff will benefit from stronger citizen participation.

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AMG 01A

APPENDIX A
Child Service Agency Description

(Auxilliary Form to be used with Form AMG 01 for each agency included in the Child Service Agency Inventory)

I. Using the list of services indicated for an agency on form AMG 01, give a brief description and name of the program(s) providing each service.

II. Describe the child population(s) the agency serves and any limitations or restrictions by physical, mental, economic or other characteristics for each service and/or program in the agency.

III. Describe and document any fees for the service(s).

IV. The total agency budget is $ _____ .

Identify the budget for each of the child services and/or programs. Show the sources for funds for the agency and/or each service or program and the percentage each source contributes:

Federal Government	_____	%
State Government	_____	%
Municipal/County Gov't.	_____	%
Private Contributions, or gifts, including Community Chest or United Way	_____	%
Client Fees	_____	%
Other	_____	%
Total	100	%

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APPENDIX B
Sampling Procedures Or How To Get Accurate Information Without Contacting Every Client

When one wishes to get information about a large group of people, there are two alternatives, (1) contact every one (or review the available records of each) or (2) sample a small representative group. Sampling is used in public opinion polling, advertising and market research, and TV ratings. A carefully selected set of individuals are interviewed or polled and their answers are generalized for an entire nation, region, state, or community. Through this means, reliable information is obtained quickly at a relatively low cost. The same benefits also apply to obtaining information about clients of services.

Unless the number of clients served is less than 50, sampling is strongly recommended. The technical and mathematical background of sampling is not needed. Some straightforward procedures for sampling will be outlined here.

By definition a sample group should be representative of the whole group. All techniques for sampling must be evaluated according to their ability to obtain information representative of all clients receiving a service Following are some sampling techniques which, if applied properly, can produce reliable information.

Random sampling - In this technique all clients have "equal opportunity" of being selected for contact or record review. This is similar to pulling numbers out of a hat as in drawing for a prize. First, a list of all clients is compiled and each client is assigned a sequential number. Second, to insure equal opportunity of selection, a table of random numbers is used to select those clients from the list who will compose the sample. Tables of random numbers are found in statistics books and library reference shelves. The table of random numbers is scambled already so that every number has an equal chance of selection no matter where you start in the table. The clients selected for the sample will therefore be representative of the whole group. If the clients are not listed but occupy an entire area such as a neighborhood, houses can be used as sampling units and numbered. The selection process is the same. The chief advantage of a random sample is the likelihood that representative information of the whole group will be obtained. Disadvantages include the difficulty of obtaining an entire client listing and thus the cost and time required in selecting such a sample.

Stratified Random Sampling - This sampling technique, a version of the simple random selection above, is employed when one suspects that certain subgroups (or strata) of a client population may be overlooked. Therefore, the entire client group is divided into subgroups (for example, into physically handicapped and non-handicapped or poverty and above poverty family groups) and random selections are made from each subgroup using the random number table. It is important that the size of the sample

drawn from each subgroup be proportional to the subgroup's size in the whole client population. That is if physically handicapped children are 12% of the entire client population, then their sample should be 12 % of the entire sample. This technique has the same advantages as random sampling plus the added advantage of insuring that important child subgroups do not get overlooked. Same disadvantages apply.

Systematic Sampling - This technique uses a list of clients or a set of client records or even the flow of clients through a direct service. It draws every "nth" client, *e.g.*, every "5th" or "10th" or "25th." This procedure does not require a complete listing and numbering of clients. The selection is simple (not requiring the thoroughness of random sampling). This technique is reliable (i.e., the sample selected will be representative of the whole group) if there is no bias in the ordering or sequencing in which clients are listed, their records stored, or they appear for service. Just as with random sampling, every client should have equal opportunity of selection. To the degree this is true, a representative sample can be selected. If, for example, only the poor come for service on Mondays and Friday and you are interviewing clients on other days, or the records of certain clients are not kept in the files, then the sample will be biased. Chief advantage is the simple procedure for selecting the sample. Main disadvantage is its vulnerability to bias in the way that client names or records are available or that clients show up for service.

Opportunistic Sampling - Opportunistic sample, as its name implies, means contacting clients or reviewing records which are immediately available. This can occur by obtaining information about clients actually getting service on a particular day in a waiting room or emergency room at a hospital, or those contacted by a case worker, etc. The chief advantage of this technique is convenience and ease in sampling. Chief disadvantage is the unrepresentativeness of such a sample. If several such samples are drawn with this procedure and results obtained do not substantially vary across samples, the procedure can be more trusted.

Other Considerations - Other considerations in sampling include (a) the size of sample and (b) replacement of people who do not respond. The size of the sample is dependent upon the amount of time you have to monitor (the bigger the sample, the more time required) and the desired representativeness. All these things equal, the larger the sample, the more representative the sample. Generally, in agency monitoring a 10 to 20% sample would be a good rule-of-thumb. Of course 10% of 10,000 clients may be too big to survey, and a 1% sample better handled.

Some rule-of-thumb suggestions are given below concerning the size of the sample (expressed as a percentage of the whole), depending upon the size of the whole group of clients:

Sample size	Client Group
50%	50-100
30%	100-400
10%	400 and above

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Each person in a sample represents many others in the whole group. For each sample person who does not answer or is not contacted, all those he represents are overlooked. Therefore, it is important that a replacement is selected for each uncontacted sample member. The same sampling technique used to draw the original sample can be used to select replacements.

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