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Using a cultural anthropological approach to cost-benefit analysis, the authors conducted an efficiency evaluation of a system of care. The ethnographic study revealed monetary costs and other benefits not otherwise included in traditional evaluations, such as hidden costs; costs not incurred due to access to effective services; and positive outcomes for parents in the community, children's mental health, and relationships between children and their families.

The intent of an efficiency evaluation is to draw out, through qualitative and quantitative research methods, the usefulness and effectiveness of a program relative to its costs and hidden costs, and often in comparison to other programs. In the current study, the system of care costs and services were compared to costs incurred prior to, during, and after system of care services were implemented. A cost avoidance analysis was also conducted; in this analysis, costs of expensive treatments that were circumvented due to effective services (e.g., averted hospitalization, shortened residential stays, avoided specialized foster care, etc.) were factored into the overall cost-benefit analysis. Differences between costs incurred prior to and after the system of care implementation were expressed as a cost ratio.

The authors collected quantitative and qualitative data from financial and medical records, interviews with families, program facilitators, program administrators, and participant-observation. In order to understand the practice and philosophy of the system of care, to identify families to interview, and to design an appropriate research model for record review and family interviews, facilitators ($N = 6$) were interviewed first. The random sample included clients who had been in the system of care for at least six months ($N = 34$), and was comprised of Latino (38%), African American (29%), Caucasian (29%), and American Indian (4%) children between the ages of 5 and 17. Ten children were female. There were 34 adult respondents (parents, guardians and grandparents) ranging in age from the 20s to the 70s; 31 were female. In-depth interviews were conducted with parents, children, and other support people in the child's life, and respondents and children were observed in their everyday environments (i.e., at home, in therapy sessions, at sporting events and other social functions), thus providing a rich source of information from which to glean "more subtle or veiled aspects of costs and benefits of the service model in the context of daily life" (p. 318).

The system of care provided higher returns than traditional services in terms of case management services, less replication of services, streamlined therapy, medication management, and brought "a sense of normalcy to the families' home life" (p. 320). For the most part, costs were avoided because the site streamlined services for children and prevented costly, repetitive services. The most costly part of the program involved improved access to counseling services. The program resulted in a monetary cost savings for 33% of families. Additional data revealed that family ratings of their child's poor behavior at school decreased from 57% prior to implementation to 12% during pre-and post-intervention. Children's safety (e.g., from minor problems like playing in unsafe areas to major problems like self-injury) also reduced, with 44% of the sample reporting "poor" safety pre-program, and zero percent during the program. Further, almost half (47%) of parents reported that the program resulted in better communication with their children.

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DATA TRENDS

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An ethnographic approach provided important insights into the cost-benefits of the system of care that might otherwise go unnoticed. For example, adult respondents noted that their involvement with the system of care contributed to increased partnerships and additional meetings with schools and teachers. The authors predicted that increased meetings with teachers would represent a negative cost in terms of extra time spent in meetings for the parents, but parents reported that such meetings made it easier for them to navigate their time. That is, parents were no longer taking time off to deal with their child's behavioral problems (which might occur at any time, interfering with parents work schedules), but were scheduling time in a manageable way. This gave parents "the benefit of an increased sense of control and confidence in their own management ability" (p. 320).

Further, better communication between parent and child contributed to other benefits, such as an increased insight into the child's daily life, building trust, and greater participation in family roles. In brief, "parents recognized that learning to manage their children involves more than simply changing the child's behavior. It is equally important to provide a stable and supportive environment, capable of sustaining improved behavior" (p. 322). Some parents even noted that their child supported other children with emotional and behavioral challenges; this behavior was observed at a sporting event and was a phenomenon that might have gone unrecorded without the participant-observation methodology. "Most importantly," write the authors, "the ethnographic process was participatory to parents, allowing them to identify salient issues, concerns, and benefits from their own perspectives. Parents came to see their stories of their children's frustrations and triumphs as valuable and important to tell: they became the experts, explaining to researchers how things worked and what they learned" (p. 324).

In conclusion, the results of this efficiency evaluation were very favorable. Families had more access to counseling and received streamlined services that resulted in better outcomes for their children and improved relationships at home. The evaluation revealed hidden child, family, and programmatic strengths that would have otherwise gone unnoticed in a traditional cost benefit analysis.