

How the Safety & Wellness Benchmarks Help Providers Understand Needs and Measure Change.

What are the Safety & Wellness Benchmarks?

Last year, the CARRE team released the [Safety & Wellness Benchmarks for Forcibly Displaced People in the U.S.](#) The Benchmarks were developed and validated to ensure service providers had a standardized tool to assess the most common needs of forcibly displaced people and measure change over time. The Benchmarks should be used at intake so they can aid in service planning and at case closure. They can also be used at regular intervals in between (i.e., 3 months, 6 months, etc.) to measure progress towards goals so that service plans can be adjusted as needed.

The Benchmarks include the level of individual or family need across 15 life domains. The scoring is defined as:

- Significant (1) meaning the client has immediate/imminent unmet needs in this category and/or may be in crisis in the category.
- Moderate (2) meaning the client has emerging needs in this category.
- Some (3) meaning the client can meet some of the needs in this category.
- Minimal (4) meaning the client can meet most or all of the needs in this category.

Benchmarks can be used to improve programming

In addition to individual and family service provision, data collected from the Benchmarks allows programs to see the results of services for different populations and make data-driven decisions to improve the services provided. For example, the IRC's Benchmark data from Jan-Dec 2023 showed that 61% (N=183) of adult clients (63% of females and 52% of males), and 57% (N=68) of children had an improved mental health benchmark at case closeout. This indicated that services likely contributed to decreased mental health needs for the majority of clients enrolled. However, when disaggregated by program, the data showed that only 43% (N=40) of clients in the asylum seeker program had improved mental health at case closeout. This pattern was repeated in the data related to family relations with 48% (N=91) of adult clients (49% of females, 45% of males) and 54% (N=39) of children having an improvement in family relationship at case closeout, but only 17% of asylum-seeking clients 17% (N=23).

This data brings up important questions that should be asked by programs to ensure equal service outcomes, including but not limited to: Do asylum seekers face additional barriers to services? Do asylum seekers need different or more support? Are there other reasons asylum seekers do not have equivalent outcomes as other IRC clients?

Programs can use the Benchmark data to create an analysis of their own by using some of the following guiding questions: What stories does the data tell us? What trends are we seeing? Are trends different by demographic? Are there any changes in results over time? If



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so, why? Are we achieving the results we hoped to achieve, equally for different populations, regardless of gender, age, and race? If not, why not? What action do we need to take to improve results?

How your organization can use the Benchmarks

Benchmarks can be used for individual service planning, seeing the overall program impact on the lives of clients, and understanding the outcomes of programming on different populations. Additionally, results can be used in grant writing and development to highlight clients' needs and advocate for resources.

What do you think your program's data will show? How can you gather this information? How can you use this information to tell the story of the great work your organization is doing?