



**Development and Implementation of
a Computerized System for Routine
Use in Residential Care Facilities for
Children and Youth at Risk for Planning
Interventions, Monitoring Implementation,
and Measuring Outcomes:**

**System Adaptation, Acceptance, and
Insights for Further Development**

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Abstract

Background

In recent years, residential care facilities under the supervision of the Child and Youth Division at the Ministry of Welfare and Social Affairs (hereafter: the Ministry of Welfare) have undergone many changes, including policy changes, changes in the structure of residential care facilities, and changes in therapeutic approaches.

In light of these changes, and against the backdrop of the growing trend toward implementing results-based thinking in social services, the Out-of-Home Care, Family, Child and Youth, and Special Placements Division at the Ministry of Welfare (hereafter: the Out-of-Home Care Division) sought to develop a system for routine use in residential care facilities for children and youth at risk, for planning interventions, monitoring their implementation, and measuring their outcomes. The system will support the planning and management of interventions and enable an examination of the characteristics and needs of children and youth entering residential care facilities, the suitability of the services provided to them, and their effectiveness.

Objectives

To develop and implement tools that enable ongoing monitoring of the children's and youth's characteristics, needs, strengths, and previous interventions, as well as the extent to which outcomes are achieved for them.

Subsequently, to conduct a pilot study to examine the extent to which the tools developed serve their intended purpose before they are adopted as routine measurement tools.

Method, Work Process, and Guiding Principles

The initiative was based on the following principles of results-based thinking: a structured methodology and a common language adapted to the unique content domain, the organizational framework, and the "common measures" approach; exploratory processes based on knowledge and information from diverse sources;

collaborative processes among stakeholders, professionals, and consultants and among members of the various organizational levels at all stages of the process, so that the different perspectives would be taken into account; technological infrastructures that enable ongoing data collection while balancing the needs of frontline staff with those of management, supervision, and headquarters; and the development of the organization's internal capacity (self-capacity), alongside assistance and support at various levels. These principles apply both to the development process and to the products emerging from it.

The process included the following stages:

- 1.** Establishment of a multidisciplinary, multilevel working group comprising professionals from headquarters, the districts, and the field, as well as an expert with lived experience. The group's work process was productive. The commitment of group members was evident in their active participation in discussions and in the time and thought they invested in preparing for them. Disagreements that arose during the discussions were resolved through in-depth discussion and consensus-building or, alternatively, through a decision by the representative of the Out-of-Home Care Division, so that the decision would be consistent with division and Ministry policy. Group members brought to the discussion their extensive field experience ("practice wisdom") as well as knowledge from lived experience, thereby making a substantial contribution to the design of the logic models and the tools developed.
- 2.** Development of logic models: a logic model at the service-recipient level, an organizational logic model for supervisors and headquarters staff, and an integrated logic model for the residential care facility.
- 3.** Development of tools that will enable ongoing monitoring of the implementation of the individualized intervention plan (outputs) and achievement of its goals. The tools developed as part of this initiative formed the basis for specifying the "Intervention File" module in the computerized Telem system for staff.
- 4.** Four training sessions for managers and staff in the residential care facilities, presenting the principles of results-based thinking, the structure of the system, its components, and how it is used.
- 5.** Two pilot measurements and data collection from children and youth and from parents: the first measurement (T0) was conducted in December 2022 and

the second measurement (T1) in November 2023. Data were collected from the children and youth and from their parents in July–August 2025.

6. Approximately three months after the start of the pilot measurements, Zoom meetings were held with staff in the residential care facilities by district; these meetings served as focus groups. The meetings were intended to answer questions that arose while the tools were being completed, examine their suitability for routine measurement, learn how they were received, and collect comments and insights for their improvement.

Acceptance of the System by Staff and Its Suitability for Routine Use

Staff noted that the tools developed are suitable for routine use as part of a computerized system for assessing the status of the children and youth, developing individualized intervention plans for them, and assessing the achievement of the desired outcomes.

Staff expressed satisfaction with the introduction of a computerized system for documenting their routine work, although some also expressed reservations about completing such a comprehensive and detailed tool.

Based on the information that emerged from the analysis of the analysis of the first measurement (T0) and on staff suggestions for changes to the computerized system, the response scales were expanded so that they would be more sensitive to change in the children's and youth's situation; irrelevant items were removed from the tool and missing items were added; and changes were made to the system structure, the transition between stages, and other aspects.

Recommendations

The recommendations were developed in collaboration with the multidisciplinary, multilevel working group, whose members included professionals from the headquarters of the Out-of-Home Care Division at the Ministry of Welfare, from the districts, and from the field, as well as an expert with lived experience.



Tools and System Development

- Continue developing the Telem system so that it is adapted to daily work in residential care facilities
- Consistently administer the questionnaires developed for children and youth and their parents
- Reclassify the list of strengths into personal, interpersonal, and environmental strengths
- Reclassify the list of intervention strategies so that they are defined not by life domains but by intervention methods and staff roles in the residential care facility



System Implementation and Use

- Continue efforts to prepare and engage headquarters and residential care facility staff in formulating structured, planned, and well-reasoned intervention plans; in measurement and evaluation processes; and in work based on the results-based thinking approach
- Promote the implementation of the Telem system in residential care facilities
- Provide periodic training and guidance on both content-related and technical topics, alongside the development of ongoing guidance mechanisms



Development of Forms and Reports in the System

- Continue developing outputs and forms within the computerized system so that they meet the routine needs of staff at all levels of activity: children and youth, residential care facility staff, district, and headquarters
- Develop specific queries segmented by population groups, areas of need, intervention strategies, and outcomes