

# **Outcome issues in Swedish social services and outcome indicators used in studies from the Centre for Evaluation of Social Services (CUS)**

Karin Tengvald  
Centre for Evaluation of Social Services,  
The National Board of Health and Welfare,  
Stockholm Sweden

## **Present outcome issues in Sweden – are outcomes en vogue?**

In Sweden, as in many other countries, restrictions of public funding of human services provision have heightened public interest in "value for money" issues. In that context, two recent political initiatives have placed social work practice outcomes on the agenda more openly. First, an amendment to the Social Services Act of 1982, called the quality paragraph, was passed by Parliament in 1997. The amendment states that social services should be of "good quality" and that the (publicly financed) social services organisations should be staffed with "adequately trained personnel". The formal responsibility is placed on the political level, which in Sweden means local politicians on the (municipal) Social Service Boards.

Secondly, the Ministry of Social Affairs (national government) in 1999 initiated the development of a "program for the development of knowledge-based social services". The National Board of Health and Social Services has now delivered such a proposal to the Ministry (Socialstyrelsen 2000a). As opposed to the vague conceptualisation of "good quality" in the legislation, the Ministry's guidelines to the National Board speak openly about outcomes, about the values for clients and users achieved through social services etc. (Socialdepartementet 1999). And the proposal on the whole adheres to these guidelines.

Both initiatives are however limited to the social services system, which presently consists of the following three parts:

- social and nursing care of the elderly,
- social care (and often nursing care) of the long-term physically and mentally impaired,
- "individual and family care", comprising the protection and support of children and adolescents, the social care of alcohol and drug abusers and means-tested economic assistance.

There is to some extent a lack of fit between the political initiatives to improve the quality and outcomes of "social services provision" in Sweden and the professional issues related to "social work practice". A few facts.

On the one hand persons with a university degree in social work (BA or more) are also employed in other human services sectors, e.g. the health sector. They are also increasingly employed outside of publicly provided social services. On the other hand many social services employees are not university-trained social workers, the majority being auxiliary personnel mainly in the services for elderly and handicapped. Lay personnel, such as foster parents and informal carers are also important and are often remunerated for their contributions. Finally, as opposed of course in particular to health services legislation, but in concordance with the lack of social work certification, there is no formal scope for professional decision-making in the present Social Services Act. In practice the decision-making authority is however very often delegated to the professionals.

The full consequences of the inconsistencies between the national legislative structure and local/municipal, politically administered organisations on the one hand and the present national

political initiatives to professionalise both social work and social services provision on the other, will still have to be explored.

### **Outcomes of social work practice – who are the legitimate stakeholders?**

The increasing political focus on outcomes, “results” and efficiency leads to new questions. What are the actual outcomes, how can they be described and “measured”? Are the outcomes good enough? Rising attention to outcomes at present creates both anxiety and perhaps discomfort. It also leads to normative questions, which are basic to the above-mentioned conceptual and empirical issues: What kind of outcomes *should* be pursued by the Swedish social services and thus by social workers employed there. And who decides that?

Before discussing actual examples of empirical outcome indicators utilised in some of CUS studies, I would like to bring attention to this stakeholder issue by giving it “a Swedish touch”.

A paper by Enola Proctor and Aaron Rosen (2000) inspired me to these comments. It is an ambitious paper, advocating that social work practice guidelines be organised according to aimed at outcomes rather than problems/symptoms etc. Of relevance here is however, that the authors suggest two possible perspectives to pursue in order to “describe comprehensively the range of outcomes addressed by social work” (p19):

- outcomes that social work is actually pursuing in the field,
- outcomes needed by present and potential clientele, whether or not they are reflected in current practice.

Two categories of stakeholders are manifestly acknowledged by Proctor and Rosen – clients and professionals - when it comes to deciding upon what outcomes are to be pursued in social work. Seen from a Swedish perspective we need to add a third category – the funding bodies. This basically means the population and in today’s world their national and local political representatives.

The modern history of Swedish social services legislation reflects the general balance of power between politicians, professionals and clients. Up to 1982 the politicians had the full decision-making power. The Social Services Act of 1982 directly acknowledges the right of client co-determination. Its broad ramification character also gives room for professional work. But neither in its 1982 form nor in its 1997 amended form, where the importance of adequately trained personnel is mentioned, does the social services legislation give any direct decision-making power to professionals.

### **The character of politically stated social service objectives**

The general objectives of Swedish social services are formulated in the Social Services Act. The first paragraph gives the social services systems the role of last resort in upholding safety, good living conditions and opportunity for community participation for all citizens. Different sections of the legislation to some extent specify the aims related to different target groups or types of problems. Although the legislation has been developed in quite close contact with representatives of professional and often also client organisations, it seems fair to say that the political level, representing the population, has been the most powerful stakeholder.

The legal formulations are however both vague and broad, giving only a sense of direction for local political and professional action in actual social services organisations. Still, the character of the general objectives in the national social service legislation gives us a starting point. They basically and interestingly reflect the ethos of the Swedish welfare society. The concept of welfare/välfärd still has a very positive connotation in Sweden and it is closely linked to the legislative formulations about “good living conditions”. There actually exists an official operationalisation of “welfare”, originally developed in the late 1960s (Johansson S 1970), then inspired by UN documents. The population’s (16-74 years of age) living conditions are regularly monitored by Statistics Sweden, through interviews with representative samples of the population

– the Swedish level of living surveys: The interviews cover a number of "level of living components", which have varied slightly over time, but always incorporated the following:

- "family history",
- health,
- education,
- housing,
- employment,
- economic resources,
- informal social relations,
- political resources.

Thus it would not be too far-fetched, and definitely in accordance with the general objectives of the legislation, to conceptualise the aimed at (end) outcomes of social service provision also for individual clients in terms of the improvement of (some of) their living conditions. As will be mentioned below, such operationalisations also seem to have some appeal among practitioners (and researchers) in this early phase of professional conceptualisation and operationalisation of client outcomes.

### **Present developments**

In the last years, setting local goals has become an important activity for local politicians, for managers and other personnel in all public organisations of a human service kind. However, without prior knowledge as to present outcomes, the endeavour is not an easy one. Scattered evidence (Tengvald K et al 1999) suggests that cost-containment was the over-arching goal for local politicians responsible for social service provision in the late 1990s. In those cases where the objectives had some sort of outcome-character, they were often very indirectly or vaguely knit to processes of client-related social work. For instance a local goal could be to decrease alcohol and drug abuse or consumption in the population by x% in y years. This type of objective indicates a tendency for local politicians to set population-based, rather than client-based, goals and to demand or be interested in prevention rather than "treatment" or service delivery.

Some sort of conceptualisation of outcomes of client-related social work will be needed, if we wish to measure outcomes. The conceptualisations ought to be based on what is legally valid and important and at the same time be realistically related to achievements. At present local politicians in most municipalities do not seem to have embarked on that more specific endeavour.

In my opinion such a development neither could nor should be the sole responsibility of the political stakeholders. Now seems to be the point (or a point) in history that could be used by the other two potential groups of stakeholders – professionals and clients - to put forward their professionally valid and normative views respectively on outcomes of social services provision and social work practice. At present these issues are not really discernible as part of the public professional discourse in Sweden, e.g. in professional journals or statements by representatives of professional organisations. However local development is taking place here and there, as part of an increased interest in and demand for local follow-up on client development and on the achievements of practitioners.

It is slightly more common that representatives of client organisations raise outcome-related issues, but at present their focus seems to be on process-oriented rather than outcome-oriented problems of social services delivery (Socialstyrelsen 2000b). The local social services providers in Sweden have been slow to utilise the internationally existing repertoire of measures and activities to take the views of clients into account.

*(End) outcome indicators used in empirical studies of social work practice at the Centre for Evaluation of social services (CUS).*

”Researchers do not care much about the validity and reliability of outcome indicators”  
(Mark W Lipsey in a lecture on meta-analysis given at CUS Sept 2000).

In preparing for these comments I have come to realise that, in spite of our rhetoric about outcomes, Lipsey’s remark is by and large valid for our Centre’s research as well. The Utrecht meeting comes very timely. In future we will need to develop a more general perspective on outcomes, exploring both stakeholder issues and conceptual issues at large. When it comes to research on outcomes of social work practice, the research community must be regarded as another stakeholder, whose interests and power needs to be considered. This said, empirical research is of course always affected by pragmatic decisions, spoiling most master plans.

CUS empirical research on social work practice has almost exclusively dealt with services provided by the Individual and Family Care part of social services. We are thus dealing with services targeting ”poor” individuals and households, children and adolescents being abused or showing ”antisocial behaviour” and persons with alcohol and drug abuse problems. And at present we do empirical research on services and practices directed towards individuals and small groups. Much of our research has not dealt with outcomes of social services at all.

In our outcome studies we have utilised both primary material, collected directly for the actual study and secondary material, in the latter case often from official national databases, but sometimes from local authorities. In some studies both types of data sources have been used.

### **Empirical outcome indicators utilised**

A quick look at the projects shows great variation of outcome indicators used, from very hard end outcomes like ”mortality” to rather soft judgements about for instance the ”seriousness of a problem”, made by clients or professionals. In some studies very narrow indicators have been used – mortality is again a good example. In others we have used combinations of indicators, measuring client improvement on whole sets living conditions. For instance we have used the Swedish version of the Addiction Severity Index, originally developed by Tom McLellan, (Bergman H et al 1999), to follow the improvement of the client groups’ problems but also their living conditions more broadly, in a comparative study of rehabilitation programs.

It is some consolation that this situation in a local research centre seems to reflect the present lack of consistent terminology or maybe lack of normal science paradigm in social work practice research. In a review of US social work literature Proctor, Rosen and Rhee (2000) could not discern any ”profession-wide nomenclature for outcome based targets or a classification of outcomes”. I would still like to make a few assorted more specific comments, related to our choice/use of outcome indicators.

### **A. Studies of outcomes of specific social work intervention programs or methods**

It is of course sensible to let the more specific aim and design of the study affect the choice of outcome indicators. One category of CUS outcome studies has aimed at comparing client outcomes of different programs or models of social work practice. Two more ambitious studies are of some interest here - Bergström R & Milton P 1998 and Nyström S & Soydan H 1999. In spite of differences in design and great differences in the use of data sources, the studies also had some important similarities.

The Bergström & Milton study was about programs targeting unemployed persons on means-tested economic assistance, whereas the Nyström & Soydan study dealt with programs which had persons with a background of criminality and drug abuse as their target group. Both categories of programs had however the clients’ employment in the open labour market as their main aim and this was of course utilised in the operationalisations of relevant outcomes in both studies. The specific empirical indicator(s) used varied considerably though. Partly this was due to the choice

of data collection – in one study secondary data from individual-based local and national databases and in the other primary material from client interviews but also already documented information on the clients.

In neither study the researchers constrained themselves to studying only the outcomes related to the main aims of the programs evaluated. In particular, Nyström & Soydan have utilised the Swedish version of the Addiction Severity Index (ASI) (Bergman H et al 1999), which allows for the mapping of outcomes in a fashion corresponding to the general legislative formulations of "good living conditions". Apart from the main focus on alcohol and drug abuse (and criminality) the ASI includes indicators on employment, economic resources, mental and physical health and informal social relations. There is also a notable resemblance between ASI and the Swedish level of living surveys mentioned above, albeit the concrete indicators and the construction of questions are very different.

Broad client assessment instruments like ASI have traits, which are in accordance with the ethos of Swedish welfare society, with the general objectives formulated in the social services legislation and even with general traits in official empirical operationalisations of welfare and living conditions. A similar instrument utilised in the care of alcohol and drug abusers has also been developed in Sweden (DOK). Interestingly ASI was developed in the US as well as a similar instrument for youth – ADAD – which has also been imported to Sweden and utilised both in regular assessment and in research. The UK "Looking after Children System" also has a similar broad construction. It is now being tried in an implementation study led from the National Board of Health and Services.

A tentative conclusion from this comparison of two CUS projects with similar aims is that study designs are of great importance for the choice of empirical indicators. In the project where we had to (and had sufficient economic resources to) collect primary data, we took the opportunity to utilise an internationally well-known set of indicators. Choosing ASI might also have been triggered by its similarity to the general legislative conceptualisations of the aims of social services in Sweden.

## **B. Other studies on outcomes/value of social services**

A group of studies have been concerned not with specific programs but rather with broad types of services. One example is a study comparing the mortality of foster children with that of a matched group, not taken into foster care – mortality thus being used as outcome indicator (Vinnerljung B & Ribe M in press). In other studies educational achievement has been utilised as an outcome indicator. Although of course the causal inferences are dubious, this type of studies is used as general information on the performance of the system in terms of the clients' future well-being. Forthcoming from Vinnerljung and collaborators are studies where the "break-down" of placements in foster homes or institutional care is used as (proxy) outcome indicator.

Another example is a study on intergenerational "effects" of means-tested economic assistance. The aim of the study was to see whether having parents "on welfare" in itself increased the risk for an individual to get into the same situation as an adult (Stenberg S Å & Hård af Segerstad M 1997). In this study, "service utilisation after intervention" was the outcome indicator. For the aims of that particular study it was a valid indicator. "Service utilisation" has also been used as outcome indicators in other studies. Such indicators are often cheaper to get by, but their validity could in many cases be questioned.

On the whole we have not used any general client satisfaction questionnaires in CUS outcome research projects. Such instruments are reportedly being used quite frequently by Swedish social service providers as a means of organisational self-evaluation. Our reason for caution is related both to risks of reliability problems and to the fact that most such questionnaires do not deal with outcomes but with other quality aspects, such as accessibility etc.

Again it is evident that our possibilities to use already collected data from local client records and in particular from national registers of relevance has had a great impact on our choice of outcome variables. Research economy plays an important role here, but also the relative lack of empirical indicators, already tested for validity and reliability.

### Discussion

Empirical research on the outcomes of social work practice will need a broad repertoire of outcome indicators. The international social work research community can play an important role by actively exchanging experiences and by testing and validating relevant outcome concepts and indicators. According to Proctor and Rosen (ibid.) such a development is barely discernible in the United States, nor I would add in Sweden. International collaboration on research reviews and empirical meta-analyses on client effects, such as the Campbell Collaboration, is likely to enhance awareness of the necessity of good quality in outcomes research and the value and importance of developing commonly used indicators. Collaboration to develop international statistics on social work and social service delivery performance and outcomes is also slowly developing (at least in the European Union).

But in relation to the over-arching normative issue of what should be the outcomes of social work practice and social services provision, the research community is not the important stakeholder. Proctor and Rosen bring this issue up by referring to Foster and Mash (1999), who have suggested that the “social validity” of outcome-based targets of treatment should be investigated in terms of their acceptability and importance to *various client populations* (my italics).

In stressing the importance of client populations as stakeholders, rather than taking a purely professional stance as the point of departure, the social work profession will get a chance to avoid some mistakes originally made by traditional professions such as medicine. On the other hand, the probably high level of context dependency (locally and nationally) in client populations views on outcomes, might diminish the options for international collaboration in the development of outcomes conceptualisation and operationalisation.

A contextually important aspect will be the locally and nationally different organisational and political structures in which social work is being practised. In a country like Sweden, valid and important outcome concepts and indicators will also have to reflect local and national political/legislative views. In the ideal world Swedish public discourse on outcomes of social work practice and social services provision can be envisaged as a dialogue between the four groups of stakeholders, indicated in the figure below.

<i>Stakeholder</i>	<i>Valid outcome concepts/measures</i>
Politicians/funding bodies	
Clients	
Practitioners	
Research community	

## References

- Bergman, H. et al (1999) *ASI - ett sätt att intervjua klienter inom missbrukarvården*. Socialstyrelsen, CUS skrift 1999:2.
- Bergström, R. and Milton, P. (1998) *Uppsalamodellen och socialbidragstagarna. En effektutvärdering*. Socialstyrelsen, CUS skrift 1998:1
- Foster, S. L. & Mash, E. J. (1999) Assessing social validity in clinical treatment research: Issues and procedures, *Journal of Consulting and Clinical Psychology* 67:308-319.
- Johansson, S. (1970) *Om levnadsnivåundersökningen*. Stockholm. Allmänna förlaget.
- Nyström, S. and Soydan, H. (1999) Från brott till arbete – en studie av KrAmi-programmens värde för klienterna. Socialstyrelsen, CUS skrift 1999:5
- Proctor, E. and Rosen, A. (2000) *The Structure and Function of Social Work Practice Guidelines*. Paper prepared for "Toward the development of practice guidelines for social work intervention: A Working Conference", George Warren Brown School of Social Work, Washington University, St. Louis, Missouri. May 3-5, 2000.
- Proctor, E. K., Rosen, A. and Rhee, C. (2000) *Toward an outcome-based taxonomy for organizing social work interventions and guiding evaluation*. Paper presented at the Evaluation for Practice International Conference, University of Huddersfield, England, July 2000.
- Socialdepartementet (1999) *Nationellt stöd för kunskapsutvecklingen inom socialtjänsten. Bilaga till regeringsbeslut 1999-09-23*.
- Socialstyrelsen (2000a) *Nationellt stöd för kunskapsutveckling inom socialtjänsten*.
- Socialstyrelsen (2000b) *Vårt perspektiv på Socialstyrelsen. En granskning av patient-/klient- och anhörigperspektivet i Socialstyrelsens verksamhet*. Granskningsgruppen, December 2000.
- Stenberg, S.. Å. and Hård af Segerstad, M. (1997) Det sociala arvet i ny belysning – socialbidrag och försörjningsvillkor. *Socialvetenskaplig tidskrift* 1997:3:183-198
- Tengvald, K. et al (1999) *Kvalitetsarbete i socialtjänsten – en nationell kartläggning*. Socialstyrelsen, CUSskrift 1999:7
- Vinnerljung, B. and Ribe, M., 'Mortality after care among young adult foster children in Sweden', *International Journal of Social Welfare* (in press).