BUILDING STRONG FOUNDATIONS

Evaluation Strategies
for
Family Resource Programs

By Julia H. Littell

Family Resource Coalition   Knowledge Transfer Project   Part 3

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By Julia H. Littell
Family Resource Coalition
Chicago, Illinois

Bernice Weissbourd, President
Linda Lipton, Executive Director

143938

FAMILY
RESOURCE
COALITION

200 SOUTH
MICHIGAN AVENUE
SUITE 1520
CHICAGO, IL 60604
312/341-0900
FAX 312/341-9361

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Preface

This manual was created in response to growing interest in the development and evaluation of family resource programs. Building Strong Foundations is part of the FRC Knowledge Transfer package of written and audiovisual materials, designed to spur and refine the development of prevention programs that assist parents in their childrearing roles.

Intended for community leaders, parent groups, and social service, education and health providers, our Knowledge Transfer package has three elements: a fifteen-minute video cassette, The Family Resource Movement: Changing Families/ Changing Responses; a service development primer, The Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents; and this evaluation manual, Building Strong Foundations: Evaluation Strategies for Family Resource Programs. Package components can be used together or separately, depending upon the needs of each community.

The "Family Resource Movement" video illustrates the diversity of American families, the pressures they face in raising children, and the ways in which family resource programs are filling their needs for support and information. For those who are first considering the value of such programs, the FRC video can be used as a discussion group starter or to enlighten audiences who may be unfamiliar with the rationale for such services. Once a program is established, this video can be used to introduce the local program to potential funding sources, and to assist in volunteer and staff training.

For those already interested in or committed to the concept of community-based prevention services, the FRC primer clarifies the variety of program models that have evolved, and the issues and tasks to be dealt with in creating each of

the models. The Family Resource Program Builder provides a
history of the family resource movement and a discussion of
the theoretical and research bases for these parent education
and support services. Advice is given on such topics as need
assessment, staff training, board development, and funding.
Established programs can also use this book as a guide for
adding new service components, anticipating potential
problems, improving existing services, and answering ques-
tions that have arisen during the program's growth.

Evaluation is an important part of any social program. Family
resource programs are no exception, yet their evaluation
presents special challenges. In order to meet these chal-
lenges, practitioners must be aware of the range of available
evaluation methods and familiar with basic techniques.

Building Strong Foundations takes the reader through each
step of the evaluation process, suggesting approaches for
selecting appropriate methods, setting realistic goals and
objectives, and assuring accountability.

Intended for service providers and administrators, this book
covers basic concepts, methods and issues in evaluation--and
offers guidelines for conducting studies which will be
helpful in planning and improving family resource programs.
The handbook is specifically designed to help service
providers raise and address evaluation issues in their own
programs. We suggest ways to build evaluation into family
resource programs, to help you learn from your experiences
and incorporate this knowledge in program planning and
development on an ongoing basis.

This manual does not cover advanced evaluation research
methods or statistical techniques, nor can it provide a
complete prescription for evaluation in any given program.
Rigorous studies of program outcomes and cost-effectiveness
require special expertise, which cannot be covered in an
introductory volume such as this.

The manual is organized into five chapters. In the first chapter, we take the position that all family resource programs should be involved in some type of evaluation. We explore various ways in which evaluation can be useful and discuss some of its limitations. Chapter 2 is an introduction to basic concepts and different types of evaluation. It should help you examine the options and begin to determine which sorts of studies are appropriate for your particular program. A step-by-step guide through the evaluation process is presented in Chapter 3. Chapters 4 and 5 provide more detailed discussion and examples of specific types of program studies. Chapter 4 focuses on formative evaluations, which are primarily intended for use in planning, documenting, and improving programs. Chapter 5 covers summative evaluations, designed to test program effects and effectiveness.

The Family Resource Coalition is an active network for those interested in the provision of education and support services to parents. Our staff and volunteers have placed a top priority on synthesizing and disseminating the resources and information developed by family resource programs so that other can benefit from their experience and expertise. The Knowledge Transfer package furthers this goal by helping communities avoid costly mistakes and assuring that time and energy are saved for working effectively in program design and implementation.

We hope that Building Strong Foundations is a useful introduction to the concepts, methods, and language of evaluation and will enable you to initiate evaluation studies in your program.

Chicago, Illinois   Linda Lipton
July 1986   Executive Director
                                     Family Resource Coalition

Acknowledgements

Chicago, Illinois   Julia H. Littell
July 1986

1 Evaluating Family Resource Programs: An Overview

Family resource programs have sprung up across the country as part of a grass roots movement to support parents and strengthen families. These diverse and innovative programs are described in the Family Resource Program Builder. Their distinguishing features and unifying characteristics include: 1) an orientation toward prevention; 2) a positive family focus, aimed at building on family strengths rather than attending to individual deficits; 3) recognition of the importance of informal social support; and 4) community-based structures.[1]

These programs represent a real departure from traditional models of social service. Since many of their underlying assumptions and service delivery methods are new, there are wide gaps in our knowledge about existing family resource programs.

WHY EVALUATE?

Service providers are becoming increasingly aware of the need for practical program evaluation strategies--as they juggle growing demands for documentation, increased financial and political pressures, and their ongoing commitments to providing families with adequate support and access to other social services. For their part, evaluators in the field have been broadening definitions and refining methods of evaluation, to ensure that these are relevant for service providers and family service programs.[2]

In many respects, the program evaluation methods described in this book are similar to techniques that social service providers already use. Responsible practitioners are con- stantly evaluating their work. They ask themselves and their

co-workers: Are we reaching our target population? Which
families seem to benefit most from our program? How can we
improve our services? Practitioners observe the effects of
their interventions, monitor families' progress, listen to
program participants' feedback, and modify services accord-
ingly.

Program personnel often rely on informal assessments of their
progress or effectiveness. Parents' comments during a
discussion group and co-workers' remarks during a staff
meeting are important sources of information about how the
program is working. But these questions and observations are
generally communicated to others through informal channels,
while careful documentation of information about a program is
often lacking. In addition, there maybe few mechanisms to
ensure that knowledge about program functioning will be
incorporated in planning and development on a routine basis.

The overall purpose of program evaluation is to make ques-
tions and assumptions about a program explicit, to examine
them systematically, and to find quantifiable answers. Thus
it should play an important role in program planning and deci-
sion-making. Evaluation encourages an agency to clarify its
goals and see that its activities are directed toward them.
This helps program personnel retain objectivity, assess their
progress and improve their work. Self-evaluation represents
an ongoing commitment to learning from experiences in
programs that support and strengthen families. This commit-
ment is critical for the development of effective prevention-
oriented programs--and necessary in order to muster the
support and recognition that these programs deserve.

Family resource programs should be committed to steady and
systematic review and improvement. Program effectiveness can
never be taken for granted. As Austin and his associates
suggest,

> There are too many factors inside and
> outside the agency to assume that a

program is meeting its goals. The needs
of clients change, staff skills and
interests change, patterns of acceptable
behavior change, and accessibility of
services also changes.[3]

The most important use of evaluation is to guide program
development and improvement, to insure that services are
responsive to community needs. Family resource programs are
designed to enhance the lives of participants. Evaluation
helps programs stay on course, by asking: What's best for
these families? How well are we meeting their needs? This
attention to program participants is of utmost importance.
By focusing on families' experiences within these programs,
identifying promising intervention methods, and observing
what happens to families that receive these services, we can
improve the quality of available services.

In addition, program evaluation can help you describe your
program to people outside the organization. Most programs
need to make objective information and assessment of their
services available to a wide audience. Funders and policy
makers are understandably reluctant to support programs based
solely on anecdotal evidence or testimonials. In an era of
increasing competition for limited resources, evaluation is
often used to demonstrate a program's credibility.

Evaluation can--and should--be built into every program. It
is a necessary component, just as fund-raising and cross-
program referrals are necessary for successful programs. You
can begin with simple and inexpensive record-keeping systems,
and, to the extent possible, expand your evaluation activi-
ties as the program grows and develops.[4]

HOW TO USE EVALUATION

Before developing an evaluation strategy, it is important to
consider what your purposes for evaluation are, what types of

information you need, and how this is likely to be used. Evaluation can be particularly useful in: 1) describing the service delivery process, 2) documenting program activities, 3) program planning and development, or 4) advancing knowledge of program effectiveness.[5]

Describing the Service Delivery Process

What is the program doing? Why? And how? Program goals and methods should be clearly understood by: program staff and participants, potential and actual funders, and other service providers and community members. Evaluation can be used to clarify and describe program processes.

Austin and his colleagues suggest that service providers usually hold a set of implicit assumptions about the way their agency is organized to meet the needs of a target population. This "service ideology" includes certain ways of conceptualizing family and organizational problems, and prescribes solutions for those problems. By describing and monitoring program objectives, activities, and outcomes, the evaluation process helps program staff systematically examine--and better understand--what they are doing and why.[6]

This process also enables practitioners to clearly describe their service delivery activities and rationales to external audiences. And participants can benefit from effort to clarify and describe program rationales and activities--as a result of this type of evaluation, program participants can become more aware of what they are doing and why.

Documenting Program Activities

What types of services are provided? For whom? When? Where? And at what costs? Social programs have been under increasing pressure to demonstrate accountability for the resources they expend, the work they do, and the people they serve.

This pressure comes from funding sources, potential or actual consumers of agency services, and from the helping professions themselves.

It is important to be able to say, "Our drop-in center served 350 families last year. On the average, parents spent 2 hours a week in unstructured discussion with peers and 2 hour a week in workshops led by staff. Four staff people each spent an average of 30 hours a week in direct contact with parents and 10 hours a week in planing and administrative tasks." This type of descriptive data can be gleaned from very simple record-keeping systems--and it helps others understand the type and level of service the program provides.

Program Planning and Development

What services are needed? What changes or improvements in the service delivery system are needed? Sound programs are based on systematic feedback about participants' needs, service delivery mechanisms, and the benefits and side effects of social services. Program planners can use evaluation data to identify and capitalize on program strengths and to improve existing services, making these more responsive to individual, family and community needs.

Evaluation reduces uncertainty about a program, providing better information for decision-making. Program studies rarely result in startling, unexpected findings, requiring major program changes--since practitioners are usually aware of a program's strengths, weaknesses, and results. But evaluation is useful in "either confirming our suspicions or hunches or filling in some gaps in our knowledge of how a program is working."[7] With carefully documented information on program operations and results, program administrators and practitioners can base their decisions on systematic knowledge. Without this, program decision-makers must rely on their impressions of what is going on.

Suppose your program provides a workshop on behavior manage-
ment for parents of toddlers. The workshop seems to be
effective in getting ideas across, but you suspect that this
knowledge is not translated into actual behavioral changes.
You decide to administer a questionnaire to parents two
months after the workshop, and your suspicion is confirmed:
the results indicate that parents are indeed learning the
material, but they have not noticed changes in interactions
with their children. Next you might do some in-depth
interviewing with a randomly selected group of program
participants, focusing on their views of the workshop and the
factors that might inhibit behavioral change. An understand-
ing of these issues may help you improve the curriculum. You
might find, for example, that parents don't have opportuniti-
es to practice the skills and concepts learned in the class
and they aren't sure of how to apply these in their daily
interactions with their children. As a result, you might add
structured parent-child activities and observation discussion
sessions to the curriculum--and then ask another group of
parents to evaluate the impact of the revised curriculum on
parent-child interactions.

As this example illustrates, evaluation that is meant to be
useful for program development is part of an ongoing cycle of
exploratory research, program development and evaluation.

Advancing Knowledge of Program Effectiveness

How do certain program components or interventions affect
participants? What specific results have been achieved?
What impact does the program have in the larger community?
There is still a dearth of information on the effectiveness
of family resource programs. Many programs have not devel-
oped evaluation capacity, as there has been little funding
for research and evaluation activities and few practitioners
have been trained or prepared to conduct evaluation studies.
Only recently has attention been given to development of
methods and techniques appropriate for evaluating the

effectiveness of family resource programs.[8] Evaluation can be used to identify the effects of an intervention program on participants' knowledge, attitudes, and behaviors; its indirect effects on other family members; and its impact in the community. However, this type of evaluation is the most complex--and the least likely to be conducted in family resource programs.

Suppose your organization offers informal support groups for first-time parents and you think these are successful because participants seem satisfied with their experiences in the groups, express confidence in their parenting skills, and frequently refer friends and relatives to the program. While these are important indicators of success, this information does not describe specific results of the program. You might want to know whether participants are really coping better with the demands of new parenthood, whether they have developed more supportive social contacts with other parents, or whether interactions with their children have become more positive. Your evaluation would assess the program's effectiveness in achieving desired objectives in any of these areas.

Evaluation can be used to test the efficacy and cost-effectiveness of various service delivery models, to determine which models are most effective for specific target populations; and to strengthen, change or eliminate ineffective approaches. For example, Slaughter compared the effectiveness of discussion groups and home visits for groups of young, black, inner-city mothers--and found that discussion groups appeared to be more beneficial for these mothers and had greater positive effects on their interactions with their children.[9]

Careful evaluation and documentation of a program's experiences--including implementation processes, expected and achieved results, and recommendations for implementation at other sites--can become available for others to use in replicating successful program models.

Since traditional evaluation methods have not always been appropriate for family resource programs[10], practitioners' first-hand experiences with evaluation can be useful in developing and refining evaluation tools and methods. For instance, drop-in center staff may find that certain group interviewing techniques work particularly well in that setting, providing staff with important evaluative information without disrupting parents' usual activities in the center. A warmline program might develop a follow-up questionnaire that provides especially useful information abut the parents that use the program, the services they received, and their views of these services. Another program may find that a standardized scale, designed to measure levels of stress, is easy to administer and appropriate for use with its participants. Sharing valid evaluation instruments and useful techniques, will save others the time and trouble of "reinventing the wheel."

WHAT TO EXPECT

While everyone seems to see the value of evaluating family resource programs, the process of evaluation itself can cause discomfort and concern for those involved. Evaluation is often seen as a difficult enterprise. Research and evaluation texts and reports are usually written in technical language and jargon that is not familiar to the practitioner. Many doubt that an evaluation can capture the complex interpersonal dynamics in family resource programs or the benefits families derive from these services. Others fear that it will interfere with service delivery activities. And the evaluation process can be threatening when it is seen as an assessment of staff performance rather than a study of the program as a whole.

There is a grain of truth in each of these fears, but they are also partially the result of misunderstanding and misuse of evaluation. Program studies need not be technically complex, nor must services be compromised. Evaluation does

not necessarily require random assignment, control groups, or sophisticated statistical procedures. Effective evaluations involve carefully selected questions and flexible strategies designed to provide answers, continuous monitoring and assessment of program activities and the capacity and willingness to make changes based on the information gathered.[11] Practitioners can learn enough about evaluation to conduct responsible and useful studies--and interpretation of evaluative data will be enhanced by service providers' understandings of the complexities of family resource programs.

Differences in value systems and priorities among practitioners and trained evaluators sometimes make building effective evaluation teams a demanding enterprise. Conflicts may arise over the need to devote program resources to service delivery activity versus the need to evaluate those services. These tensions can be minimized by helping both groups focus on the development of more effective programs, rather than trying to optimize conditions for evaluation or maximize the level of services delivered in the short run.[12]

Effective evaluations are designed to be _used_ in decision-making about a program and to enhance service delivery. Evaluation that is meant for agency use must _involve_ a number of direct service providers, administrators, and other program decision-makers at every step in the process. Their involvement will help to insure that evaluation questions are relevant, that meaningful data will be collected, and that the results will be utilized.

Input from staff members, volunteers, program participants, administrators, board members, community leaders, and funders will strengthen an evaluation design. These people are often instrumental in implementing evaluation plans and in interpreting the results as well. Ultimately, they are the consumers of evaluation information--and the findings are less likely to be ignored if these key decision-makers have been involved in the process. "Evaluation is too important

to be left solely to professional researchers or administrators."[13]   Hence, the thrust for evaluation--and for change-- should come from within your organization.

Consequently, it is not possible to conduct a cost-free evaluation. Program evaluation requires time, effort and sustained commitment from people at all levels of an organization.

To some extent, expectations for program evaluations have been overly ambitious. While some requests for grant proposals call for comprehensive outcome and process evaluation, this is unrealistic without extremely high funding levels, in which evaluation costs as much or more than the service delivery program.[14]

It should be remembered that data is but one influencing factor--along with political pressures and financial limitations--in program planning, funding decisions and public policy formation.[15]   Empirical evidence for policy-making and management decisions is often limited, and few decisions can be made on the basis of data alone. Program evaluation can provide ammunition for all sides of a political debate on the value of a program. Funders, practitioners, and other decision-makers may misinterpret results, especially if they have not been involved in the evaluation process, or they may dismiss findings that do not fit their preconceived notions or existing options.

Evaluation cannot serve as a substitute for constituency organizing or fund-raising activities. As Moberg has suggested:

> Broad-based support, or even support from
> a few powerful figures, will probably be
> more effective in obtaining resources for
> prevention programming than positive
> findings from a rigorous evaluation.
> Given that prevention programs have not

> attained the level of institutional
> legitimacy that treatment and rehabilita-
> tion programs have, it may be that
> inequitable demands are being placed on
> prevention programs while the more insti-
> tutionalized (and far more expensive)
> programs remain largely unevaluated.
> More evaluation of prevention programs
> will not solve these problems--they are
> political issues requiring political
> solutions.[16]

Many policy makers and evaluators have recently become more
realistic about the potential contributions of evaluation
research to program design and public policy formation. As a
result, most evaluators focus on achieving incremental
clarification of social problems and potential solutions
through research and evaluation.[17]

While additional research is needed on the effectiveness of
various prevention-oriented approaches for certain types of
families--and highly sophisticated methods are available to
test intervention theories and program effects--most family
resource programs are not able to conduct these types of
studies. Nor should they be.

Contrary to popular conceptualizations, program evaluation is
not something that only occurs after people participate in a
program. It is not just concerned with end results, or with
proving a program's effectiveness. While studies of program
outcomes are important, this is only one realm in which
evaluation can be useful. Other, more immediate questions
have to do with program processes--How is the program
working? What are its strengths and weaknesses? Answers to
these types of questions are important for every program's
growth. And they can be found with small, straightforward
and practical program studies.

Evaluation can help programs clarify their goals, stay on course and document their achievements. Weissman et al. have said that,

> Research concepts and methods are
> adjuncts to quality service. This
> requires that practitioners be systematic
> in their work and willing to confront
> their failures as well as successes and
> to build knowledge on both kinds of
> experience.[18]

Objective evaluation can help foster an open atmosphere in which careful inquiry and constructive criticism lead to innovative organizational change efforts. Used on an ongoing basis, evaluation will guide development of effective family resource programs. This is often a trial and error process. Not all the evaluation results will be conclusive or useful. But by building on your experiences, you will discover methods and measures that are helpful for your program.

WHO CAN DO IT?

> The role of the evaluator has been
> described as that of a "sympathetic
> skeptic," who must raise tough and
> critical questions about program
> processes and outcomes.[19]

Program staff and volunteers can generally design and conduct useful studies of program processes. At times it may be difficult for practitioners to examine their own work with the skepticism necessary to do a good job of evaluation and simultaneously function as effective service providers. The two roles often represent conflicting interests. Staff and administrators are often reluctant to admit that, in spite of their good intentions, service programs can go astray and may even have negative effects. It is important to acknowledge

this fact--and to build in objective appraisals of program
operations.[20]

However challenging, self-evaluation is important. It takes
time, patience and willingness to learn. If you do use
"internal evaluators" (staff or volunteers), it's best to
form an evaluation team--rather than holding one person
responsible for program evaluation. After all, evaluation is
an agency responsibility.

Unless you have evaluation specialists on staff and a very
large budget, it will not be possible for your internal
evaluation team to conduct rigorous studies of the effects of
your program. If you are bent on this type of evaluation,
you will need expert advice. In any case, we strongly
suggest that your initial efforts in evaluation come from
within; that you explore some of the simpler types of program
evaluation--and do it yourself--before tackling complex
studies that would require an outside specialist.

NOTES TO CHAPTER 1

1. Lynn E. Pooley and Julia H. Littell, <u>Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents</u> (Chicago: Family Resource Coalition, 1986). See also, Linda Lipton, "Family Resource Programs: Serving and Preserving Families," <u>Family Resource Coalition Report</u>, Vol. <u>2</u> (4): 1, 1983.

2. See, for example: James T. Bond and Robert Halpern, "The Role of Cross-Project Evaluation in the Child Survival/ Fair Start Initiative," in H.B. Weiss and F. Jacobs (Eds.) <u>Evaluating Family Programs</u> (Hawthorne, NY: Aldine, in press); Carl J. Dunst, "Overview of the Efficacy of Early Intervention Programs: Methodological and Conceptual Considerations," in L. Bickman and D. Weatherford (Eds.), <u>Evaluating Early Intervention Programs for Severely Handicapped Children and Their Families</u> (Austin, TX: PRO-ED, in press); Anita M. Mitchell and Deborah K. Walker, <u>Guidelines for Too-Early Childbearing Programs</u> (Los Alamitos, CA: Southwest Regional Laboratory, 1984); National Center for Clinical Infant Programs, <u>Program Evaluation: Issues, Strategies and Models</u> (Washington, DC: National Center for Clinical Infant Programs, 1986); Douglas R. Powell, "Research on Family Support Programs: Methodological and Conceptual Issues," in S.L. Kagan, D.R. Powell, B. Weissbourd and E. Zigler (Eds.), <u>Family Support Programs: The State of the Art</u> (New Haven, CT: Yale University Press, in press); and Heather B. Weiss and Francine Jacobs, <u>The Effectiveness and Evaluation of Family Support and Education Programs</u>, A Final Report to the Charles Stewart Mott Foundation (Cambridge, MA: Harvard Family Research Project, 1984).

3. Michael J. Austin, Gary Cox, Naomi Gottleib, J. David Hawkins, Jean M. Kruzich, and Ronald Rauch, <u>Evaluating Your Agency's Programs</u> (Beverly Hills, CA: Sage Publications, 1982).

4. See Francine Jacobs, "The State-of-the-Art of Family Program Evaluation," in H.B. Weiss and F. Jacobs, 1984.

5. Michael J. Austin, Gary Cox, Naomi Gottleib, J. David Hawkins, Jean M. Kruzich, and Ronald Rauch, _Program Evaluation for the Self-Evaluation Agency_ (Seattle, WA: Center for Social Welfare Research, University of Washington School of Social Work, 1981), p. 10; D. Paul Moberg, _Evaluation of Prevention Programs: A Basic Guide for Practitioners_ (Madison, WI: Wisconsin Clearinghouse, 1984); and Weiss and Jacobs, 1984.

6. Austin, et al., 1982.

7. Ibid., p. 10.

8. This is also the case in other areas of social service [see Edward J. Mullen, "Evaluating Social Work's Effectiveness," in M. Dinerman (Ed.), _Social Work in a Turbulent World_ (Silver Spring, MD: National Association of Social Workers, 1983)]. For discussions of methodological issues in evaluating family resource programs, see: National Center for Clinical Infant Programs, 1986; Powell, in press; Heather B. Weiss, "Issues in the Evaluation of Family Support and Education Programs," _Family Resource Coalition Report_, Vol. 2 (4): 10-11, 1983; Weiss and Jacobs, 1984.

9. Diana T. Slaughter, "Early Intervention and its Effects on Maternal and Child Development," _Monographs of the Society for Research in Child Development_, Vol. 48 (4, Serial No. 202), 1983.

10. See: Powell, in press; Heather B. Weiss, "Issues in the Evaluation of Family Support and Education Programs," _Family Resource Coalition Report_, Vol. 2 (4): 10-11, 1983. Also see Chapter 5.

11. Austin, et al., 1982.

12. Bond and Halpern, in press.

13. Harold Weissman, Irwin Epstein and Andrea Savage, Agency-Based Social Work: Neglected Aspects of Clinical Practice (Philadelphia: Temple University Press, 1983), p. 297.

14. Moberg, 1984, p. 21.

15. Ibid.

16. Ibid. Also see, Karl R. White, "Cost Benefit Studies of Primary Prevention Programs," Famiily Resource Coalition Report, Vol. 4 (1): 4-6, 1985.

17. Bond and Halpern, in press.

18. Weissman, et al., 1983, p. 297.

19. Moberg, 1984, pp. 11-12.

20. David Olds, Presentation of the National Center for Clinical Infant Programs' (NCCIP) Program Evaluation Task Force at a Congressional luncheon sponsored by Research Resources for Children, Youth and Families; Washington, DC, November 11, 1985.

2 Basic Concepts in Program Evaluation

> The most basic research skill is the
> ability to conceptualize one's own
> practice--to break it down into under-
> standable, identifiable parts and to
> subject those parts to close scrutiny.[1]

Program evaluation is the systematic collection, analysis,
and interpretation of information, designed for use in
program planning and decision-making. It is concerned with
the types of interventions used, by whom, toward what ends,
under what conditions, for whom, at what costs and with what
benefits. Evaluation includes a range of approaches and
methods for analyzing program operations.

Program evaluation is somewhat different from evaluation
research, although the two overlap. Program evaluation
generates information that is primarily for the program's use
(in planning, development and administration), while
evaluation research encompasses more rigorous tests of the
effectiveness of program models and theories of intervention
and is meant to advance knowledge in the field.[2]

OPTIONS: DIFFERENT TYPES OF EVALUATION

Formative evaluations generate information for use in program
development and administration. These studies provide feed-
back about how a program is working, and can be used to
monitor a program's progress toward achieving its objectives.
They also provide data which will show funders and policy-
makers what the program is doing. Summative evaluations are
concerned with a program's ultimate results: its effects on
those who receive services, its impact in the larger commu-
nity, and/or its efficiency in achieving desired objectives.

There are a range of topics and techniques for formative and summative evaluation. Studies within these two general categories will focus on different questions and serve different purposes. (See Figure 1. More detailed discussions of these types of evaluations are offered in Chapters 4 and 5.) Other authors define and categorize evaluation activities differently; and some terms which are given specific meanings here (particularly: outcome, impact and effectiveness) are used interchangeably in the evaluation literature. Another particularly useful framework for thinking about various evaluation activities has been developed by Jacobs.[3]

Formative Evaluation

Community needs assessment provides an important context for program planning and evaluation. Service delivery programs should be designed to meet identified needs in a target population, and evaluated based on how well they meet these needs. Program planners may want to monitor factors in their community and the larger society or environment that may constrain or facilitate program interventions. For instance, family health and well-being can be affected by changes in the availability of community mental health, recreational, social and medical services; by shifts in immigration laws, health care and welfare policies; and by macroeconomic factors. These factors may also have important implications for program planning and service delivery at the local level.

Process analysis describes a program's underlying assumptions about: the need for its services, the intervention methods that have been chosen, the ways in which the agency is organized for service delivery, and anticipated benefits to program participants. A thorough understanding of how the program functions is important in any type of evaluation.

FIGURE 1

Types of Evaluation	Purpose
Formative Evaluation	
Community Needs Assessment	Determine level of need for services in a particular region or population
Process Analysis	Describe the implementation process, goals and objectives, underlying assumptions, target population, service delivery plans, and organizational structure
Assessment of Participants' Needs and Characteristics	Determine whether a program is reaching its target population; identify participants' service needs
Resource Analysis	Describe the resources available for service delivery
Service Statistics	Document what the program is doing, what services are provided, and the level of service
Program Participation	Document the numbers and types of people who participate in various program components; describe different patterns of program participation
Consumer Satisfaction Surveys	Describe participants' appraisals of the program's value to them
Summative Evaluation	
Outcome Evaluation	Assess the extent to which a program obtains its objective related to short-and long-term changes in program participants
Impact Evaluation	Identify the generalized effects of a program in a community or other population beyond direct recipients of its services
Cost-Effectiveness Analysis	Assess the relative costs and effects of of two or more service alternatives in producing an outcome or set of outcomes

Data on participants' characteristics can be used to deter-
mine whether or not the program is reaching its target
population. Data on participants'needs may provide insight
into motivations for program participation, and can be used
to ensure that incoming families receive the type of services
they are seeking, through individualized program planning and
referrals. Powell suggests that, in order to understand the
dynamics of parent support programs, it is important to look
at interactions between parent characteristics and program
components. Different families utilize available services in
different ways, and the benefits they derive may be linked to
certain family characteristics, other events in participants'
lives, and patterns of program participation. Good descrip-
tive data about participating families will help you under-
stand who is served and who is helped by your program.[4]

Resource analysis describes the financial, human and material
assets used in delivering services. These assets can be
described in terms of the amounts and costs of: staff and
volunteer time; staff recruitment, training, and supervision;
program administration; materials, equipment, and space
needed to provide services. Analysis of a program's
resources is used to document their value and assess the
different ways in which these resources have been (and can
be) used.

Service statistics document what the program is doing and
provide a gauge of the program's level of activity. Program
activity--or output--can be described and measured in units
of effort. For example, you might want to document the
numbers of support or education sessions offered, numbers of
parents attending group sessions, numbers of lessons com-
pleted, numbers of requests for information answered or
referrals made, numbers of hours of individual or group
contact, numbers of families served, and costs per unit of
service. This evidence of staff, volunteer, and participant
activities can provide a detailed account of how much and
what types of effort are expended for each participant. This
may be useful in determining which program components have

made a crucial difference for the people you serve. Service
statistics can also be used, in conjunction with analysis of
program resources, to demonstrate how costly one program is
to deliver compared with another.

Program participation records are useful for generating
certain types of service statistics. These records can be
used to describe the numbers and characteristics of people
that participate in specific program components or use the
program's resources in some way. Most family resource
programs should keep basic descriptive information on program
participation. Rates of participation (or, conversely,
drop-out rates) can be an indication of a direct service
program's ability to meet families' needs and of the accep-
tance of the program in the community.

Consumer satisfaction surveys are designed to gather program
participants' appraisals of the program's value to them.
These consumer surveys are filled out by participants at the
end of the service--or at predetermined intervals. Partici-
pants' comments and views of the program's strengths and
weaknesses can be an important source of feedback for program
personnel. Powell notes that questionnaires of this type
generally yield high scores of satisfaction, since most
family resource programs are voluntary and dissatisfied
parents probably withdraw from these programs. "Further,
high levels of satisfaction do not necessarily mean a program
is effective according to objective outcome indicators."[5]

Summative Evaluation

Outcome evaluation is concerned with the effects of an
intervention on the lives of people directly involved with
the program. These studies are designed to determine whether
or not the program is attaining its desired outcomes among
participants--or whether families are better off than they
would have been, had they not participated in the program.
Individual programs do not need to prove that family support

and education services are effective in general. They do, however, "need data about how effective they are with their unique combination of staff, service delivery goals, clients and community."[6] Outcome studies should be conducted after the program has been in existence for at least a year and its operations are relatively stable. It is also wise to conduct formative studies prior to summative evaluation--although sometimes the two strategies are combined. Some descriptive information about the program (about its goals, objectives, service delivery methods, and target population) will be needed to interpret summative evaluation findings.

Impact evaluation assesses those changes attributable to a program that go beyond the people directly involved and affect the lives of other people in the larger community. For example, an impact evaluation might be concerned with a program's effect on public awareness of family needs, or its impact on the availability of services for families in the community. Other impact studies might look for generalization of treatment effects to siblings of children in the program, or changes in the incidence of child abuse and neglect in the community. Again, data about program processes are critical to understanding why the program was or was not successful in obtaining its objectives in the larger community. If your program has a positive impact in the community, this should be substantiated with documentation of the amount and types of activities you engaged in--so that others can identify and replicate your successful techniques.

Cost-benefit analysis involves a comparison of program costs and benefits when each is measured in monetary terms. If, for example, a program results in a reduction in social service or welfare costs, and theses savings are greater than the costs of the program, then it is cost beneficial. In contrast, cost-effectiveness analysis compares the efficiency of two or more alternative service delivery models in producing certain results. Its purpose is to promote effective use of resources and program improvement, rather than trying to define the "value" of a single program in

monetary terms. In these studies, program effects are measured as they would be in an outcome evaluation (using whatever scales are appropriate for measuring certain outcomes). Program effectiveness in achieving desired outcomes is assessed in relation to program costs, and alternative service delivery models are compared.

CHOOSING AN EVALUATION STRATEGY

The evaluation strategy for your program should reflect: 1) the program's developmental stage or longevity, 2) key actors' questions and interests, and 3) the resources available for evaluation. Jacobs has developed a graduated approach to evaluation, which considers these three factors. She describes a series of levels (or tiers) of evaluation-- ranging from simple strategies for new, small or low-budget organizations to more sophisticated studies for well-estab- lished programs. This practical approach allows all programs to engage in some type of useful evaluation activity.[7]

Stages of Program Development

Evaluation strategies should be geared toward answering the particular types of questions about family resource programs that arise at different stages in their development. Infor- mation that is most relevant and useful for your program will depend in part on the program's longevity and its history. And your information needs will change over time--as you build expertise in program development and evaluation.

Program planners should document community needs for services and identify successful approaches that have been mounted elsewhere, before program planning and implementation are underway.

A new program should clarify its goals and objectives, and define expected benefits of the program for participants. In the first few years of operation, developing programs should

document and describe the services they provide, resources expended, service delivery mechanisms and organizational processes, characteristics of program participants, and progress made toward achieving program objectives.

Finally, summative evaluations may be conducted in well-established programs that have already been through some of the earlier (formative evaluation) stages.[8]

Key Actors' Questions and Interests

The particular characteristics of a family resource program are determined by the unique group of individuals involved in that particular program. Salient issues in a program are also defined by this group. Good evaluation questions will be guided by your group's objectives; and should reflect the nature of the program and its participants, staff, and community. Representatives from each of these groups should be involved in the formulation of specific evaluation questions--to ensure that these will be relevant for your program and its setting.

Resources Available for Evaluation

Inevitably, the choice of evaluation strategies is bounded by the availability of resources. Program studies will require different levels of:

* Funding--for consultants, computer services, mailings, and duplicating costs for data collection forms and reports

* Staff time--to type forms, prepare mailings, participate in interviews or administer questionnaires, code and analyze data, prepare reports

* Expertise--to develop instruments and create samples, for statistical analysis and computer work

In general, summative evaluations are most costly and time-consuming, and require greater expertise than formative evaluations. A comprehensive formative evaluation plan, which examines the program operations as a whole, will demand more program resources than smaller studies that look at selected aspects of practice. In small programs, it may only be feasible to conduct a simple monitoring of participants and services on a continuous basis.

Sample sizes and data collection methods also affect the costs of evaluation. For example, intensive interviewing will require more staff time than self-administered question-naires. Similarly, if you collect a large amount of data, this will increase the time it will take to analyze the results. You can keep costs down by paring the number of questions you ask and the sample size to a minimum. (But remember that the smaller the sample, the more likely your results are to be biased.)

A small study will require a minimum of an hour or two a week of a staff person's time, plus clerical assistance, and the costs of supplies (eg., paper, copying and postage). More comprehensive evaluations will demand additional staff time, and perhaps the services of one or more consultants. If you are collecting a large amount of data, computerized data analysis may be more efficient than hand tallying, but this will involve additional costs of data entry, processing, and storage. You may also need to allocate office equipment and space for evaluation activities and records.

In planning an evaluation, it is extremely important to consider how the project will affect direct service staff and participants, and how might it impact program operations. How much time will staff need to spend in interviews, record-keeping, project coordination, and other evaluation-related activities? How might the project affect participants? Consider ways to integrate the evaluation into everyday program activities and minimize any disruption in service

delivery routines. Evaluation costs should be built into the program's operating budget.

It is best to begin slowly. You can always build on your initial efforts, adding other evaluation components until you are routinely collecting the information you need. Most programs can develop some type of monitoring system or process evaluation. Begin by designing a simple strategy that will be used to collect descriptive information about your program on an ongoing basis. This will provide useful data for program planning and administration.

NOTES TO CHAPTER 2

1. Harold Weissman, Irwin Epstein and Andrea Savage, Agency-Based Social Work: Neglected Aspects of Clinical Practice (Philadelphia: Temple University Press, 1983), p. 297.

2. This distinction is made by D. Paul Moberg, Evaluation of Prevention Programs: A Basic Guide for Practitioners (Madison, WI: Wisconsin Clearinghouse, 1984), p. 21.

3. A much lengthier listing of various types of evaluation is provided by Michael Quinn Patton, Practical Evaluation (Beverly Hills, CA: Sage Publications, 1982). Jacobs' framework for evaluation is presented in: Francine Jacobs, "The State-of-the-Art of Family Program Evaluation," in H.B. Weiss and F. Jacobs, The Effectiveness and Evaluation of Family Support and Education Programs, A Final Report to the Charles Stewart Mott Foundation (Cambridge, MA: Harvard Family Research Project, 1984); and in H.B. Weiss and F. Jacobs (Eds.), Evaluating Family Resource Programs (Hawthorne, NY: Aldine, in press).

4. Douglas R. Powell, "Individual Differences in Participation in a Parent-Child Support Program," in I.E. Sigel and L.M. Laosa (Eds.), Changing Families (New York: Plenum Press, 1983).

5. Douglas R. Powell, "Research on Family Support Programs: Methodological and Conceptual Issues," in S.L. Kagan, D.R. Powell, B. Weissbourd, and E. Zigler (Eds.), Family Support Programs: The State of the Art (New Haven, CT: Yale University Press, in press).

6. Kathryn Barnard, "Major Issues in Program Evaluation," in Program Evaluation: Issues, Strategies and Models (Washington, DC: National Center for Clinical Infant Programs, 1986), p. 6.

7. See Jacobs, 1984; in press.

8. Ibid. Also see Tony Tripodi, _Evaluative Research for Social Workers_ (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1983), pp. 19-21.
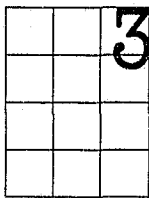
3 Basic Steps in the Evaluation Process

Although each evaluation must be tailored to fit a particular program and its needs for information, there are a series of steps that all programs and evaluators can follow in developing and conducting responsible evaluations. These are listed below and discussed in this chapter.[1]

Step 1. Identify and organize information users and decision-makers

Step 2. Specify program goals and objectives

Step 3. Identify the purpose(s) of evaluation

Step 4. Define evaluation roles and responsibilities

Step 5. Identify and refine the evaluation questions

Step 6. Select appropriate evaluation methods

Step 7. Develop an evaluation plan

Step 8. Pilot test the evaluation plan

Step 9. Implement the plan

Step 10. Summarize, analyze and interpret the data

Step 11. Disseminate the findings

Step 12. Incorporate the findings in program planning

It is important to read this chapter all the way through. This will give you an overview of the evaluation process--an important perspective to have before you begin! Then you

might wish to refer to specific sections, and other refer-
ences, as your work progresses.

Step 1: Identify and Organize Information Users and Decision-Makers

Program staff, volunteers, administrators, board members,
funders and community representatives are not merely consum-
ers of the evaluation data or a final report that is pro-
duced. People who will use information about a program have
important, active roles to play in the evaluation process.

First, their input is important in the initial planning
stages of an evaluation. Practitioners' "inside" knowledge
about the program's history, salient issues, and organiza-
tional processes will be invaluable in framing evaluation
questions. Since evaluation is meant to be relevant for the
program, it should focus on the questions and views of those
who are intimately involved.

Secondly, assistance from some of these individuals in
implementing an evaluation plan will be invaluable. No
matter how well a study is planned, a number of problems can
crop up in the data collection phase which may render the
evaluation meaningless. If other staff are not invested in
the study, they may have little incentive to collect accurate
data--especially if this means additional paperwork for them.
Too often line workers are saddled with record-keeping
requirements which do not generate data that is meaningful
for their work. For instance, information on operational
procedures (eg., how staff time and funds are spent) is
usually collected for administrators' and funders' purposes.
If direct service providers don't see the results or receive
meaningful feedback, record-keeping is likely to be seen as
bureaucratic drudge work. Predictably, low interest in these
tasks will compromise the quality of information that is
generated--and the evaluation process as a whole.

Ultimately, your co-workers and agency administrators will
determine whether or not evaluation findings are used in
planning or improving your program. Their understanding of
the data often depends on the degree to which they were
involved in the study. It is important that program deci-
sion-makers understand why certain questions were asked, how
the data were collected and analyzed, and so forth. Based on
their experiences in the program, your colleagues may also
suggest relevant interpretations of the evaluation findings.
Because program decision-makers can only use information that
is meaningful and relevant for them, their insights and
understanding of the study's procedures, limitations, and
results are critical to the usefulness of and success of the
project.

You should identify all of those groups of people who might
be involved in the evaluation process or interested in the
results. Then select a few representatives from each of
these interest groups to join an evaluation team. Choose
people who: 1) want and can use information about the
program, 2) have questions about the program that they want
answered, 3) will act on the basis of evaluation information,
and 4) will devote time to and share responsibility for
evaluation.[2]

Try to identify potential agents of change within the
organization. As Barnard put it, "These individuals may have
a bit more education than their colleagues, may be a bit more
innovative, and...have a 'sparkle in their eye'."[3]

Form a small group of people who will be able to meet
regularly, and who are willing to work together to design and
monitor program evaluation plans. Later you will develop
more specific evaluation roles and select someone to coordi-
nate your evaluation activities. At this point, your
evaluation team will be responsible for forming initial
evaluation plans for your organization.

Step 2: Specify Program Goals and Objectives

> If you don't know where you're going, you
> probably won't get there...if you don't
> know where you are, it is hard to know
> how far you are from where you want to
> be, and if you don't know where you have
> come from, you may end up walking in
> circles.[4]

Social service programs often have multiple, conflicting, and
ambiguous goals. These goals tend to have an idealized
dimension that makes them complicated to approach and
difficult to achieve. Clarification of program goals and
objectives is a prerequisite for responsible evaluation.
Service provides and evaluators must first have a clear
notion of what the program is trying to accomplish. Without
carefully thought out and clearly stated goals, programs are
likely to meander--and they are not amenable to evaluation.[5]

Setting measurable goals and objectives is important for
evaluation and program planning. First this brings broad
statements of the program's mission down to a level where
service delivery and evaluation tasks become clearer.
Secondly, if you are working with an outside evaluator and
your stated objectives do not reflect what you are really
doing, your program is not likely to measure up to them. Or,
if you are conducting your own evaluation and your goals and
objectives are not clear, you probably won't be able to
devise ways to assess your progress. For example, you cannot
readily measure success in "supporting parents in their
parenting roles" until you have defined what you mean by
support, what specific changes you expect to achieve, and how
the program intends to do this.

Thus your group should specify and refine program goals and objectives before proceeding with evaluation. Clarification of program goals and objectives is linked to concerns about how these will be measured. Measurable objectives usually concern expected changes in knowledge, attitudes, or behaviors. You will need to specify which aspects of knowledge, and which types of attitudes or behaviors the program intends to change. You should also describe the direction of the changes that you expect to take place. In other words, your objectives might state that knowledge in specific areas will increase, attitudes toward certain aspects of child-rearing will become more positive, or that specific behaviors in given situations will become more or less frequent.

We'll use the goal "to support parents in their parenting roles" as an example. A program that revolves around support groups might decide that, for them, "support" really means "peer support" (others will define this differently). Their intent is to bring parents together so that they can share experiences, learn from each other, and validate the importance of the job they do as parents. As a result, the program expects participants to become more competent as parents. Now the goal is redefined: "to increase peer support for parents and enhance competency in parenting, through participation in peer support groups." Several aspects of progress toward achieving this goal can be evaluated--and each approach will require further refinement of program objectives.

Parents' participation in groups can be assessed in several ways. Attendance records are the simplest method, yielding statements like: "20 parents joined 2 weekly support groups. Of these 16 parents (80%) attended at least 75% of the sessions. One parent attended half of the group meetings, and 2 parents dropped out after the first 3 meetings." While attendance records are often necessary, this doesn't reveal much about how parents participated once they came to the groups. One program (MELD in Minneapolis) had observers measure the percentage of time that parents (versus the

facilitator) initiated discussion in the groups. Here, raising topics for group discussion was seen as an important indicator of active participation.

Another approach might look at whether participation in the groups is really associated with increased peer support from the parents' perspectives. Do they feel more supported? Do they contact group members outside of the program? What influence, if any, has the group had on parents' use of other sources of social support? These issues might be explored with parents on a questionnaire or in interviews.

Indicators of competency in parenting might be: more positive attitudes toward children and parenting, increased cognitive understanding of child development, and demonstration of positive parent-child communication patterns. Each of these indicators of competent parenting must be further defined in order to be measurable. For instance, "demonstration of positive parent-child communication patterns" might be defined as: "increased frequency of positive verbal interactions between a parent and child." Staff might observe parent-child dyads on two or more occasions--before parents join the groups and after they have participated for a certain length of time--and rate the vocalizations that occur within specified time intervals. ("Positive vocalizations" would have to be defined so that different observers watching the same interaction would agree whether or not it was positive.)

Step 3: Identify the Purpose(s) of Evaluation

It is important to determine what your purpose(s) for evaluation are, and who will use this information, before developing an evaluation strategy (see "How to Use Evaluation," Chapter 1).

Your group should identify the general purpose of the evalua-
tion, deciding whether the aim is to describe or refine
program processes (formative evaluation) or to assess the
program's effectiveness in achieving certain objectives
(summative evaluation).

Second, you should consider what decisions are to be made on
the basis of the evaluation. What do you want to know? Why?
How will you use this information?

Third, determine who the primary audience or consumers of
your information will be. (Who wants to know?) Depending on
your purpose and the type of studies you conduct, your
audience might be: program personnel, community members,
outside professionals or funding sources--or some combination
of these groups.

Finally, determine what monetary and human resources are
available for evaluation--and identify any limitations that
you might have to work with (see "Choosing an Evaluation
Strategy," Chapter 2). For example, if you know that several
staff and volunteers will be able to devote an hour a week to
evaluation; or that your program cannot afford to pay for
computer time and your group's expertise in data analysis is
limited; make a note of this. These considerations will
become very important in planning your evaluation.

To aid your selection of evaluation topics and questions, the
group might find it helpful to consider the following
issues:[6]

*   Why is the intervention being undertaken? How has the
    program documented the need for its services?

*   What are the program's underlying assumptions or theoreti-
    cal models?

*   What is the program's perceived mission or overall
    purpose?

* What does the program hope to accomplish? What are its goals, and objectives? Specific targets for change?

* How feasible and consistent are these goals?

* How is the intervention or service delivery method defined?

* What intervention(s) are provided, where and for how long?

* Who is best suited to deliver the service? Why?

* How is the target population defined?

* What is the extent of the program's exposure to its target population?

* What are the major issues faced by the program?

* What is the community context in terms of values, culture, and politics?

* What are the external constraints with which the program must comply (eg., standards, regulations, funders' requirements)?

* What data are absolutely required for internal and external reporting?

* What data are currently available and in what form?

* What is the program's resource base and stability?

* Has the program model been adequately tested elsewhere?

Focusing on questions such as these can help your group examine service delivery processes, the constraints under which you operate, and the program's implicit assumptions-- and this may help you identify areas of the program that need

clarification and issues for further study. This might also
lead to program development without the actual collection of
evaluative data.[7]

The group should review relevant literature and talk with
other service providers and professionals in the field, to
determine whether others have studied similar questions, and
whether these reports are relevant for your particular
program issues.[8]

Step 4: Define Evaluation Roles and Responsibilities

Evaluation is a team effort--but you will need to define the
roles that members of your group will take, and determine who
will be responsible for specific evaluation activities. In
most cases, it is wise to select one person who will have
overall responsibility for coordinating the project. Depend-
ing on the type of study you plan to conduct, the evaluation
coordinator could be: a service provider, an administrator, a
board member, an internal evaluation specialist, or an
outside consultant.

The selection of a project coordinator should be made after
your group has determined what type of study the program
needs, since different types of evaluation will require
expertise in different areas. If your group has already
developed some ongoing evaluation mechanisms and you are
adding a new component, you may want all data collection to
be coordinated by the same person--or you might decide to
divide responsibility for different tasks among the members
of your group.

Consider what qualifications or skills are needed for the
type of evaluation you have in mind--and what consultation
you'll need, if any, from outside experts. Your project
coordinator should work closely with the evaluation team,

other key decision-makers and any consultants involved in the project, to oversee the planning and conduct of the evaluation. This person should be a good team leader, able to use input and delegate responsibility, and one who will follow through to insure that plans are implemented.

If you do decide to use an internal evaluator, look for someone who is interested in making the program the best it can be. This staff member will be committed to the program and to constructive change.

Consultation with service providers who have been involved in evaluations in other agencies might be helpful to you. The advice of an experienced evaluation researcher can be beneficial if you plan to develop and test your own data collection instruments. If your study will involve collection of a large amount of data or analysis of relationships between a number of variables, you may require additional expertise in statistical methods and computer programming for data analysis.

Selecting an "outside" person to coordinate an evaluation can be difficult. You will want someone sympathetic to the program rather than one who will simply do a "hatchet job" as a result of the evaluator's inherent skepticism.[9] You'll also need someone who can make a commitment to working with your evaluation team for the duration of your project. If your outside coordinator will help you set up and monitor an ongoing evaluation system, you'll want their involvement in this project for at least a year--until you've worked the bugs out and feel comfortable with running the project yourselves.

If you do seek outside assistance, look for a knowledgeable and creative evaluation researcher--preferably one who has worked with prevention-oriented or family service programs. Talk with other service providers in your area to see if they can refer you to an evaluator who was particularly helpful to them. You might also look for an outside evaluator at nearby

universities (in schools of social work, education, child and family studies), and at conferences.

Step 5: Identify and Refine the Evaluation Questions

Once evaluation roles are defined, you can move ahead with the next steps in planning the study. Within the guidelines you have created by determining the purpose of your evaluation, members of the evaluation team should list the most important things they want or need to know about the program. Try to be as specific as possible. Select a few related questions as the focus for evaluation. (Save other questions for later research projects!) Choose questions that: 1) can be answered by data that you have or can obtain, and 2) will provide useful answers for your decision-makers.

Break your key questions down into a series of smaller, very specific items. Think about the pieces of information you will need, from whom, when, why you need this information, and how you will use it.

You will need to formulate <u>operational definitions</u> for the key concepts you want to measure. Operational definitions are specific, objective, and measurable. Each evaluation question must be defined (operationalized) so that answers can be observed or obtained objectively. This step is crucial because most of the key concepts in family resource programs (and other social services) have numerous meanings. The purpose of operationalization is to choose a definition (one of many possible definitions) that is closest to your use of the concept--and one that is measurable.

For example, Dunst and Trivette note that, "Social support is broadly defined as the emotional, psychological, physical, informational, instrumental, or material assistance that is provided to others to either maintain well-being or promote

adaptations to different life events."[10] This definition
aptly illustrates the complexity of social support on a
conceptual level. But how would you measure this concept?
First it must be redefined and reduced to concrete, observ-
able terms. You might take one portion of the broad defini-
tion and try to operationalize this piece (eg., you may be
more interested in emotional support than physical support).
A few of the many possible operational definitions of social
support are: 1) the perceived availability and satisfaction
with support from one's spouse or partner, friends, and
neighbors or community; 2) the frequency and duration of
contacts with friends; and 3) the amount of instrumental
assistance available from friends and relatives (eg.,
assistance with child care and household chores).

Even fairly simple concepts must be operationally defined.
For instance, what is your definition of a "participant"?
Does this include parents who only attend the program once,
as well as those who have sustained involvement over a long
period of time? Do you view the children, siblings or
spouses of those who participate in the program as "partici-
pants," too? Is the whole family "the participant"? You can
see how important it is to define terms precisely. Your
operational definitions may be somewhat arbitrary ("partici-
pant" might be defined to include parents who attend an
education program three or more times) but--at least for the
purposes of evaluation--it is necessary to set up measurable
criteria.

Step 6: Select Appropriate Evaluation Methods

The next step is to design a study that will answer your
evaluation questions. Evaluation design should flow logi-
cally from these questions, your current needs for informa-
tion, and the program's stated objectives. Now you'll need
to consider:

*   Who can best provide this information (sampling issues)?

*   How and when will the data be collected (data collection methods)?

*   Exactly what information will be collected (measurement issues)? and

*   How will you assess the quality of this information (reliability and validity issues)?

Together, your plans for sampling, data collection, measurement and analysis comprise an overall evaluation design. There are many ways to find useful answers and information. The choice of appropriate method is inextricably linked to the type of evaluation you intend to conduct, your questions, setting and population. In addition, you should consider the availability of existing information and the resources available for collecting data.

The choice of evaluation methods inevitably entails some trade-offs. Any sampling plan, measurement instrument, and data collection method has advantages and disadvantages--and any design you choose will leave some questions unanswered. The wide range of options available make the choice of methods a difficult issue. In summative evaluations this is a highly technical area, requiring a good deal of expertise.

General methodological issues are considered in the remainder of this section, while issues specific to different types of studies are raised in Chapters 4 and 5.

Sampling Issues

Your team should define the groups (populations) that will be included in your evaluation and then determine how people will be selected (sampled) from these populations. Your evaluation questions may imply that you will focus on certain

groups (for instance, consumer satisfaction or program participation studies will obviously be concerned with the population of program participants.

* Will you compare program participants with similar groups, or look at participants only?

* Will you include all program participants, or only those involved in certain components of the program?

* How many people will be included in the sample?

* How will they be selected? Will you use a random sample?

* Do you need to "oversample" certain groups, to make sure that they are represented? (Eg., if you're interested in parents' perceptions of the program's service and only a few participants are fathers, you may want the study to include all the fathers and a sample of the mothers in the program, to ensure that fathers' viewpoints are represented.)

In general, it's best to gather information from several different sources (eg., program participants, direct service personnel and program administrators).

Random selection is often used to insure that a sample is truly representative of the population from which it was drawn. Subjects are selected in such a way that each individual in the population has an equal chance (or probability) of being included in the sample. If you want to study your participant population, but can't interview each person, you might create a random sample that includes 20% of the population. You could assign an ID number to each participant, select every fifth number, and include those people in your sample.

In summative evaluations, sampling is related to specific concerns about the overall design of the study. In order to

state that a family or individual is doing better in some way
because of a program, you need to have a standard of
comparison. The comparison group may be the participants
themselves before they were involved in the program, other
people who did not receive the same services, or an entire
population of similar people. Without some basis for
comparison it is difficult to determine whether the program
has any bearing on the results, or what might have happened
to participants had they not received the intervention.

Cause and effect relationships between an intervention and
its outcomes are difficult to establish. First, you need to
know what "raw materials" the program started with in order
to evaluate any changes that might have occurred as a result
of your intervention. To do this, you can assess the charac-
teristics or skills of participants when they enter the
program. A pretest and posttest design can show changes in
knowledge, attitudes or behaviors over the course of partici-
pation in the program. If positive, these would indicate
that the program is successfully producing certain changes or
gains among its participants.

However, the changes that occur during program participation
might also be due to other influences and events in families'
lives outside of the program. For instance, changes in
attitudes toward children could be related to a teenage
parent's maturation, or to a father's increased responsibil-
ity for child-care duties after his wife goes back to work.
Heightened awareness of certain issues in child-rearing could
be related to many changes in life circumstances, like the
myriad experiences involved in becoming a new or single
parent. Thus, an outcome evaluation has to consider other
factors in the social or economic environment that might
account for observed changes. Given the complexity and
number of factors that affect human behavior and family
well-being, it is usually not possible to rule out all
alternative explanations for changes that occur in a group of
program participants. But there are ways to make educated
guesses about the effects of a program.

Traditionally, causal relationships are tested with experimental designs, which use random assignment to experimental and control groups, with pretests and posttests. But the use of random assignment and control groups is often not feasible in family resource programs. Quasi-experimental designs (which attempt to approximate experimental designs without the use of a true control group) and non-experimental designs (in which there is no control or comparison group) are generally used instead. These types of studies are less rigorous than those that require random assignment. They are often easier to implement but more difficult to interpret.

For instance, the single group, pre-post design is probably the most commonly used in outcome evaluation. This involves a single group of subjects who receive a single type of treatment and are tested before and after the intervention. This design is descriptive and non-experimental--that is, it can tell you whether a change occurred on the measures used but, if there is a change, it cannot explain why this occurred. Nevertheless, this type of study is useful as a first summative evaluation project. It is relatively easy to develop, cheap to implement, and likely to fit into existing procedures. As Austin says,

> The major problem with [this] design will
> be a tendency to overinterpret. Favor-
> able changes cannot be attributed to the
> treatment program alone, and the lack of
> favorable change cannot be explained by
> presuming that the program is ineffec-
> tive.[11]

Another serious limitation of this evaluation design is that, in reality, participants in family resource programs often don't experience a single type of treatment. It is inappropriate to lump them into a single group for evaluation purposes when services are individualized or when people determine their own types and levels of participation--as they do in drop-in centers, for example.[12]

Most quasi-experimental designs involve multiple groups. Program participants may be compared to non-participants, who receive the same pretest and posttest measures. While this is stronger than the single group design, it still has limitations. Unless the groups are created with random assignment, it is difficult to determine that the program is responsible for any observed differences between these groups. Evaluators often try to create comparison groups that are as similar as possible, by matching program participants and non-participants on demographic characteristics and other variables thought to be related to the outcome measures. Another method for creating a comparison group involves the use of wait-listed controls--participants who will receive the program services later on.

Other types of multiple group designs involve comparisons among program participants, based on their characteristics and/or program variables. This is useful in determining which types of participants are most likely to benefit from a program; or, conversely, which types of programs are most effective for certain families. For instance, you might want to know whether mothers and fathers derive different benefits from a parenting program. Or you might want to compare the effectiveness of center-based versus home-based services for a specific target population.

Ethical Issues

People who participate in a study have the right to know how the data will be used and how their participation might benefit or harm them personally. They have the right to refuse to participate without adverse consequences (including being denied access to services). This is termed informed consent. Participants are often asked to sign a consent form, which includes a statement of the purposes of the evaluation, methods that will be used for protecting confidentiality, and their right to determine whether they

will be included in the study. (A sample consent form is provided in an appendix at the end of this book.)

To insure confidentiality, access to data should be carefully protected. It is particularly important to limit access to identifying information about the respondents (i.e., name, address, and any information that would allow others to recognize an individual). You will need to create strict rules for handling the data to ensure confidentiality.

In most cases, identifying information can be stored separately from all other data, by assigning subject ID numbers. A card or short form can be used to record the participant's name, other identifying information, and their ID number. Only the ID number should be entered on all other records. (For an example of this type of record-keeping system, see Form B in the appendix.) In this way, you can store identifying information in a locked or secure place. Those who collect and analyze the data will not need access to participants' names--nor should these be marked on forms that might be left lying on a desk. Should you need identifying information later on--perhaps you'll need addresses or telephone numbers for a follow-up survey--this will be available and you can control access to this information.

Wherever possible, data should be reported in the aggregate. Any quotations used to illustrate a point in an evaluation report should be anonymous.

Data Collection Methods

There are a variety of ways to collect data, including: in-person or telephone interviews, questionnaires administered on site or mailed to participants, and behavioral observations recorded by staff members or volunteers. Each of these has its advantages and disadvantages.

Since interviews provide an opportunity for dialogue, you may gain a better understanding of respondents' views with this method than you would from responses to a written questionnaire. On the other hand, interviews will require more staff time, and are not as anonymous as a written form (an important consideration if you are asking sensitive, personal or controversial questions). Written forms have the advantage of being relatively easy to standardize--that is, they can be administered to each subject in the same way--while it is more difficult to ensure that the interview process will be the same for each subject. And data gathered from a questionnaire is often easier to score than interview data.

If you use interviews, you must decide whether you will standardize the process (ask exactly the same questions of each respondent) and whether to structure the interviews (ask the same questions in a predetermined order). Standardized, structured interviews provide answers that are comparable across subjects, so that aggregate data are meaningful. But this method doesn't allow you to deviate from your set of questions. If you have decided to structure the interviews and someone you're interviewing reveals something that you think is particularly relevant, or responds in a way that you hadn't anticipated, you won't be able to break away from your set of questions to delve into their views. Unstructured interviews are useful when you want to make sure that you understand respondent's views--but your data analysis may be limited to reproducing portions of the interviews verbatim or devising simple categories within which to report your findings. This method is also impractical for gathering some types of factual information--like demographic data, for instance.

You might be able to use existing data that others have collected. For instance, you might want to review participants' social service, obstetric and/or pediatric records; or census data. This is convenient and inexpensive if the information you need is available. However, collecting existing information can be time-consuming and frustrating,

if you have to use many sources or negotiate your way through large bureaucracies. Unless you have parents' written permission, access to their families' social service and medical records (which are protected by confidentiality laws) will be difficult to obtain. In urban areas, the large number of agencies serving a target population may make it impractical to review service records, forcing reliance on parents' self-reports for information on their service use or medical history.[13]

Determine the best <u>timing</u> for data collection. Will you conduct a (retrospective) follow-up study of past participants? Or gather baseline (prospective) information from new or future participants? Or combine these approaches and collect data at several points in time?

The <u>setting</u> in which data are collected is also important. People are likely to respond differently to the same set of questions depending on whether these are asked in their own home, in a center, in private, in a group, or on the street. Determine which setting is best for gathering the type of information you want. If you are interested in parent-child interactions in the home, it's obviously better to go to participants' homes and observe the interaction there than to ask parents about this when they come to a center.

Convenience is another important consideration in choosing a setting. It's often easiest to collect data in the same setting in which services are provided. For instance, unless you're already providing home visits, trips to parents' homes for data collection will require extra staff time and costs. If you simply want to gather demographic data for each new family that comes to a center, you'll probably want to ask them to fill out a short form when they come in. If your program offers a warmline, you might consider telephone interviews or mailed surveys. The latter are relatively easy to administer, and require little staff time, but typically have a low response rate.

No matter which setting you choose, be sure this is standard-
ized across subjects--that is, all data collection should
take place in the same setting. If you interview a few
parents in their homes, others in the center, and more over
the phone, you may be mixing apple and oranges when you try
to combine their responses.

Measurement Issues

Your selection of variables for a study and decisions about
how these will be measured should flow from your evaluation
questions and operational definitions. Your questions focus
on certain categories of variables--or specific variables--
which are of interest to your program. General categories of
variables for program evaluation include: program resources
or costs, participant or community characteristics, service
delivery activities, organizational processes, program
outcomes and impact. Program personnel should determine
which specific variables are important in evaluation--that
is, they will decide which family characteristics or which
specific organizational processes should be studied. Your
operational definitions should help you specify how each
variable will be measured (see Step 5).

Decisions about how and what to measure are often the most
difficult aspect of evaluating family resource programs
(especially in summative evaluations). But, as Olds sug-
gests,

> We don't need elaborate methods of
> measurement as much as clear thinking
> about what we are trying to do.[14]

If you find that your evaluation questions and operational
definitions do not provide clear guidelines for measurement
decisions, you may need to go back and refine your questions
and definitions. If your questions concern complex concepts
(like healthy family functioning or social support), you may

need assistance from an experienced researcher in formulating operational definitions and making measurement decisions. While consultants in this area can help your group determine how to measure variables that are of interest to you, and how to collect and analyze this data, they should not be asked to decide what to measure. Again, those decisions should be made by program personnel, since they are more familiar with the workings and assumptions of the program--and it is their questions that are important.[15]

Your team will need to determine whether to collect qualitative or quantitative data. Qualitative data can be categorized or summarized in narrative form--and are useful in descriptive or formative studies. Open-ended questions yield qualitative data. (Open-ended questions are unstructured, short answer or essay questions.) For example, the question, "What did you learn from this seminar?" requires a narrative response.

Quantitative methods result in numerical responses that can be aggregated and analyzed with descriptive (and sometimes inferential) statistics. For example, if you ask parents to rate the content of a seminar on a scale of 1 to 5, where 1=not useful and 5=extremely useful, you will get numerical responses. You can then calculate the average rating for all respondents, percentages of respondents who rated the course content at different points on the scale, and so forth. In general, quantitative data provides greater precision of measurement and lends itself to more sophisticated analytic techniques than qualitative data. Quantitative methods will be useful in summative evaluation studies, in which you will compare program participants to a similar group and/or compare pretests and posttests. Evaluators frequently use both qualitative and quantitative data in a single study--to strike a balance between precision in measurement and descriptive power.

It is best to use multiple methods--to gather information from several different data collection instruments or

techniques. In this way, you can balance the advantages and
disadvantages of different methods. If the results from
different data sources and methods agree, this adds to the
credibility of your study.[16] For example, you might use
written questionnaires and conduct a small number of in-depth
interviews in follow-up studies of former participants. The
questionnaires are relatively easy to administer and inexpen-
sive. These can be used to gather data on a large number of
families, while interviewing will allow you to explore the
participants' views in greater detail. Similarly, you should
combine different data sources. A study of people's views of
the program will be more complete if participants, staff, and
community leaders are sampled than if only one of these
sources is included.

Ideally staff should seek out and use standardized instru-
ments or existing measures which have been tested for their
validity and reliability. In this sense, validity means that
the instrument measures what it says it does, and reliability
means that it does so consistently. It is important to
decide what you want to measure first and then try to find or
create instruments that fit your needs. It may be difficult
to find standardized measures which will fit your participant
population and your evaluation questions, but you should not
use existing instruments simply because they are available.[17]

The instruments you select must be closely examined to
determine whether they measure the exact characteristics
(knowledge, attitudes or behaviors) that you are trying to
change and whether the reading level and content are appro-
priate for your population. If the instrument was developed
for or tested in a population that is different from yours in
some way, it may not be right for your subjects. Bond and
Halpern point out that

> Questions about knowledge of child
> development that can be reasonably asked
> of mothers who had graduated from high
> school and have had previous childrearing

> experience may not elicit meaningful
> responses from young...teenage mothers
> (with their first babies).[18]

In some cases, you may be able to use entire instruments that
have been developed by others. Or you may want to use
selected portions of existing instruments, adapting these to
fit your needs. The advantages of constructing your own
instrument (or adapting someone else's) are: 1) that it can
be designed to measure exactly what you are trying to do, and
2) it can be written expressly for your participants. The
disadvantages are the difficulties in establishing that the
instrument measures what it is supposed to measure (that it
is valid) and that it does so consistently for different
individuals at different times (that it is reliable).

Again, by combining different data collection tools, you can
strike a balance between the need for measures that will help
you answer your evaluation questions and the need for valid
information. One way to do this is to develop your own
intake forms and basic information records (like Forms B
through G in the appendix), and select at least one estab-
lished instrument that is fairly easy to administer and
interpret (like Form F).

Developing Your Own Instruments

The procedures for designing interview schedules and ques-
tionnaires are essentially the same. (An interview schedule
is a set of questions and instructions for interviewers to
follow.) Some suggestions and guidelines for the initial
stages in creating a data collection instrument are:

*   Find and review several instruments that have been useful
    to others in gathering similar types of information on
    their programs. What questions did they ask? Do you like
    the format and phrasing they used?

*   Keep your data collection instruments brief. The more
    questions you ask (especially open-ended ones), the longer
    it will take to make sense of the answers. It's better to
    get good answers to a few important questions than to get
    bogged down trying to sort out too much information.

*   Closed-ended questions are easier to answer and score than
    open-ended ones. Anticipate all possible answers to a
    closed-ended question and include these response catego-
    ries on the questionnaire or interview schedule.

*   Open-ended questions are useful to elicit respondents'
    opinions and impressions, specific suggestions, and
    general comments about the program. Categorize answers to
    open-ended questions after the data are collected.

*   State questions simply and leave little room for interpre-
    tations. Use clear, objective language. Use neutral
    phrases, or include both positive and negative phrases
    about the program in your instrument.

*   Make sure that the instruments you use are relevant for
    your participants, program, setting, and (most of all)
    your evaluation questions.

Once you have drafted a data collection instrument, check to
see that it meets the criteria listed in Figure 2. Then the
instrument should be pilot tested (see Step 8).

The reliability and validity of an instrument are indicators
of the accuracy and relevance of the data you will collect--
and, ultimately, effect the usefulness of a study. With a
limited staff and budget, it may not be possible to test the
reliability and validity of the instrument you develop. This
requires a substantial number of subjects, access to a
computer, and the services of a competent statistician.
Sometimes assistance with reliability and validity studies
can be obtained through a local college or university. If
you do use a consultant for validity or reliability tests (or

FIGURE 2

DATA COLLECTION INSTRUMENT CHECKLIST

General:

___ Are all relevant issues addressed?
___ Is the reading level or language appropriate for respondents?
___ Are jargon and abbreviations avoided?

Questions:

___ Are all questions answerable by all respondents in all cases?
___ Does each question address a single topic?
___ Are there any biased or leading questions?
___ Are there both positively and negatively phrased questions?

Response Categories:

___ Are response categories unambiguous?
___ Are they mutually exclusive?
___ Exhaustive? (include "other") when in doubt
___ Are there too few or too many response categories?
___ Do response categories match the question?

Format of Instrument:

___ Is it clear how to respond to each item?
___ Is it clear when multiple responses are allowed?
___ Is there enough room to respond?
___ Has consideration been given to ease of coding and retrieval?
___ Are responses pre-coded?
___ Does the sequence of items flow logically?

for any other data analysis), be sure to involve them in the design of the instrument, since the manner in which questions are phrased can limit statistical analysis.

Information Management Issues

It is important to simplify data collection and reduce duplication in reporting as much as possible. Take external reporting requirements into consideration, even though the primary concern should be the usefulness of information to internal users.

Determine how and when information will be recorded and relayed to the evaluation coordinator. Spell out responsibilities for each phase of data collection. (Who will record data? What will they do with it afterward?) It is best to set up a system for relaying data to the coordinator as soon as possible after it is collected. In this way, the person who has overall responsibility for the study can identify and attempt to rectify any problems that crop up in data collection. This person should examine the data as soon as it comes in and attempt to gather any missing information.

Schedule group meetings or "check points" throughout the evaluation process. This will allow the team to review its progress, discuss any problems that arise, and negotiate changes in the evaluation plan if necessary.[19]

Feasibility

Again, make sure that your methods are feasible. Estimate the cost and difficulty of gathering and analyzing data. Are sufficient resources available to conduct your proposed evaluation? Is there adequate funding, staff time, and expertise. (See "Choosing an Evaluation Strategy," Chapter 2.)

If this is your program's first attempt at evaluation, start slowly. Develop one good evaluation tool at a time. Keep this as short and simple as possible. Once you have success-fully used this instrument, you can continue to collect data with it. Expand it or create new forms, if you need additional data.

Step 7: Develop an Evaluation Plan

It is extremely important to think through and plan all of the evaluation steps in detail before you try to implement an evaluation. For instance, if you don't develop a plan for data analysis before you collect this information, you may later find yourselves wondering how to make sense of all the data you've gathered. Moreover, data analysis considerations will often affect the structure of your data collection instruments.

Create a "blueprint" for the evaluation, detailing your overall evaluation plan. This will include: your evaluation questions, sampling and data collection methods, measurement instruments, plan for analysis and dissemination, etc. (see Figure 3).

It is best to create a written document that describes these issues in detail, so that this can be shared with key actors outside the evaluation team, and referred to as you go along. A carefully detailed plan for each stage of evaluation will guide your work and help you to view the evaluation process as a whole. Inevitably, you will critique and improve your plan as you put it in writing.

FIGURE 3

CONTENTS OF AN EVALUATION PLAN

*   A statement of the evaluation question(s)

*   A detailed description of the evaluation method, including:

    - Sampling plans
    - Data collection methods
    - Measurement techniques and instruments
    - Procedures for testing reliability and validity of the data
    - Procedures for standardizing data collection (Who will collect
      data? Under what conditions? What types of training/instruc-
      tions will they need? What instructions will subjects need?)

*   Plans for protection of subjects, including obtaining informed
    consent and limiting access to identifying information

*   Plans for regulating the flow of evaluation data

*   Plans for data summarization and analysis

*   Time lines for all phases of evaluation, including: pilot test-
    ing, data collection, analysis, reporting, and group meetings

*   Details on who will take responsibility for each step of the
    plan (including: drafting and pilot testing the instruments,
    collecting and analyzing data, and preparing reports)

*   Limitations of the evaluation design and measurement instruments
    and the level of confidence that may be placed in the results,
    given the trade-offs which have been made and problems of design
    and instrumentation.

*   Plans for use of the information, which explicitly take into
    account the limitations of the study and the level of certainty
    which can be placed in the findings.

Step 8: Pilot Test the Evaluation Plan

Before fully implementing your evaluation plan, pilot test
the entire evaluation system. Try out all instruments
(forms, interview schedules, and questionnaires) and proce-
dures with several subjects. This will allow you to find and
eliminate problems before you've invested a lot of time and
energy in data collection. Consider the following issues:

*   Did the respondents understand the questions?

*   Were the instructions and response categories clear?

*   Were subjects willing to respond?

*   How did they react to the questions?

*   Did the interviewer or respondent have trouble reading the
    questions?

*   Are there any inconsistencies or ambiguities in interpret-
    ing or coding any of the data?

*   Did data collection take too long? (If so, simplify the
    format or eliminate some questions.)

*   Was the format confusing?

Also test your plans for coding and analyzing the data. This
will help you determine whether your data collection proce-
dures will actually yield useful information, and whether
your plans for analysis are appropriate. Try to gauge how
much time it will take to analyze the results from a larger
sample. If it looks like this will be quite time-consuming,
you may want to reduce or simplify your instruments.

Some people see this step as an unnecessary bother--but it is very important. A pilot test will uncover some of the weaknesses in your evaluation design or your methods of data collection or analysis. Inevitably, you will need to make some changes. Although this does take time, these altera- tions will strengthen your evaluation and eliminate errors which would be much more serious and costly if they were only realized after data collection is in full swing. It's much better to learn from your mistakes with a few pilot test cases than to find out later that the questions you used were misinterpreted, that your procedures didn't work, or that you didn't get the information you needed.

Step 9: Implement the Evaluation Plan

Follow the procedures for sampling and data collection detailed in your evaluation plan, with any revisions that have been made after the pilot test.

The evaluation coordinator should monitor all aspects of the project, looking for areas where procedures might break down. This type of monitoring can generally be accomplished by conducting informal spot checks. Potential problems that can arise during implementation include:[20]

*   Failure to collect and record data

*   Reconstruction of data long after-the-fact, with inherent inaccuracies

*   Breakdown of informed consent and confidentiality protec- tion procedures

*   Inaccurate or sloppy coding of data

*   Biased sampling, particularly of program participants

*   Breakdown of participant assignment to experimental and
     control groups

You can avoid some of these recording problems by requiring
that all data forms are turned in and examined by the
coordinator within a short time after completion.

Sampling problems can only be detected and solved with the
close involvement of the project coordinator, who should be
familiar with the procedures actually used in all aspects of
the evaluation.

The use of no-treatment control groups involves a unique set
of potential problems. Subjects in the control group may
receive similar services elsewhere or, in interacting with
program participants (who may be their neighbors or friends),
may receive a diluted form of the intervention. It's often
difficult for staff to deny services to families--especially
if they are convinced that these services are helpful and
families are in need--and there have been many instances in
which control group subjects wound up in the program. In
addition, differential attrition (or drop-out) rates between
the program and comparison groups is a common problem. The
evaluation coordinator should watch for these problems and
determine whether or not you have a true control group.

Step 10: Summarize, Analyze and Interpret the Data

In many formative evaluations, data analysis and interpreta-
tion will be an ongoing process, which takes place simultane-
ously with data collection. In pilot tests and other
relatively short-term studies, data analysis is usually a
separate step which occurs after all the data have been
collected. In spite of differences in timing, many of the
simpler procedures for analysis will be similar across
different types of studies.

In most evaluations, analysis is concerned with describing characteristics of a sample or program, or identifying changes over time and differences between groups.

Qualitative Analysis

There are several ways to organize and present qualitative data. One is to reproduce raw data without comment. For instance, you might select a few of the responses to open-ended questions on a consumer satisfaction survey--that represent the range of opinions that were expressed--and reprint these verbatim.

Another method is to organize the data by topics or categories. It helps to have several copies of the raw data for cutting and pasting. This will allow you to experiment with various ways of categorizing the data. Comments about the benefits of a program might be one topic, while suggestions for modifications or improvements are another. Similarly, you might report mothers' and fathers' responses separately, or develop categories that represent different levels of exposure to the program and organize participants' comments based on how often they had attended.

As you can see, this type of analysis is useful to begin to investigate important trends in the data and relationships between variables. If you do discover trends or apparent relationships you must be extremely careful in interpreting these findings. Without further statistical analysis, you cannot claim that there is, in fact, a relationship between these variables, nor can you determine the direction of causality. For example, if parents who attend your program regularly seem to express greater satisfaction compared with those who come less frequently, then it would seem that parents' exposure to a program and consumer satisfaction are related. However, it is difficult to establish that there is such an association, and hard to describe its nature (i.e., Does dissatisfaction with the program "cause" parents to

attend less often? Or does greater exposure to and, perhaps, understanding of the program lead to higher levels of satisfaction?).

Qualitative data may also be organized into case studies, describing the in-depth experiences of several "typical" program participants.

Quantitative Analysis

There are certain kinds of statistical analysis that you can perform without a great deal of training. Termed "descriptive statistics", these simple techniques can be used to summarize and describe information about your program, its delivery and participants.

Most summarization can be done by hand tally or with a pocket calculator, if the number of cases and variables is small. This is often done by first transferring all data into a single tally sheet (see Figure 4). This is a grid or matrix of numbers, in which each row represents one respondent's scores and each column represents a variable. Subjects are assigned ID numbers and each variable is given numerical codes. Data analysis will focus on the columns (variables) which can easily be summarized in this form.

Frequencies are the numbers of items (subjects, responses or observations) that fall in certain categories. Using the tally sheet above, you could obtain a simple frequency by counting the number of subjects who rated a parent education course in the "excellent" category (i.e., the frequency of times the code "4" appears in the second column). A "frequency distribution" is created by counting the number of responses in each category in a column (i.e., all the "1"s, all the "2"s, the "3"s, and "4"s in the second column).

FIGURE 4

SAMPLE TALLY SHEET FOR A PARENT EDUCATION PROGRAM

Participant ID Number	Class Content Rating Code	Attendance Code	Sex Code	Age
01	4	2	1	24
02	3	1	1	28
03	2	1	1	23
04	3	2	1	29
05	4	2	2	25
06	3	1	1	31
.	.	.	.	.
.	.	.	.	.
.	.	.	.	.
50	4	2	2	28

Codes: Class Content Rating: Attendance: Sex:

1 = Poor   1 = Low   1 = Female
2 = Fair   2 = High   2 = Male
3 = Good
4 = Excellent

To obtain a frequency distribution of class content ratings, count the number of 1's in the second column. then count the number of 2's, the number of 3's, and 4's.

To obtain a crosstabulation of class content ratings by attendance level, count the numbers of 1's, 2's, 3's, and 4's for each "1" in the 3rd column. then repeat this process for each "2" in the 3rd column.

To obtain the mean (average) age for the sample, add all numbers in the last column and divide by the number of subjects (n=50).

Adapted from D. Paul Moberg, Evaluation of Prevention Programs: A Basic Guide for Practitioners (Madison, WI: Wisconsin Clearinghouse, 1984), p. 13. Used with permission. Further reproduction is prohibited. Evaluation of Prevention Programs is available from the Wisconsin Clearinghouse, PO Box 1468, Madison, WI 53701.

Figure 5 shows the frequency distribution of participants' ratings of a parent education class. Frequency distributions are often easier to interpret when displayed in bar graphs (like Figure 6) or pie charts. Frequencies can also be used to describe the numbers and types of hours, visits, or people involved in a program.

Percentages are useful in describing participants (eg., "98% of the program mothers are unemployed, 86% are currently receiving welfare, and 37% are married") or in reporting progress toward program goals ("80% of the drop-in participants were from our target group of first-time mothers"). Percentages are also called "relative frequencies", since they describe the frequency of an observation or response, relative to (divided by) the total number of subjects.

Any distribution of scores can be displayed in a table or graph, using simple and/or relative frequencies. The information presented in Figure 5 is graphed in Figures 6 and 7. Note that the raw numbers (presented in Figure 6) and percentages (in Figure 7) illustrate the same distribution of scores.

FIGURE 5

FREQUENCIES AND PERCENTAGES

Class Content Ratings	Frequency (n)	Relative Frequency (%)
Excellent	20	.40
Good	25	.50
Fair	5	.10
Poor	0	____
TOTAL	50	1.00

FIGURE 6

SIMPLE FREQUENCY DISTRIBUTION
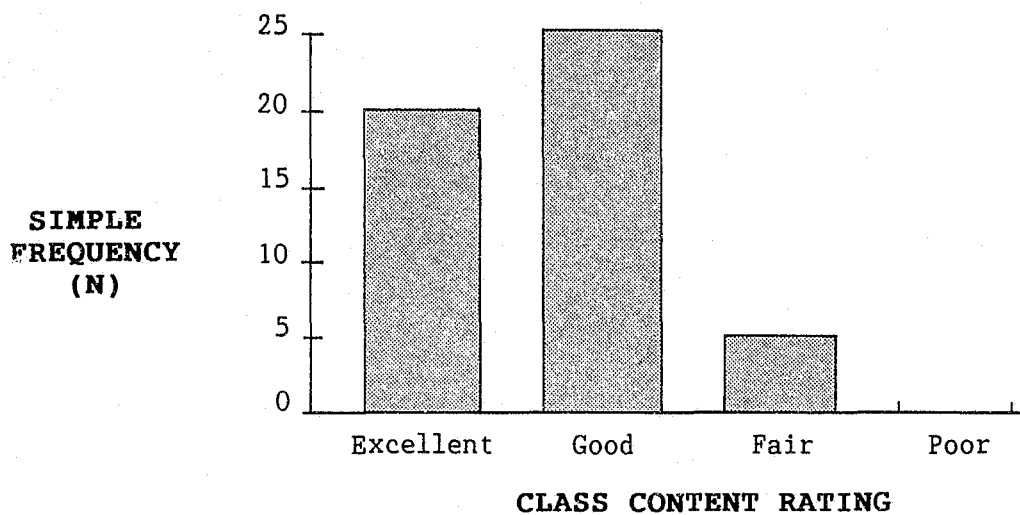
FIGURE 7

RELATIVE FREQUENCY DISTRIBUTION
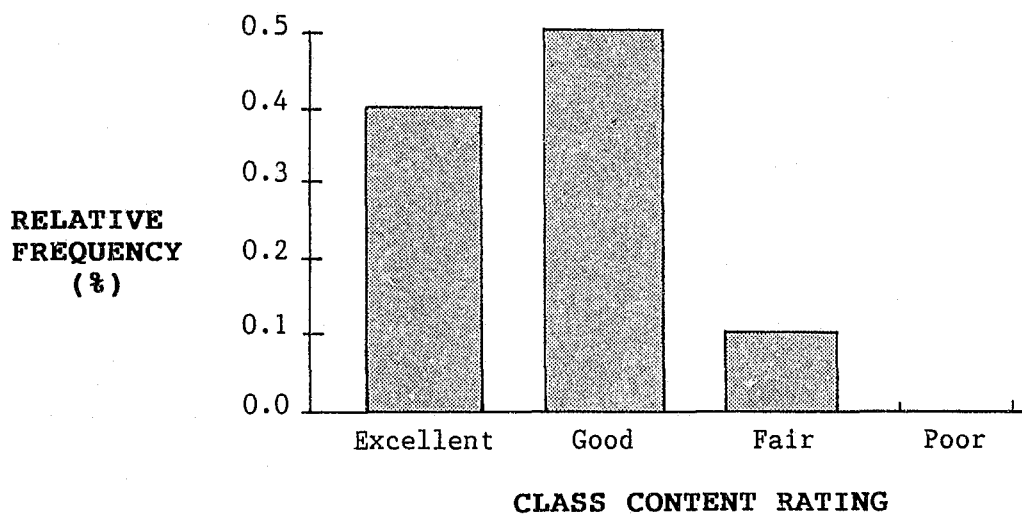
Measure of central tendency (means, medians, and modes)
provide a kind of shorthand notation to describe certain
characteristics of a group. ("The mean age of mothers in our
program is 24.6, they have an average of 1.2 children, and
spend 6 hours a week at the center.") Measures of a central
tendency can also be used to describe changes in a group of
people or program over time.

Measures of variability include the range, standard devia-
tion, and variance, and are used to describe the amount of
dissimilarity or dispersion among observations. ("Mothers'
ages range from 19 to 45, they have between 1 and 5 children,
and spend 1 to 12 hours a week at the center.")

Measures of association, including crosstabulation and
correlation analysis, describe the relationship(s) between
two or more variables. Crosstabulation produces joint
frequency distribution tables (i.e., frequency distributions
for two or more variables) which can provide a basis for
comparisons between groups or show relationships between
variables. In Figure 8, it appears that parents' ratings of
class content are related to their level of attendance.

FIGURE 8

CROSSTABULATION: CLASS CONTENT RATINGS BY ATTENDANCE LEVEL

Class Content Rating	Attendance Level High	Low	TOTAL
Excellent	20 (67%)	0	20 (40%)
Good	10 (33%)	15 (75%)	25 (50%)
Fair	0	5 (25%)	5 (10%)
Poor	0	0	0
TOTAL	30 (100%)	20 (100%)	50 (100%)

There are many more complicated--and more powerful--analytic techniques. Tests of significance and analysis of variance (ANOVA) can be performed to determine whether observed differences between groups are statistically significant. Correlation analysis is used to determine the degree to which two variables are related. Multiple regression analysis allows you to measure the effects of one factor while holding others constant. While a discussion of these techniques is beyond the scope of this guidebook, you should know that they are available.

Most programs will need specialized assistance with advanced methods of quantitative analysis. If you plan to conduct a summative evaluation or intend to analyze relationships between variables and are not already knowledgeable about methods of statistical analysis, consult with someone who is. Contact your statistics expert at the beginning of the evaluation project, when your group is formulating the questions you want answered through data analysis. Your data analyst must know how you intend to collect and use information, in order to help you create a plan for data analysis.

If you will be collecting a lot of data (either your sample size is large or you are collecting information on many different variables), hand-tallying will become very tedious and time-consuming. In this case you may want to consider computerized data analysis. Enlist the aid of a computer specialist early on (before pilot testing your plan), to insure that the data are collected in proper format for computer analysis. Assistance in computer analysis is most readily available from local colleges and universities, as well as from some school boards, insurance companies, private consultants, or municipal governments.[21]

Analysis as an Interactive Process

Interpretation of the data should be a joint effort involving the members of the evaluation team. You might also want to

share preliminary results with other staff members and key actors as well, to obtain additional perspectives on the meaning of the data, enhance its usefulness and avoid unexpected surprises in a written report.

After the evaluation team examines the data, further analysis is likely to be required. As Moberg observed,

> Data analysis is a process in which the answer to one question often leads to the posing of another...Interpretation is rarely straightforward and obvious. Most studies will have both negative and positive findings; they also usually have methodological limitations or problems which call into question the certainty of results. Thus your interpretation should be specific, focusing on concrete aspects of the program, rather than characteriz- ing the whole program as "successful" or not.[22]

Step 11: Disseminate the Findings

Make sure that all the key decision-makers receive periodic briefings on the progress and preliminary findings of your study. Your team should present evaluation reports (or summaries) to other staff, board members, actual and poten- tial funding sources. If your evaluation is an ongoing process, periodic reports to these groups will be a particu- larly useful way to keep people interested and involved.

Think about how the data will be shared with: co-workers, board members, in the press, and with program participants. Local program and other professionals who share your interest in families or prevention programs may also benefit from your

findings. Some evaluations conclude with a final written
report summarizing the details of methodology, findings, and
interpretations; but this is not always possible or neces-
sary. Verbal reports, with supporting tables, graphs and
charts, or case studies may be sufficient for the needs of
the program. Several versions of the report may be desir-
able, including a brief, simplified version (an executive
summary) for widespread dissemination.

For ongoing evaluations, you should prepare a statement
describing your questions and methods. A separate summary of
your most recent results or findings to date would also be
appropriate. Reports of your findings should be made
periodically, while the description of the evaluation
processes will only need to be revised if changes are made in
the evaluation design. In some cases your periodic reports
can consist of a simple table. This would be sufficient to
present monthly attendance data or other program statistics.

Preparing a Report

All evaluation reports contain some common elements--although
the content, style, length, and format will vary, depending
on your audience and type of evaluation. By following an
outline such as the one in Figure 9, you can provide your
readers with a clear description of the program and your
evaluation. Full reports should contain most (if not all) of
the items listed in this outline. (Naturally, you might only
have results to report in specific areas and periodic reports
on ongoing evaluations need not be this detailed.)

Include sufficient detail to give the audience some idea of
the flavor and character of the program. Quotations from
program participants can be used to explain and highlight
your findings and make them more meaningful. Illustrations
and plausible explanations are important additions to
straightforward reporting of the data--but make sure that you
differentiate between empirical facts and interpretations.

FIGURE 9

OUTLINE FOR AN EVALUATION REPORT

I. Description of the Program

   A. Target population and community characteristics

   B. Program mission, goals and objectives

   C. Program structure, content and service delivery methods

II. Description of the Evaluation

   A. Evaluation questions

   B. Design, including sampling procedures and time frames

   C. Data collection procedures

   D. Measurement instruments (include copies in an appendix)

   E. Reliability and validity of measures

   F. Limitations in the design, data collection or measurement procedures

III. Results

   A. Description of participants

   B. Documentation of program resources and activities

   C. Findings regarding program outcomes and impact

IV. Interpretation of Results

V. Recommendations for dissemination and utilization of the findings in program development

Tables, charts and graphs can be used to present your data
efficiently and to illustrate important patterns and key
findings. Simple tables that present your findings in
frequencies, percentages, or crosstabulation will be useful
in many reports (see Figures 5 and 8). Although these types
of tables are often necessary, they may be difficult for some
readers to interpret. You might also try to illustrate
important trends in your data with charts and graphs (see
Figure 10). The text should include interpretations and
plausible explanations for information presented in this way.
For instance, you might say that, "Figure 10 shows a pattern
of fluctuations in the number of drop-in center visits per
month, which has remained fairly constant over several years.
Attendance drops due to center closings (in December and the
summer months), and rebounds afterward."

FIGURE 10

CENTER ATTENDANCE
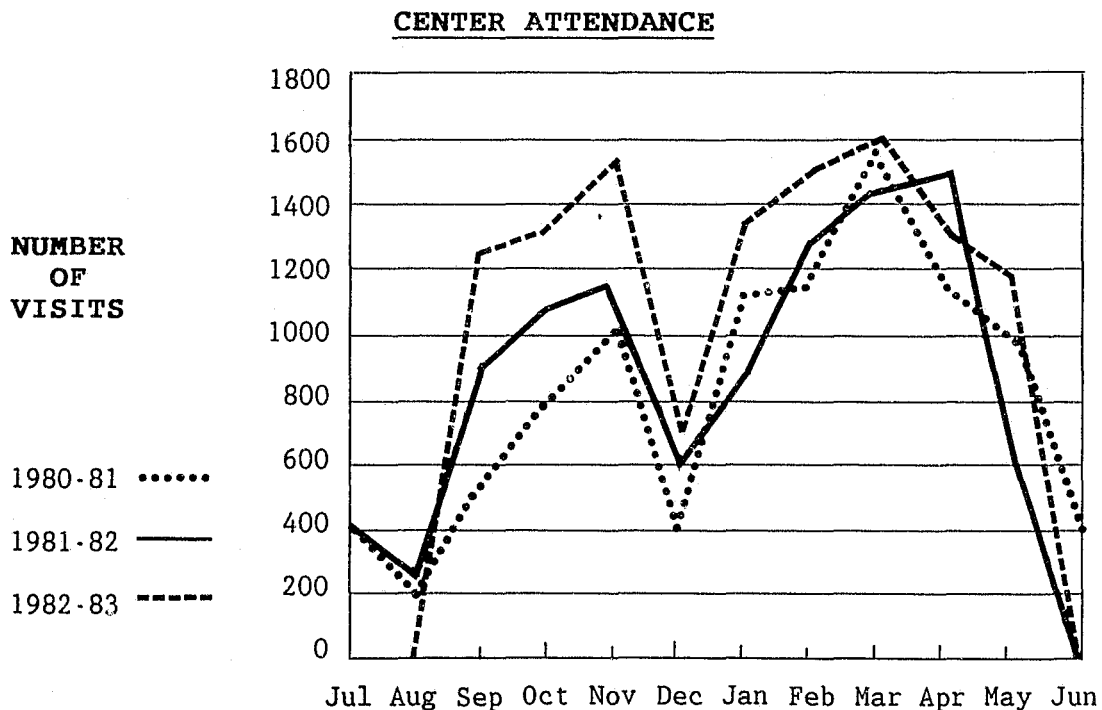
Source: Parent Education Resource Center, Farmington, UT. Used by
permission.

Interpretation of the data may include recommendations for program planning and improvement. Report strengths and weaknesses of the program and the evaluation, so that accurate judgments can be made of the degree of confidence to be placed in the results.

Keep your primary audience in mind when writing the report. Chances are that there are certain things you will want to make particularly clear or stress more than others, depending on your readers' interests. For example, if your audience is an external group of service providers, you might include detailed descriptions of the program implementation process, so that others can understand and replicate your activities. If your audience is a potential funding source, you need to focus on evidence of community acceptance of your program, potential or actual benefits for participants, and the cost-effectiveness of your approach (or similar approaches).

Finally, it is always a good idea to have others proofread your text. Ask people familiar with the project to examine the content of your draft, to see that it is complete and accurate. Ask others who are not familiar with your evaluation to review your text for readability.

Step 12: Incorporate the Findings in Program Planning

Evaluation often leaves many questions unanswered, and raises new questions. Immediate utilization of the data in program planning, administration or service delivery activities may not be possible or desirable, without further study. Use of evaluation and research findings is a gradual, cumulative process in which the questions are changed, and conceptualizations are altered as you build a knowledge base.[23] This requires careful interpretations of the findings, with particular attention to their implications for action or change.

In thinking about ways to utilize your findings, consider whether any changes should be made and how the program might be improved.

* Are the program's goals and objectives realistic?

* Are your service delivery methods effective? Are they appropriate for the target population?

* Are your outreach approaches successful in attracting potential program participants?

* Are the approaches used in communicating and working with other community organizations and interest groups productive?

* Should the program's level of activity be increased? decreased?

* Do your staffing patterns match program needs? Do staff need additional training? Do they need to be rewarded for a job well done?

* Are the program's resources adequate?

* Consider the program's monitoring or evaluation component. Are the measures you use adequate? Does the data that is collected reflect the issues your program is designed to address? Is this information useful to you?

The program evaluation team should work with administrators and other key decision-makers to address issues raised in the evaluation process and formulate action plans for implementing any changes deemed necessary.

NOTES TO CHAPTER 3

1. These steps have been adapted from: Michael J. Austin, Gary Cox, Naomi Gottlieb, J. David Hawkins, Jean M. Kruzich, and Ronald Rauch, Evaluating Your Agency's Programs (Beverly Hills, CA: Sage Publications, 1982), p. 21; D. Paul Moberg, Evaluation of Prevention Programs: A Basic Guide for Practitioners (Madison, WI: Wisconsin Clearinghouse, 1984), p. 7; and Michael Quinn Patton, Utilization-Focused Evaluation (Beverly Hills, CA: Sage Publications, 1978), pp. 284-289.

2. Moberg, 1974, p. 7; see also Patton, 1978, p. 284.

3. Kathryn Barnard, "Major Issues in Program Evaluation," in Program Evaluation: Issues, Strategies and Models (Washington, DC: National Center for Clinical Infant Programs, 1986), p. 4.

4. A.S. Gurman and D.P. Kniskern, "Family Therapy Outcome Research: Knowns and Unknowns," in A.S. Gurman and D.P. Kniskern (Eds.), Handbook of Family Therapy (New York: Bruner/Mazel, 1981), p. 744.

5. Moberg, 1984. For assistance in defining program goals and objectives, see Joel Cantor, Nancy Kaufman and Michael Klitzner, Four Steps to Better Objectives (Madison, WI: Wisconsin Clearinghouse, 1982).

6. Adapted from Moberg, 1984, p. 8. [Used with permission of the Wisconsin Clearinghouse. Further reproduction is prohibited. Evaluation of Prevention Programs: A Basic Guide for Practitioners is available from the Wisconsin Clearinghouse, P.O. Box 1486, Madison, WI 53701.]

7. Moberg, 1984.

8. A useful guide for consumers of social science research is provided by: Jeffrey Katzer, Kenneth H. Cook and

Wayne W. Crouch, Evaluating Information: A Guide for Users of Social Science Research (Reading, MA: Addison-Wesley Publishing Co., 1982). Procedures for reviewing research literature are discussed in Richard J. Light and David B. Pillemer, Summing Up: The Science of Reviewing Research (Cambridge, MA: Harvard University Press, 1984).

9. Moberg, 1984.

10. Carl J. Dunst and Carol Trivette, A Guide to Measures of Social Support and Family Behaviors (Chapel Hill, NC: Technical Assistance Development System, University of North Carolina at Chapel Hill, 1985), p. 3.

11. Austin et al., 1982, p. 177.

12. Douglas R. Powell, "Individual Differences in Participation in a Parent-Child Support Program," in I.E. Sigel and L.M. Laosa (Eds.), Changing Families (New York: Plenum Press, 1983); and Jeffrey R. Travers and Richard J. Light (Eds.), Learning From Experience: Evaluating Early Childhood Demonstration Programs (Washington, DC: National Academy Press, 1982).

13. James T. Bond and Robert Halpern, "The Role of Cross-Project Evaluation in the Child Survival/Fair Start Initiative," in H.B. Weiss and F. Jacobs (Eds.), Evaluating Family Programs (Hawthorne, NY: Aldine, in press).

14. David Olds, Presentation of the National Center for Clinical Infant Programs' (NCCIP) Program Evaluation Task Force at a Congressional luncheon sponsored by Research Resources for Children, Youth and Families; Washington, DC; November 11, 1986.

15. Jack Shonkoff, Presentation of the National Center for Clinical Infant Programs' (NCCIP) Program Evaluation

Task Force, at the NCCIP Fourth Biennial National
Training Institute, Washington, DC, December 8, 1985.

16. Norman K. Denzin, <u>The Research Act: A Theoretical
Introduction to Sociological Methods</u>, Second Edition
(New York: McGraw-Hill, 1978); Susan W. Gray and Lois P.
Wandersman, "The Methodology of Home-Based Intervention
Studies: Problems and Promising Strategies," <u>Child
Development</u>, Vol. <u>51</u>: 993-1009, 1980; Moberg, 1984.

17. Shonkoff, 1985. Dunst and Trivette, 1985, provide a
review of existing measures of social support and family
behaviors and information on the reliability and
validity of these instruments.

18. Bond and Halpern, in press.

19. Moberg, 1984.

20. Ibid.

21. Ibid.

22. Moberg, 1984, pp. 14-15.

23. Ibid.

4 Formative Evaluation

Formative evaluations generate information for the purpose of
planning, monitoring and improving programs. They describe a
program or community, or provide feedback on service delivery
and organizational processes. While some aspects of forma-
tive evaluations will be useful for certain external audi-
ences, their main objective is to provide program staff and
administrators with the information they need to keep tabs on
what and how the program is doing. Olds suggests that,

> Significant strides can be made in
> improving [programs'] efficiency and
> effectiveness...once program administra-
> tors and policy makers recognize that
> properly designed and executed process
> evaluations are both respectable and can
> inform our efforts to improve the lives of
> children and families.[1]

Since formative evaluations are generally easier to design
and less costly than summative studies, they can be conducted
by program personnel on a routine basis. These should be the
first types of evaluation you use and should be continued
throughout the life of your program. In the long run, a
series of small studies that provide descriptive information
on program operations and feedback for personnel--on a
continuous basis--may be more useful than any well-designed
outcome study.

It is important to document and monitor the extent to which a
program is actually carried out as planned. It usually takes
a year or so before a new service delivery program is fully
implemented, and much longer to make necessary refinements.
Even programs that have been operating for a long time can be

affected by changes in key personnel, or they may alter
service delivery methods in response to changes in families'
needs. Since variations in program implementation and staff
characteristics may affect treatment outcomes, ongoing and
systematic record keeping is essential in order to understand
how the program works and how it is perceived by partici-
pants.

Formative evaluation includes traditional monitoring and
accountability activities, and can be used to assess virtu-
ally any aspect of your program. As Seitz has said, forma-
tive evaluation "starts with the issue of who is being served
and goes on to document exactly what is being done."[2] In
addition to describing your target population and partici-
pants, formative studies can be used to examine your service
delivery methods, policies and procedures, community rela-
tions, and so forth. This routine and systematic assessment
of program operations is an essential management tool.

Several different types of formative studies are described in
this chapter. Each of these can be used alone, to answer
specific questions that you might have about the program, or
in tandem with other formative or summative approaches to
study the program as a whole.

A comprehensive formative evaluation will focus on the
program operations as a whole, combining many of the
approaches described below. Although studies that are
narrower in scope will often fit the program's immediate
needs, formative evaluation is most useful when it attempts
to provide a broad understanding of program operations.[3] For
example, an administrator will want to document the resources
available for service delivery, in order to develop staffing
patterns and program budgets. Funding sources often require
documentation of program activities, including statistics on
the numbers and types of families served, as well as amounts
of staff time and monetary expenditures needed for service
delivery. While the manager's study of program resources,
and funders' interest in program statistics are two examples

and funders' interest in program statistics are two examples
of formative evaluation, a combined analysis of of the
program's resources and products will provide a more compre-
hensive picture, describing how the program is working to
accomplish its goals.

COMMUNITY NEEDS ASSESSMENT

Community needs assessment is a systematic approach to
identifying needs for services in a particular geographic
region or population. It provides an important context for
program planning and evaluation activities.

New programs should be specifically designed to meet identi-
fied needs in a target population. Family resource programs
are provided through a variety of service delivery models.
Inspired by what others have done, yet sensitive to the
specific needs in a particular community, each program
creates its own mix of services and devises content appropri-
ate for a specific population. Some models fit certain types
of communities and populations better than others.[4] Thought-
ful program planning and development is based on careful
assessment of community needs and characteristics--not just
appealing, bright ideas.

You should get to know your community very well and develop a
clear understanding of its needs, issues and resources before
developing a service program. Needs assessment will help you
identify gaps in the existing service delivery system and the
specific problems or issues your group will address. This
information will enable you to plan services that are truly
needed and are not duplicative of other organizations'
efforts. It will help you select projects that are important
but feasible and activities that will be supported by the
leaders and members of your community.

Although the primary purpose is to identify community needs
for services, the needs assessment process is important for

several other reasons. First, your contacts with other
service providers lay important foundations for later work.
You may identify individuals and organizations who may be
able to assist your group in planning or providing services
for families. These contacts will also become important
referral resources that you can pass on to some of the
families that come to your program. Secondly, the data you
gather will provide the basis for your program's goals and
objectives, for funding proposals and successful appeals for
contributions, and it will add to the credibility and
positive public image of your organizations.[5]

Needs assessment also provides a way to reach out to families
who may be able to use your program. Listening to their
needs and concerns will help you formulate ideas about
specific types of services that families in your community
want and will use.

Three types of information are important in needs assessment.
These include data on: 1) the nature and severity of existing
community problems, 2) the availability of community re-
sources, and 3) the types of services that have been effec-
tive elsewhere.

First you should determine what types of data already exist
about your community and collect this information. Statis-
tics describing the community are usually available from a
number of sources. Finding your way through bureaucratic
mazes to get this information takes time and effort, but in
the process you'll learn a lot about local government
agencies and other important institutions in the community.

Basic demographic data on the community--including the size
of the population and its characteristics (by age groups,
racial or ethnic backgrounds, income, occupations, household
sizes, and so on) can be obtained from U.S. Census statistics
and reports. These are often available in library reference
sections. In addition, state, county and local governments
often conduct their own population surveys, and may have

information that is not included in U.S. Census statistics or
figures that are more recent. Contact local government
offices or planning, community development or housing
agencies to try to obtain this information.

You may also want to gather information on specific issues in
the areas of health, education, employment, and violence in
the community. For instance, state and local health depart-
ments often maintain statistics on birth rates, teenage
pregnancy, and the incidence of various diseases and medical
problems which will be useful for programs concerned with
health issues. Information on the incidence of family
violence, crime statistics, rates of juvenile delinquency,
etc., can be obtained from local police or probation depart-
ments, state social service agencies, or court reports.

There are several other potential sources of descriptive
information about the community. City, county and state
governments often have planning offices or staff that can
provide current information on the population and its needs.
Local colleges and universities may be involved in research
in the community, and their libraries might have more
extensive information than your public library. (Contact
university departments of: Child and Family Studies, Early
Childhood Education, Social Work, Psychology or Sociology.)
Other programs and organizations in the area might have
collected their own information about the community. The
local United Way is especially useful source of information
about community needs for services and existing programs.
Social service agencies and public health nursing offices
often compile data on the characteristics of their clients
and their service utilization. They may also be able to
direct you to other useful sources of information.

Your group should identify and visit organizations that are
interested in similar issues or that provide services related
to the projects you have in mind. These might include:
family service agencies, day care centers, schools, social
service organizations, and community mental health centers.

Find out which groups are involved in providing services for
families and what specific programs are available. This will
also help you form allies, learn how similar programs were
started, and avoid unnecessary duplication of services that
already exist. If you can't find a program in the area
similar to the one you want to develop, it is important to
document this fact and detail how and why existing programs
are different.

Continue your search for information to determine whether
your idea or a similar one has been tried elsewhere. Search
the literature for current information and research available
about the particular topics of interest to your group. Look
for information on various program models or intervention
techniques. Examine the pros and cons of different
approaches, and look for those that seem to work best in
specific settings or with certain populations. Professional
journals in family studies, early childhood education and
social work are good sources for this type of information.
These can be found in local college, university and public
libraries. Newsletters and publications from regional and
national organizations in the field (including the Family
Resource Coalition, the National Center for Clinical Infant
Programs, and the National Organization on Adolescent
Pregnancy and Parenting) are useful resources for information
on innovative family-oriented prevention and early interven-
tion programs.[6]

Once you have collected descriptive statistics, relevant
literature, and first hand reports from others in the field,
you will have acquired background knowledge that will help
you understand and address the types of problems that
families in your community face. But you still need to know
how other members of the community see its needs and issues,
and what types of projects the community will support.

The next step is to choose a formal community needs assess-
ment method that will help you identify specific needs,
issues, resources, and planning strategies for your program.

The most common types of needs assessment involve: 1) inter-
viewing key informants (important members of the community),
2) holding community forums, and 3) conducting community
surveys.

It's best to combine two or more of these approaches, to
collect information from different sources and in a variety
of ways. Not only will this improve the quality of the
information you receive, but it will prepare you for the
kinds of data gathering and research projects that will
become useful to you once the program is underway.

Key informants are people in the community who are important
sources of information because of their official position or
relationship to your topic. For instance, the director of a
family service agency and the president of the local PTA may
have particularly relevant insights on the needs of many
parents and children in your community. Parents can also
tell you what types of programs they need or would be likely
to attend.

The approach to using key informants involves identifying and
interviewing people who are concerned about your topic and
represent different perspectives on the issues. Your
informants should be a diverse group of a dozen or more
community leaders and members. This group might include: a
city official, police chief, day care director, church
official, public school teacher or principal, public health
nurse, social worker or family counselor, juvenile court
judge, lawyer, family physician or pediatrician, the leader
of a women's group or volunteer organization (like the Junior
League), a parent who started a support group or babysitting
cooperative, and so forth.

Select your group of informants and develop a set of specific
questions to use in interviewing these people. Your ques-
tions should be objective and open-ended, allowing each
person to express and explain their views.[7] For example, you
might ask some of the following questions:

* What are the most important problems facing families in this community?

* What are some of the reasons for these problems?

* Which types of services for families are inadequate or not available?

* Does the community need a resource center (or other services) for parents?

As you begin to interview key informants, they may raise new questions and issues you hadn't thought of, or suggest that you talk to a certain person. If you can afford the time, expand your list of questions and contact people accordingly.

After talking with these community members, try to summarize the major points made in the interviews and your conclusions. This might result in statements like:

* 85% of the 30 people interviewed thought that the increasing number of working parents who cannot provide after school supervision for "latch-key" children posed a serious problem in the community.

* All of the informants thought that the availability of day care services in the community is inadequate. The director of a day care center reported that 50 families are on their waiting list.

Provide copies of your findings to all of the people you've interviewed as a matter of courtesy, but don't identify individuals by name in the report.

Community forums are public meetings designed to bring people together to discuss community problems and possible solutions. This is another way to gather comments and opinions about the needs and issues in your community. The community forum is less time consuming than a series of interviews, and

it has the advantage of being open to residents who might not
be heard from otherwise. The disadvantages are that you
can't select participants as carefully and may miss some
important factions of the community. Moreover, the forum may
raise unrealistic expectations that your group will solve all
the problems that are identified.

To conduct a forum, arrange a meeting time at a centrally
located and neutral site with a widely respected moderator.
Publicize this extensively, well in advance of the meeting.
Make special attempts to reach families that are not always
adequately represented, including minority groups, single,
working and teenage parents. Plan to record comments (with
audiotape, if possible). Follow up with a report summarizing
the highlights and themes of the meeting, and share this with
the local news media, government and social service agencies,
and other community leaders.

Community surveys can be used to document the presence of a
particular need in the community that is not reported
elsewhere. Surveys are useful in gathering opinions about
the effectiveness or availability of existing services, and
about changes and improvements that are needed in the service
delivery system. And they can be the most accurate source of
information on local needs and issues. Since a well-designed
community survey can become quite time-consuming and expen-
sive, this should be conducted only when there is no other
way to adequately document a community problem or issue.
Check with local organizations, like the United Way, to
determine whether a study similar to the one you have
envisioned has been conducted by another group.[8]

There are several steps in designing and conducting community
surveys. These include: questionnaire design, pilot testing,
sampling, data collection, data analysis and reporting. In
each of these areas there are technical issues that will
affect the quality of your results (discussed in greater
detail in Chapter 3). You must be sure that your questions
are not biased, that their meanings are clear, that the

reading level and language are appropriate for your popula-
tion, and that instructions are easy to follow. Your sample
should be representative of the population of interest to you
(eg., all families with children under 18, all single-parent
families, or all households in a certain geographical area).
A random sample of your population is ideal, but often
difficult to obtain. In addition, your data collection
methods should be standardized so that they are the same for
each respondent. Finally, methods of data analysis should be
carefully chosen to fit the type of data you have collected.

Although community surveys can take a great deal of time and
effort, the results are often worth it. Grey and DiLeonardi
illustrate the usefulness of this type of information for
program planning:

> Your survey may show that mothers in your
> community want to have a place that they
> can go with their children, where the
> children will have adults and other
> children to interact with in a safe
> environment, where there will be other
> mothers who are experiencing the same
> pressures they are, or where they can
> leave their children for a short while to
> get some time for themselves or to tend
> to an emergency. These features then
> become the objectives of your program.[9]

Each community needs assessment method will provide you with
insights into specific problems and issues in your community.
By combining this information with the statistics and
demographic data that you've collected, you will be better
able to describe the unique characteristics of your commu-
nity. The results of your needs assessment and literature
review should give you a good idea of the types of services
that would be beneficial and appropriate for your community.

Based on the information you have collected, your evaluation team should try to identify those factors in the community and larger society or environment that may constrain and facilitate program interventions. For instance, changes in the availability of community services, public policy shifts, and macroeconomic factors can have dramatic effects on family functioning--and these have important implications for service delivery.

Finally, needs assessment can be used on an ongoing basis. Existing programs should continue to monitor data on the nature and severity of community problems, the availability of existing community resources, and information on what services have been effective elsewhere. This information will be useful for your program's continual growth and development. Studies of this type also provide a foundation for summative evaluations, which will focus on how well the program meets community and family needs.

PROCESS ANALYSIS

This type of evaluation looks at organizational processes and program operations. Process analysis describes the steps taken in program implementation, discrete program activities, problems that have been encountered, solutions that have been found, and areas in which further problem-solving or study are needed. A thorough understanding of how the program functions is important for many reasons. Data on the process of program implementation will help you understand and explain how the program design and content evolved in relation to community needs and network structures.[10] This information is useful in describing the nature of your program to others and in interpreting the data with which you assess your program's effectiveness.

Take some time in the early stages of program planning and implementation to describe your underlying assumptions about the need for the program, the rationale for choosing certain

intervention methods, and the anticipated benefits of the program for participants. More specifically, your process analysis could address some of the following types of questions.

*   How and why was the program created? What is its history?

*   What is the program's philosophy and mission? What are its goals and objectives?

*   What are the program's components and specific service delivery activities? How is the program designed to achieve its goals?

*   What is the organizational structure of the program?

*   How is the program funded? What is its budget? What types of resources are available for service delivery?

*   How are volunteers recruited? How many and what kinds of volunteers are recruited? What types of activities or functions do they perform? How are volunteers coordinated?

*   How are staff members selected? What types of training, experience or skills are required?

*   What are the various job descriptions and tasks that program personnel perform? How do they fit into the organization as a whole? How is their work coordinated or supervised?

*   What do the staff and volunteers actually do with families? What types of information do they collect, when and from whom? How and when are referrals made? What sorts of recreational, educational, and/or therapeutic activities are provided?

*   What problems have been encountered in developing the
    organization or in implementing service plans? What
    solutions have been found? What issues remain unre-
    solved?

*   How does the program relate to other state and local
    agencies? How are services coordinated or referrals
    handled between organizations?

You may find that members of your group have divergent views
of the history, goals or activities of the organization. For
this reason, it is important to make sure that your descrip-
tion of the program represents all factions of the organiza-
tion. You may want to interview other staff, administrators
and program participants, to gather their views on the
organization as well. To do this, you might follow the key
informant approach, described earlier in the section on
community needs assessment.[11]

Your group's consideration of these topics might lead you to
identify certain program operations or assumptions that are
not clear. This may indicate areas in which further study is
warranted. For example, you might find some disagreement in
defining the target population. If the program's partici-
pants have changed since its inception or if new staff have
not yet been properly oriented, program founders and newer
staff member may have different perspectives on the types of
families who are using or could be using the program. Your
group may decide to take a closer look at actual program
participants and recommended that staff meet to review their
definitions of the intended recipients of program services.

There are several ways to document and describe program
processes. The most common approach is to develop a narrative
description of the program, focusing on its history, philosophy,
organizational structure and activities. A sample outline
for this type of descriptive analysis of the program is
presented in Figure 11. The resulting narrative will be
useful in orienting new staff and volunteers to the program.

FIGURE 11

OUTLINE FOR PROGRAM NARRATIVE

  I. Problem statement (need for the program)

 II. Program mission, goals and objectives (expected benefits)

III. Target population

 IV. History of the program's development

  V. Program content and service delivery methods[12]

    A. Outreach and participant recruitment procedures
    B. Needs assessment and service planning procedures
    C. Duration and frequency of contacts with participants
    D. Educational or therapeutic content and delivery method
    E. Problem-solving and mutual support activities
    F. Ancillary services and/or referral systems for families

 VI. Participant experiences[13]

    A. Description of an average service experience and the range of service experiences (family case histories)

    B. Explanation of variation in services by: participant, service provider, family, or community characteristics

VII. Program structure

    A. Formal organization

    B. Financial information (funding sources, revenues, expenditures)

    C. Personnel (paid staff and volunteers)
       1. Recruitment procedures and selection criteria
       2. Orientation, pre- and in-service training procedures
       3. Supervisors' roles and selection criteria

VIII. Relationships with other organizations (collaboration, service coordination, and referrals)

An abbreviated version maybe useful in describing the program to prospective participants, members of the community and the press. Portions of this narrative might also be incorporated into grant proposals.

Record important events in the development, implementation and evaluation of your program, as they occur. Any incident that seems particularly relevant or typical of your experience should also be recorded at the time. This will enable you to add detailed vignettes to later reports that will be interesting and very helpful for your readers.

Another method for describing program processes involves mapping out the ways in which specific program activities are thought to be related to immediate and ultimate results, specifying the individual, family and community factors which the program intends to change and the hypothesized relationships between those factors. These models or diagrams--of the chains of influence between program interventions, anticipated benefits of the program, and other factors that may be associated with the outcome variables--are useful in making the program's underlying assumptions and rationales explicit.

The purpose of these models is to keep attention focused on the many interrelated factors that may influence decisions about program interventions and evaluation. Models such as these will help you keep the "big picture" in view and organize your thinking about how to intervene with families, what to expect along the way, and how to evaluate your program.[14]

ASSESSMENT OF PARTICIPANTS' CHARACTERISTICS AND NEEDS

Data on participants' characteristics and needs can be used to guide program planning and referral services, to determine whether or not the program is reaching its target population, and to provide insight into motivation for program

participation. Family resource programs are predicated on meeting the particular needs of the parents and children they serve. Since parents respond differently to support and education programs and their families' needs change over time, recognition of participants' unique characteristics and needs is important in establishing the program's working objectives.[15]

For example, one program found that parents who used their warmline service seemed to have different types of concerns and worried more about their children than other parents in the community.[16] This type of information--about parents' special concerns--will suggest specific areas to be addressed in program planning and staff training. Topics for parent discussion groups and in-service workshops for staff can evolve from the particular concerns or needs expressed by program participants.

Data on characteristics of participating families will help you document who the program is serving and how well you are reaching your target population. This is useful information for planning and administrative purposes, and your funders will want to know this as well. Figure 12 describes a program that has successfully met its goals for serving target groups in the community--and exceeded its expectations for serving teens and significant others.

It is also important to look at characteristics of families who participate in different types of resource programs. This will help you understand which services are particularly attractive and useful for certain kinds of families in your community. For instance, you may note differences between parents who come to a drop-in center and those who partici-pate in structured workshops. This may help you tailor your services to the needs of the particular types of families who attend. (More detailed information can be gathered with program participation records, which are discussed later in this chapter.)

FIGURE 12

TYPES OF PARTICIPANTS
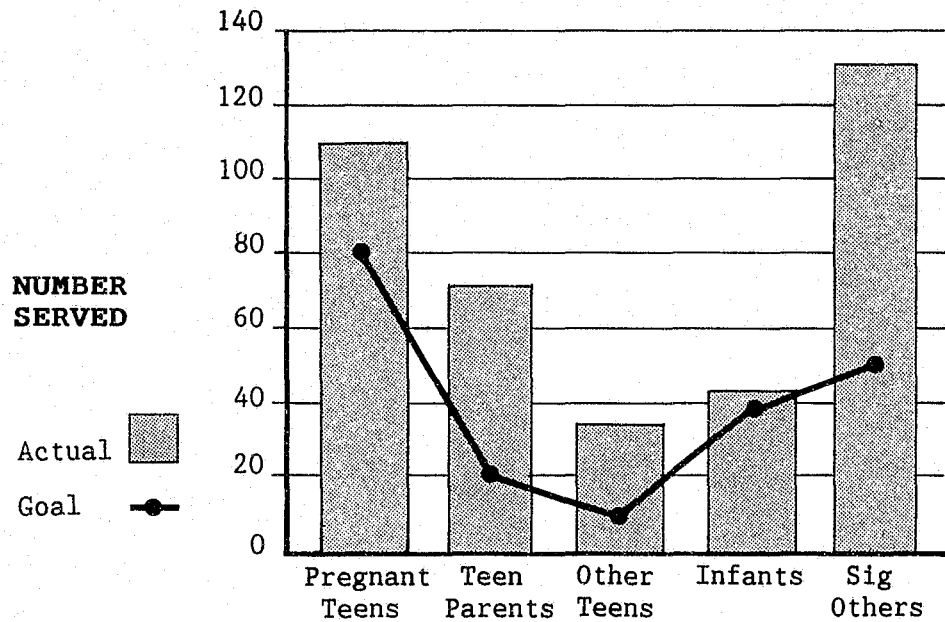
In addition, knowledge about characteristics of program
participants will be useful if you wish to create a
comparison group for summative evaluation purposes.

The type of descriptive data that you collect from program
participants can range from basic demographic information
that is easily obtained on a short intake questionnaire (see
Form B) to more formal assessment measures, including
attitudinal scales (like Form F) or observational records
describing the home environment or parent-child interactions.
If your program operates on a low budget or is primarily
staffed by volunteers, you will want to stick to very simple
types of data collection. At a minimum, you should gather
information on: parents' sex and age, the number and ages of
their children, their marital status, their race and economic

status. This type of demographic data will allow you to describe your participants in broad strokes and compare them to families in other programs or to a no-treatment comparison group (see Figure 13).

FIGURE 13

SUMMARY OF DEMOGRAPHIC CHARACTERISTICS BY GROUP

	Program A (n = 35)	Program B (n = 35)	Comparison (n = 35)	TOTALS (n = 105)
Avg. Age in Years	29.6	31.0	33.9	31.7
Avg. Education in Years	7.6	8.4	8.0	8.0
% High School Drop-outs	33.1	28.2	28.4	29.9
% Currently Married	36.9	44.5	42.3	41.9
% Unemployed	98.2	85.6	96.1	93.3
Avg. Household Size	6.9	5.7	5.6	6.1
Avg. Number Children	4.2	3.1	3.1	3.5
Avg. Monthly Income	$468.00	$479.00	$474.00	$473.00
% Receiving Welfare	85.7	40.0	40.0	55.2
% Living with Parents	14.6	14.4	14.2	14.4

Adapted from Gloria G. Rodriguez, Final Report: Project C.A.N. Prevent, San Antonio, TX: Avance-San Antonio, Inc., 1983. Used by permission.

RESOURCE ANALYSIS

Analysis of program resources will help you document and describe your expenditures and activities. This will be useful in assessing the different ways in which available resources have been (or could be) used for service delivery as well as the program's efficiency in its use of monetary and human assets. These data can then be used for program planning purposes and to demonstrate accountability to funders.

The costs of a program can be divided into the following categories:

*   Personnel: all human resources required for direct service; staff and volunteer recruitment, training and supervision; program administration and fund-raising

*   Facilities: physical space used to provide the service

*   Equipment and materials: furnishings, instructional equipment and materials, office machines and supplies

*   Other inputs: miscellaneous costs like utilities, liability or theft insurance, special training seminars, administrative overhead, and maintenance

*   Participants' inputs: contributions that are required of families participating in the program (eg., transportation, books, food, assistance with child care or fund-raising activities)

Any human or material resource and all monetary expenditures used in developing, implementing and delivering services should be carefully documented. Analysis of these records should be conducted on an ongoing basis, and in most cases can be performed with data that is easily obtained. Most programs will keep detailed financial records as well as data on staff and volunteer time. The program budget is an excellent source of information for resource analysis. Other types of financial records--such as audits, receipts, and invoices--will also be useful.

In addition, staff and volunteer logs which record numbers of hours spent in various types of activities can be used to track personnel resources in different components of a program. These should generally be separated into direct and indirect service activities. Direct services are those activities that involve contact with participants, including:

outreach and referral, individual consultation, group facili-
tation and education. Indirect services are those that are
necessary to support direct service activities, but do not
involve contact with program participants. Planning,
record-keeping, and transportation of staff to and from
service delivery sites are indirect service activities.

Specific questions to guide your resource analysis are given
below. The value of personnel resources can be computed by
the week, month, or year.

*   How many hours do paid staff spend in direct service and
    indirect service activities?

*   What is the value of staff time (in terms of wages and
    benefits)?

*   How many hours do volunteers spend in various activities
    (eg., public education, public relations, direct service,
    outreach, planning and administrative tasks)?

*   What is the estimated dollar value of the volunteers' time
    (based on hourly wages and benefits)?

*   What is the market value of the space needed for service
    delivery and program administration (rental or purchase
    price)? What are the costs of the utilities you use?

*   What is the market value of the furniture, office and
    other equipment, any materials and supplies needed to run
    the program? How often will these need to be replen-
    ished?

*   What is the market value of in-kind donations received by
    the program?

*   What is the relationship between the actual cost of
    program resources and their estimated (market) value?

SERVICE STATISTICS

Service statistics are indicators of the types and levels of program activity. Accurate data on service utilization documents what the program is actually doing and helps to justify current and proposed expenditures.

It is assumed that programs routinely keep records on the numbers of people they serve. But in fact, many family resource programs collect this information sporadically. Systematic and routine collection of these data will allow you to provide funders and policy-makers with hard evidence of the good work you do. The numbers of families you serve and the hours of work you put in are very important--and should always be documented.[17]

Think about your program in terms of units of effort. What do you do and how can you count it? The following are examples of units of effort.

* Number of support or education sessions offered

* Number of parents attending group sessions

* Number of requests for information answered or referrals made

* Number of hours of individual or group contact (direct service)

* Number of families served

These data are fairly easy to collect--but it does take some effort to see that this is done properly and to analyze the numbers. Your program should develop some standard data collection forms. Intake and attendance records and time charts or logs can provide all of the above statistics.

This is one of the types of formative evaluation that really
should be built into every program. All staff and volunteers
should take part by recording the numbers of hours they spend
in various activities and helping parents fill out intake and
attendance records. One person on your staff should be
responsible for compiling the data monthly. Staff may
quickly become disinterested in this type of "paper work."
Show them the figures regularly and remind your co-workers
why these statistics are important.

As an example, Figure 10 (in Chapter 3) documents trends in
one program's attendance data over three years. This chart
suggests that people have been coming and will probably
continue to come to the center--as long as it's open (note
that this center closes for a time during the summer months
and in December, and the attendance data reflect this). This
program's ability to attract participants and its stability--
evidenced by the fact that people attend at about the same
rate year after year--says a lot for the importance and
acceptance of the program in the community.

There is no reason why service statistics have to be limited
to simple head-counting. Think creatively about what types
of data will describe what you do and what information will
be useful for your program planning and administrative
purposes. For instance, you might want to look at numbers of
families that attend a drop-in center during certain hours of
the day, so that you can arrange to have additional staff or
volunteers on hand during peak hours.

Your funders may want to know how much your program spends
for each family it serves, or how much it costs to provide an
hour of direct service. Once you have data on the amounts of
service you provide and an assessment of the resources
required by the program, you can detail how much and what
types of effort are expended for each participant and you can
calculate the costs of the program in units like these.

In combination with summative evaluation, service statistics can contribute to understanding which program components are most important, and which may have made a crucial difference for the families involved.

PROGRAM PARTICIPATION RECORDS

Carefully designed records will document the numbers and characteristics of families that use the program's resources in some way. This type of information may be used to investigate relationships between individual and family characteristics and different patterns of program utilization. Moreover, it is another type of formative data that is useful in interpreting outcome studies.

Program participation patterns, participant characteristics, and any interactions between these two sets of variables are likely to be related to outcomes. Two very simple illustrations of this point are that 1) parents who attend an educational program more frequently than others may learn more, and 2) motivation and everyday stress may have much to do with how people participate in and benefit from a program. It is important to look at the ways in which different families participate in your program. This will help you understand what types of services are particularly attractive and useful for certain kinds of families.[18]

Most programs will keep basic descriptive information about participating families and records of contacts with family members. This usually involve two separate data collection activities: First, basic information about participants are gathered at intake (see Form B in the appendix). Secondly, fairly simply forms can be devised to record each contact. (Form C is a sign-up sheet used to record drop-in center attendance). More detailed accounts of individualized contact with participants can be recorded on simple forms (like Form D). If these two types of records can be linked (with names or ID numbers), staff will have access to

information about families' patterns of program participati-
on. This can be used to determine which types of families
are most likely to utilize certain services.

Some programs will keep detailed case records on each family
served. These records are important--for service planning
and evaluation purposes--but, because they require a consid-
erable amount of staff time, case records are only practical
when staff involvement with families is intensive and
sustained. This is often the case in home-based programs.
Case records are clearly not appropriate for some short-term
and informal intervention programs (including parent educa-
tion seminars, self-help groups, and unstructured drop-in
centers). Olds has suggested that, where case records are
kept, these may become the focal point of program evaluation.
The records should contain detailed assessments of family
functioning, and intervention goals which reflect objectives
for the program as a whole, as well as individual objectives
for each family. Progress toward achievement of these goals
and any changes or improvements in family functioning, noted
in the case record, become the basis for evaluation.[19]

Studies can be designed to answer the following types of
questions: Do first-time mothers come to a center more
frequently than experienced" moms? Are they more or less
likely to attend structured group activities? Is there a
particular activity that attracts single parents more than
others? Simple frequency distributions and crosstabulations
are useful in initial explorations of relationships between
individual, family and program characteristics (see Chapter
3, Step 10).

Rates of participation (or, conversely, drop-out rates) can
also be used as an indication of a service program's ability
to meet families' needs and of acceptance of the program in
the community.

CONSUMER SATISFACTION SURVEYS

Consumer satisfaction surveys assess program participants'
appraisals of the program's value to them. These survey
forms are filled out by participants at the end of their
involvement in a program or at predetermined intervals.
Participants' comments and views of the program's strengths
and weaknesses can be an important source of feedback for
program personnel. Powell notes that,

> While it is important to consider the
> participants' perspective in evaluating
> family-based programs, there is little
> value in doing so with a consumer survey
> that determines whether [current partici-
> pants] are satisfied with program
> services. [That] questionnaires of this
> type yield high scores of satisfaction
> ...is not surprising since most programs
> are voluntary and dissatisfied parents
> probably withdraw from participation.
> Further, high levels of satisfaction do
> not necessarily mean a program is effec-
> tive according to objective outcome
> indicators.[20]

Thus, consumer satisfaction surveys may be most useful when
specific suggestions for program improvement are solicited;
when parents are asked to describe how the program affected
them and their family members, rather than simply stating how
satisfied or dissatisfied they were (see Form E); or when
used in follow-up studies to determine why former partici-
pants are no longer involved in a program.

For instance, a warmline program found that the majority of
their callers used the service only once. Their statistics
showed that less than 40% of the callers reused the service
within 3 months. Staff were concerned that the program was
not meeting callers' needs and conducted a follow-up study of

former callers to get their assessment of the program. The
survey showed that 90% of the warmline callers were pleased
with the service they had received--and would have called
again if a problem or question arose. Some callers had been
referred elsewhere, and were using these services; others had
no further problems or reasons to seek warmline services. In
this case, a consumer satisfaction survey augmented and
helped to explain existing data about the frequency and
reasons for parents' use of the program.[21]

SUMMARY

Formative evaluations can help your group plan, monitor and
improve services for families. These studies can generate
useful data about the program, its participants and commu-
nity--which should be of interest to program personnel,
funders, policy-makers and similar service organizations.
Your group can (and should) develop a plan for formative
evaluation. This can be designed to tell you almost anything
you want to know about your program, except whether families
are actually better off as a result. Formative studies will
further understanding of how programs are working to achieve
their goals for families and how families respond to and
utilize these services.

NOTES TO CHAPTER 4

1. David Olds, Presentation of the National Center for Clinical Infant Programs' (NCCIP) Program Evaluation Task Force at a Congressional luncheon sponsored by Research Resources for Children, Youth and Families, Washington, DC, November 11, 1985.

2. Victoria Seitz, "Evaluation Strategies," in Program Evaluation: Issues, Strategies and Models (Washington, DC: National Center for Clinical Infant Programs, 1986) p. 9.

3. D. Paul Moberg, Evaluation of Prevention Programs: A Basic Guide for Practitioners (Madison, WI: Wisconsin Clearinghouse, 1984).

4. See: Lynn E. Pooley and Julia H. Littell, The Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents (Chicago: Family Resource Coalition, 1986); Edward F. Zigler, Heather B. Weiss and Sharon Lynn Kagan, Programs to Strengthen Families (Yale University and Family Resource Coalition, 1983).

5. Carol Upshur, How to Set Up and Operate a Non-profit Organization (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1982).

6. The Family Resource Coalition maintains a clearinghouse of information on family resource programs, and can put you in touch with other groups in the U.S. who have developed similar projects or those who have worked with a population like yours. Also see: Pooley and Littell, 1986; Zigler, Weiss and Kagan, 1983; and the Family Resource Report. The National Center for Clinical Infant Programs publishes a periodical entitled Zero-to-Three. NOAPP Network is the National Organization on Adolescent Pregnancy and Parenting's newsletter.

7. For a discussion of interviewing methods for needs assessment studies, see: Keith A. Neuber, Needs Assessment: A Model for Community Planning (Beverly Hills, CA: Sage Publications, 1980).

8. George J. Warheit, William A. Yega and Joanne Buhl-Auth. "Mental Health Needs Assessment Approaches: A Case for Applied Epidemiology," in A. Zutra, K. Bachrach and R. Hess (Eds.), Strategies for Needs Assessment in Prevention (New York: Haworth Press, 1983); and Upshur, 1982.

9. Reprinted from, Evaluating Child Abuse Prevention Programs by Ellen Gray and Joan DiLeonardi, 1982, by permission of the publisher, the National Committee for the Prevention of Child Abuse, Chicago, IL.

10. Douglas R. Powell, "Research on Family Support Programs: Methodological and Conceptual Issues," in S.L. Kagan, D.R. Powell, B. Weissbourd, and E.G. Zigler (Eds.), Family Support Programs: The State of the Art (New Haven, CT: Yale University Press, in press).

11. A thorough guide to organizational assessment is provided by Harry Levinson, Organizational Diagnosis (Cambridge, MA: Harvard University Press, 1972).

12. This section from: James T. Bond and Robert Halpern, "The Role of the Cross-Project Evaluation in the Child Survival/Fair Start Initiative," in H.B. Weiss and F. Jacobs (Eds.), Evaluating Family Programs (Hawthorne, NY: Aldine, in press).

13. Ibid.

14. Bond and Halpern, in press.

15. D. Harmon and O.G. Brim, Jr., Learning to be Parents: Principles, Programs and Methods (Beverly Hills, CA: Sage Publications, 1980).

16. Margie Wong, "A Comparative Study of Two Groups of
     Parents: Those Who Seek Help and Those Who Do Not,"
     Unpublished (Los Angeles: Parent Infant and Preschool
     Service, Cedars-Sinai Hospital, 1983).

17. Francine Jacobs, "The State-of-the-Art of Family Program
     Evaluation," in H. B. Weiss and F. Jacobs, The Effec-
     tiveness and Evaluation of Family Support and Education
     Programs, A Final Report to the Charles Stewart Mott
     Foundation (Cambridge, MA: Harvard Family Research
     Project, 1984).

18. See Douglas R. Powell, "Individual Differences in
     Participation in a Parent-Child Support Program," in
     I.E. Sigel and L.M. Laosa (Eds.), Changing Families (New
     York: Plenum Press, 1983).

19. Olds, 1985. For an example of this type of evaluation,
     see Jeree Pawl, "The Infant-Parent Program at San
     Fransisco General Hospital," in Program Evaluation:
     Issues, Strategies and Models (Washington, DC: National
     Center for Clinical Infant Programs, 1986) pp. 12-14.

20. Powell, in press.

21. Paulita Neal and Jennifer Saxon-Rachman, "An Evaluation
     of the Warm Line: A Cedars-Sinai Community Mental Health
     Center Telephone Service for Parents," Unpublished (Los
     Angeles: Parent Infant and Preschool Service, Cedars-
     Sinai Hospital, 1980).

5 Summative Evaluation

Summative evaluation studies are designed to test the effects
of a program. That is, they determine what changes occur or
whether families are better off as a direct result of the
program. In family resource programs, summative studies
frequently look for improvements in: maternal and child
health, intra-familial interaction, levels of everyday
stress, use of social support networks, knowledge about child
development, and/or attitudes toward parenting. Since the
goal of many family resource programs is to <u>prevent</u> something
from occurring (eg., maternal isolation and depression, child
abuse and neglect), summative evaluation might also examine
whether there was a <u>lack</u> of change (stability) where negative
changes would have been expected to occur in the absence of
the intervention.[1]

This chapter looks at issues in summative research and
methods for examining the outcomes, impact, and efficiency of
family resource programs. In general, these types of studies
should only be conducted after the program has been in
operation for at least a year. It is also best to conduct
formative evaluations before embarking on summative evalua-
tion strategies, although sometimes the two are combined. In
order to interpret summative evaluation findings, you will
need some descriptive and anecdotal information about the
program. Clear descriptions of the program's goals, objec-
tives, service delivery methods, and target population(s)
should be available before you tackle summative evaluation.

Summative evaluation strategies are covered here primarily to
acquaint you, the service provider, with these methods.
Unlike the formative studies described earlier, this type of
research is not something that most family resource programs
can successfully execute on their own. However, an under-

standing of the approaches and issues in this area of
evaluation will foster realistic expectations and help you
enter into productive collaborations with experienced
evaluators, should you decide to conduct a summative study.
While some programs will be able to mount simple summative
evaluation studies without outside assistance, most will need
expert advice on the complex issues surrounding the designs
and methods in this area of evaluation. Given the complexi-
ties of many of the outcomes of interest to most family
resource programs (eg., changes in parent-child interaction
and family functioning), you should select evaluation
consultants who are familiar with research, evaluation and
measurement issues in this field. Your evaluator should be
knowledgeable about research on: family interaction, early
childhood development, social networks, peer support, or
related topics.

More detailed information on summative evaluation can be
found in the evaluation, research and statistics texts listed
in the "Suggested Readings" section at the end.

OUTCOME EVALUATION

Outcome evaluation is concerned with the effects of an
intervention on the lives of people directly involved in the
program. These studies are designed to determine whether or
not the program is attaining its desired outcomes among
participants.

Design Issues

Adequate Controls. Outcome studies require some basis for
comparison between program participants and non-participants,
both at the beginning and end of treatment. In theory,random
assignment to program and no-treatment control groups should
minimize the initial differences between the two groups,
enabling the evaluator to accurately identify true

effects of the program. But this is often not feasible (eg.,
it is difficult to randomly assign people to come to a
drop-in center) and many people feel that it's not ethical.
Even in situations where randomization is used, people
assigned to a control group probably won't have the same
incentives to continue in the study as those who are receiv-
ing services. They may be more likely to drop out or may
seek services elsewhere. In either case, the true control
group is lost. Because people resent random assignment to
no-treatment control groups so much, it's usually not
recommended for family resource programs.[2]

There are several alternatives to random assignment. One is
to find a natural comparison group of families that are as
similar as possible to those participating in the program.
This requires that the evaluator collect and compare data on
characteristics that might be related to program participati-
on or ultimate outcomes. Some of these characteristics will
be difficult to measure, and it may not be possible to avoid
the fact that there are initial differences between these
groups (eg., parents who choose to come to a drop-in center
or a parenting group may have greater needs for these
services or higher motivation to learn about children and
parenting skills than other parents in the community). These
inherent differences between program and comparison groups
will limit the conclusions that can be drawn about the
effects of the program.

Even if it turns out that parents in the program make
significant gains or changes, compared to the comparison
group, you cannot rule out the possibility that these were
related to the different needs or motivations of the two
groups. Parents who want to learn more about child develop-
ment, for example, might have found other ways to accomplish
this (eg., by reading), had they not attended a parenting
program. That is, their knowledge gains might have more to
do with motivation to learn (a characteristic they might not
share with comparison group parents) than the program's
services.

Although there are a number of difficulties with this
approach, at the very least it provides some standard of
comparison for judging gains made by program participants.
You can use this to document that your participants have
changed and to determine whether they're better off than
another group. In many cases, the most logical interpreta-
tion of these data will be that the program is producing
results. This will not be "scientific" evidence but, if your
study is carefully designed and executed, it will be respect-
able. Most funders and policy-makers are aware of the
difficulties in obtaining experimental control in field
settings--and should not expect you to adhere to rigid
experimental designs.

Multivariate Analysis. As mentioned in the previous chapter,
it is important to look at relationships between family and
individual characteristics, program participation variables,
and outcome patterns. Summative evaluation studies are often
designed simply to identify whether or not programs are
effective in producing desired outcomes. The results of
these studies often tell us little about why the program was
or was not effective. We need to know which components of
the program are related to specific outcomes, and how family
and individual characteristics, program factors and environ-
mental variables can account for the results.

Program flexibility and responsiveness to individual situa-
tions often means that families determine their own levels
and patterns of participation--and that different families
are likely to experience different "treatments" and manifest
different patterns of outcomes.[3]

Since family resource programs do not have a uniform impact
on participants, analyses of differences between program
participants and non-participants alone obscure the fact that
some program families drop out, some improve, and some may
not be helped by the program. Multivariate analysis--of
family and program characteristics--can be used to take this
"real world" variability into account.[4]

This approach does not require control groups. It looks at the characteristics of families that seem to benefit most from a program and can be used to compare two or more types of intervention to determine which produces greater benefits for certain families. The question for summative research of this kind is not "Did the program work?" but "What worked best and for whom?"[5]

Multiple regression analysis is often used to investigate the independent effects of numerous factors on the outcome variables. Thus, you could measure the effects of two different intervention methods on parent-child interactions, while controlling for differences in families' socio-economic status, race, and children's ages. At the same time, you could see how factors like socio-economic status are related to outcomes, and identify characteristics of those families most likely to benefit from a program.

Small sample sizes make it difficult to perform analyses of complex interactions among variables and unlikely that all but the most powerful program effects will be found. It is important to consult with an evaluator to determine the costs of obtaining adequate data and sample sizes required to detect program effects, using this approach.[6]

While multivariate approaches are attractive, there is often some value in simple pretest-posttest designs for summative evaluation. These studies can tell you what changes took place in your sample during the course of their involvement in the program. While you will not be able to state with certainty what caused these changes, at least you'll know whether or not they occurred. This approach is recommended for your initial attempts at summative evaluation. Once you can document the types of changes that you're seeing in program families, then you might go on to explore these with more rigorous studies. If you can't measure change, there is no point in conducting a more complex study. Pretest-posttest designs allow you to explore potential program benefits without the considerable costs involved in creating

comparison or control groups, or collecting substantial amounts of data for multivariate analysis.

Measurement Issues

Outcome measures assess factors the program intends to change. These are frequently viewed as both the most important and the most difficult measures to use. It is important to choose indicators which the program will really affect (all wishful thinking aside), which are relevant to its target population and important to decision-makers, which can be readily measured, and which will produce high quality (complete, reliable and valid) data.

First, it is necessary to define exactly what it is that the program expects to change. Program goals and objectives should be useful at this juncture, and your formative evaluations will provide insight into what the program is actually doing and what types of benefits are likely to occur as a result. Your evaluation team must find or develop appropriate measures that will indicate the extent to which expected changes occur.[7] For instance, if the aim is to increase parents' knowledge of children's development and needs, you must find or develop an appropriate measure of parents' knowledge in this area. A comparison of pretest and posttest scores will indicate the degree to which knowledge improved. A home-visiting program that seeks to improve the frequency of positive parent-child interactions in the home might use observational measures. A drop-in center concerned with reducing parents' everyday stress could use a scale that measures the levels of stress parents experience to assess its success in meeting this goal.

Direct observation of certain characteristics or behaviors is often not feasible, but it is frequently possible to use "proxy" measures or indicators of these variables. For example, a prenatal program for pregnant teenagers might be interested in learning whether it was effective in improving

maternal and infant health status. Proxy measures of "good health" might include assessments of: weight gain, use of prenatal care, and frequency of cigarette smoking among pregnant teens. Other indicators of behaviors include self-reports (including: parents' reported use of social or health services, or reports concerning their participation in child-related activities).

IMPACT EVALUATION

Impact evaluation assesses those changes attributable to the program that go beyond the people directly involved and affect the lives of other people in the larger community. Analysis of a program's impact involves identifying changes that take place in the community during the program's operation, and assessing the extent to which the program's activities may have been influential or responsible for those changes. For example, an impact evaluation might look at the program's effect on public awareness of family needs and available services in the community.

As in outcome evaluation, data about program processes are critical to understanding why the program was or was not successful in obtaining its objectives in the larger commu- nity. For instance, if you were successful in increasing public awareness about prevention programs, this should be substantiated with documentation of the amount and types of activities you conducted in this area. In this way, people can judge whether your efforts are likely to be responsible for the effects, and others may identify and replicate your successful techniques.

As in any type of evaluation, the design and data collection methods for impact evaluation will depend on the questions that are being asked. For instance, a study of your pro- gram's impact on the related service delivery system might include interviews with individuals in local schools, day care centers, public health nursing offices, hospitals, local

government agencies, child welfare and protective service offices, juvenile and family courts, law enforcement agencies, private counseling and family service agencies.

If you are interested in your program's impact on the incidence of social or health problems in a community--for example, the incidence of unwed teenage pregnancy, school drop-out rate, or incidence of child abuse--you will want to examine demographic statistics from county or local health departments, hospitals, school board, or social service agencies. In contrast, an assessment of the diffusion of program effects to other family members might involve administering the same instruments used to measure outcomes among program participants to their siblings.

Assessments of program impact should be used on some comparison of the status of family or community factors with and without the program's influence. The goal is to determine whether there is a relationship between the program and the factors you hope to impact. This can be achieved in several ways--and these methods are similar to those used in outcome evaluation.

For instance, you might assess family or community variables before and after program implementation. Pre- and post-assessments of the local service delivery system, the incidence of certain social or health problems, or specific characteristics of participants' family members would be useful in this type of impact study.

You might also try to find a comparison group--people that would not have been impacted or a similar community that does not have a program like yours. For instance, a child abuse prevention program can compare the number of reported incidents of abuse in its community with reports in other, similar locations. And the incidence rate can be compared at several points in time--before and after implementation of the program.

An informal assessment of your impact can be based on interviews with key informants. This is quite similar to the approach used in community needs assessment (in fact, if you conducted a careful needs assessment study, your impact evaluations can be something of a follow-up). Interviews with community members should focus on their views of recent changes in the community or in the lives of local families, factors that may be responsible for those trends, and the role of your program in the community.

COST-EFFECTIVENESS AND COST-BENEFIT ANALYSES

Cost-effectiveness research is another way to assess the relative merits of service delivery programs. Data on programs' effectiveness in producing certain outcomes are assessed in relation to the costs of providing services. These types of analysis can be used to improve programs, to make better use of available resources, and to aid on choosing between alternative service delivery models.

Cost benefit analysis seeks to determine whether a particular program produces benefits "which have a monetary value equal to or greater than the resources necessary to develop, implement, and operate the program".[8] This involves placing a dollar value on the benefits of the program as well as its costs. For example, if an early intervention program is effective in reducing families' needs for intensive therapy, the cost of the program can be compared with the savings it produces (benefits) in terms of reduced costs for therapy. If, in the long run, the early intervention program is cheaper than therapy (and produces the same results), then the program is cost beneficial. Similarly, a program designed to increase families' economic self-sufficiency and reduce their dependence on public aid might assess the costs of its services relative to estimated costs of welfare benefits that families would have received had they not participated in the program.[9]

It is usually difficult to place a dollar value on the
expected benefits of family resource programs. (What is
improved self-esteem or self-sufficiency really "worth" in
monetary terms?) Cost benefit analysis has limited useful-
ness because it focuses on whether or not a program should
exist, based solely on monetary values.[10] While efficient
use of resources is always an important concern, the primary
purposes of social programs are not related to achievement of
net savings to society in dollar amounts. This is not a good
criterion for judging the real value of intervention pro-
grams, since fundamental humanitarian values are ignored.

Cost-effectiveness analysis is used to compare the efficiency
of two or more alternative service delivery models in
producing certain results. Its purpose is to promote program
improvement and effective use of resources, rather than
trying to define the "value" of a single program. Cost-
effectiveness analysis asks, "which of several models is most
effective in achieving x objective, relative to its costs?"

In cost-effectiveness analysis, program costs are expressed
in monetary terms while program effects are assessed with the
types of measures that would be used in an outcome evalua-
tion. This allows greater flexibility in defining and
evaluating the "benefits" of a program. For instance, if two
programs are designed to increase the rate of positive
parent-child interactions, then program benefits might be
measured with observational records that include ratings of
parent-child interactions. Cost-effectiveness analysis does
not require the evaluator to place a "price" (often an
arbitrary dollar value) on program benefits.

Cost-effectiveness analysis could be used to compare the
benefits and costs of a two-day-a-week program with those of
a five-day-a-week program. If both programs are equally
effective in increasing positive parent-child interactions,
and the two-day program is cheaper, then the later is clearly
more cost-effective. In this case, an extra three days a
week of services are not an efficient use of program

resources. The more intensive program model may not be necessary. If, on the other hand, the five-day program produces dramatic changes in parent-child interactions, while gains in this area are minimal in the two-day program, the latter is not as cost-effective (even though it costs less). It may be that a certain "threshold" or level of intervention is necessary to produce the desired effects in parent-child interactions. In this scenario, the extra costs of the five-day-a-week program are justified.[11]

While these examples are over-simplified, they illustrate important questions--about the level of services needed to produce desired results--that can be addressed through cost-effectiveness analysis. In most studies, the differences between two programs' costs and effects will not be quite this dramatic, and evaluators will need to compare ratios of costs and effects. Once the total costs of each program are calculated, they are allocated to units of service. One way to do this is to divide total costs by the number of program participants. Thus, if Program A costs $150,000 a year and services 100 teenage parents and their children, the cost per family unit is $1,500 a year. If it costs $30,000 a year to serve the same number of families in Program B, the unit cost is $300 per family. Program costs can be allocated in other ways. For instance, you might want to compute the average cost per home visit or the cost of an hour of individual staff-participant consultation.

Next, the effects of the two programs are compared. If these programs are designed to help teenage parents complete high school, you could use the graduation rates as a measure of program effectiveness. If 90% of the parents in Program A graduate from high school, versus 10% of the Program B parents, you can conclude that the additional expenditures in Program A are worthwhile. Program A is more cost-effective since it is spending $1667 for every high school graduate it "produces", while this costs $3,000 in Program B.

Using another example, you might compare two 8-week courses in child development, to determine whether the use of additional printed and audio-visual materials in one course is cost-effective in producing greater gains on a test of parents' knowledge of child development. In this case, you could calculate the total costs for each course, divide by the number of participants and compare the costs per participants with average differences between pretest and posttest scores for each course.[12]

As Seitz has said, there is no sure-fire way to completely document all the costs and benefits associated with intervention programs--but you might as well use whatever data you have. If your program has been able to document that it has outcomes with financially beneficial aspects, you should try to estimate these. If your program reduces other service use, put a "price tag" on these savings. Although long-term benefits can only be estimated, if your program reduces the need for more expensive services, it is probably cost-effective.[13]

SUMMARY

Summative evaluations can make substantial contributions to knowledge about the effects and effectiveness of family resource programs. There is a great need for more research of this type--research that will help us understand what types of programs work best for different families. But, realistically, few community-based programs have the resources necessary to engage in this type of evaluation. And this is not the place to begin. Summative evaluations should be built on a foundation of knowledge, developed through careful and consistent formative evaluation.

NOTES TO CHAPTER 5

1. D. Paul Moberg, Evaluation of Prevention Programs: A Basic Guide for Practitioners (Madison, WI: Wisconsin Clearinghouse, 1984), p. 19.

2. Victoria Seitz, "Evaluation Strategies," in Program Evaluation: Issues, Strategies and Models (Washington, DC: National Center for Clinical Infant Programs, 1986), pp. 8-11.

3. Robert Halpern, "Lack of Effects for Home-Based Early Intervention: Some Possible Explanations," American Journal of Orthopsychiatry, Vol. 54 (1): 33-42, 1984.

4. Susan W. Gray and Lois P. Wandersman, "The Methodology of Home-Based Intervention Studies: Problems and Promising Strategies," Child Development, Vol. 51: 993-1009, 1980.

5. See Carl J. Dunst, "Overview of the Efficacy of Early Intervention Programs: Methodological and Conceptual Considerations," in L. Bickman and D. Weatherford (Eds.) Evaluating Early Intervention Programs for Severely Handicapped Children and Their Families (Austin, TX: PRO-ED, in press).

6. James T. Bond and Robert Halpern, "The Role of the Cross-Project Evaluation in the Child Survival/Fair Start Initiative," in H.B. Weiss and F. Jacobs (Eds.), Evaluating Family Programs (Hawthorne, NY: Aldine, in press); Moberg, 1984.

7. See Carl J. Dunst and Carol Trivette, A Guide to Measures of Social Support and Family Behaviors (Chapel Hill, NC: Technical Assistance Development System, University of North Carolina at Chapel Hill, 1985). Outcome variables that are relevant for family resource

programs are discussed by: Carl J. Dunst, in press; Douglas R. Powell, "Research on Family Support Programs: Methodological and Conceptual Issues," in S.L. Kagan, D.R. Powell, B. Weissbourd, and E. Zigler (Eds.), Family Support Programs: The State of the Art (New Haven, CT: Yale University Press, in press); and Jack Shonkoff, Presentation of the National Center for Clinical Infant Programs' (NCCIP) Program Evaluation Task Force at the NCCIP Fourth Biennial National Training Institute, Washington, DC, December 8, 1985.

8. Karl R. White, "Cost Benefit Studies of Primary Prevention Programs," Family Resource Coalition Report, Vol. 4 (1): 4-6, 1985, p. 6.

9. For example, see Victoria Seitz, Laurie K. Rosenbaum and Nancy H. Apfel, "Effects of Family Support Interventions: A Ten-Year Follow-Up," Child Development, Vol. 56: 376-391, 1985.

10. White, 1985.

11. Ibid.

12. Those interested in conducting cost analyses should see: Henry M. Levin, Cost-Effectiveness: A Primer (Beverly Hills, CA: Sage Publications, 1983); and Mark S. Thompson, Benefit-Cost Analysis for Program Evaluation (Beverly Hills, CA: Sage Publications, 1981). Useful instructions on calculating the costs of social programs and allocating costs to units of service are provided in: Robert D. Vinter and Rhea K. Kish, Budgeting for Not-for-Profit Organizations (New York: The Free Press, 1984).

13. Seitz, 1986.
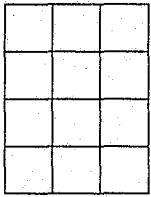
Summary and Conclusions

We have suggested that all family resource programs should engage in some type of evaluation. Whether it is formative evaluation to provide personnel with meaningful feedback and data to assess their progress, or summative evaluation to investigate the program's effectiveness in achieving desired objectives, evaluation keeps alive a spirit of inquiry that fosters constructive change and improvement in services for families.

Building Strong Foundations describes a variety of program studies which are appropriate for use across a range of family resource program models, and at different stages in the life of a program. It has stressed the importance of practitioners' involvement in research, program development and evaluation. Evaluation strategies can and should be designed to produce information that is for the program, useful to service providers and program administrators alike.

The growth of the family resource movement depends in part on careful evaluation of family resource programs. Program evaluation will add to our knowledge about supportive resources for families and effective intervention methods. Ultimately, the families who take part in these programs will be the beneficiaries of our careful assessments of the services that assist and support them.

Glossary of Terms

Central Tendency: the typical, representative or central score (or characteristic); the average; the center of a distribution of scores. Measures of central tendency include: the mean, median and mode.

Closed-Ended Questions: elicit a "yes" or "no" answer, or require a fixed choice between stated alternatives (i.e., structured responses).

Coding: the translation of raw data into numbers or categories.

Comparison Group: a group of subjects who are as similar as possible to an experimental group, but who do not receive the same intervention or services that are provided to experimental subjects. Ideally the two groups will be created through random assignment.

Correlation: a measure of the degree to which two variables are related.

Cost-Benefit: comparison of the costs of operating a program with the monetary value of the program's benefits.

Cost-Effectiveness: assessment of the costs and effects of a program, relative to the costs and effects of other alternatives.

Crosstabulation: produces a joint frequency distribution for two or more variables.

Demographic Data: vital or social statistics used to describe people (eg., by age, marital status, race, income, occupation, household size).

Descriptive Statistics: procedures for organizing, summarizing and describing data. Descriptive statistics are generally used to describe characteristics of a sample, not to make generalizations about the larger population from which the sample came (see inferential statistics). Examples include: measures of central tendency, variability, or frequency.

Design: a plan for research or evaluation, describing what measurements will be taken, from whom, how and when. Refers to the manner in which people or events will be treated or observed, and how measurements will be taken in order to answer the research or evaluation questions.

Efficacy: the level of effectiveness of an intervention program for a specific population under ideal conditions of program implementation.

Efficiency: the relative cost of an intervention strategy in comparison with alternative strategies for achieving the same results.

Effectiveness: the benefit level of a particular intervention program for a defined target population under average or typical conditions of program implementation (compared to efficacy).

Evaluation Research: tests the effectiveness of program models and theories of intervention.

Experimental Design: a research or evaluation design in which subjects are randomly assigned to experimental and control groups. Subjects in the control group do not receive the same service (or "treatment") provided to subjects in the experimental group.

Formative Evaluation: research strategy designed to describe an intervention program or provide feedback to program decision-makers in order to improve the program (compared to summative evaluation).

Frequency Distribution: a tallying of the number of times each score (or interval of score values) occurs in a group of scores. The number of observations or items that fit into each category (or value) of a variable.

Impact Evaluation: assessment of the effects of a program in a community or other larger population beyond direct recipients of program services.

Inferential Statistics: analytic techniques used to make inferences about conditions existing in a larger group or population based on known characteristics of a representative sample drawn from that population. Inferential statistics are based on probability theory, and include: t-tests, confidence intervals, chi-square, and analysis of variance.

Instrument: any measurement device used to collect or record data systematically (eg., a questionnaire, scale, interview schedule, or observational record).

Interrater Reliability: the degree of agreement between two or more independent observers in measuring or coding data. Refers to the extent to which measurements are free from errors due to differences in perceptions (or interpretations) among the people who recorded or coded the data.

Interview Schedule: a questionnaire, list of questions or guide for the interviewer.

Measurement: the systematic assignment of numbers to objects or events.

Monitoring: ongoing assessment of the extent to which a program: 1) conforms to its design, 2) reaches its target population, 3) delivers the intended amount and type of services, or 4) meets the need for its services.

Monitoring Systems: ongoing data collection and reporting mechanisms used to obtain information for program monitoring purposes.

Needs Assessment: a systematic approach to identifying the needs in a specific geographic area or population for a proposed program or service. Techniques for needs assessment include: analysis of social indicators, community surveys, interviews with key community members, and community forums.

Open-Ended Questions: elicit unstructured responses; allow respondents to record their own answers (eg., short answers, comments, and essays).

Operational Definition: defines or gives meaning to a construct (concept) or variable by specifying the activities ("operations") necessary to measure it. This definition must include measurable indicators. For example, "program participant" can be operationally defined as a parent who attends a drop-in center three or more times a month. (Note that an operational definition is one of many possible definitions of a construct.)

Outcome Evaluation: assessment of the extent to which a program achieves its objectives related to short-term or long-term changes in program participants' behavior, knowledge, or attitudes. Assessment of the effects of an intervention program in a participant population.

Population: an entire group of people about which an evaluator would like to draw conclusions (eg., a participant population includes all those persons receiving an intervention; a target population includes all persons eligible for an intervention program).

Posttest: a score or measurement taken after the subject has received an intervention or participated in a program.

Pretest: a score or measurement taken before the subject receives an intervention or participates in a program.

Process Evaluation: description and analysis of service delivery activities; assesses the ways in which a program seeks to attain its objectives, and actual implementation of an intervention theory or service delivery plan.

Program Evaluation: the systematic collection, analysis, and interpretation of information designed for use in decision-making about a policy or program.

Qualitative Data: systematically collected information in verbal, categorical, narrative or pictorial form, which does not readily lend itself to quantification (or numerical codes).

Quasi-Experimental Design: research and evaluation designs which approximate experimental conditions without using random assignment to groups (eg., using non-equivalent comparison groups or time series analysis).

Random Sample: a population subgroup selected in such a way that every individual in the original population has the same chance (or probability) of being included in the sample.

Relative Frequency: percentage; the number of subjects with a certain characteristic or scores of a particular value, relative to the total number of subjects or scores.

Reliability: the extent to which a measure is internally consistent or stable, so that it yields the same results over repeated administrations (assuming that all relevant factors remain the same).

Summative Evaluation: an assessment of the results, effects or effectiveness of an intervention program (versus formative evaluation which provides ongoing or early feedback on program activities).

Unobtrusive Measures: methods of obtaining data without interfering with ongoing activities of the subjects (eg., observations through a one-way mirror).

Validity: the extent to which an instrument measures what it is intended to measure.

Variability: the degree to which scores deviate from their central tendency. Measures of variability include: the range, variance and standard deviation.

Variable: any characteristic or factor that can vary; that is, has more than one form, category or value (eg., gender is a variable since it has two categories: male and female).
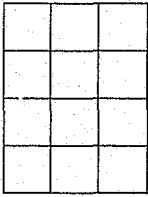
Suggested Readings

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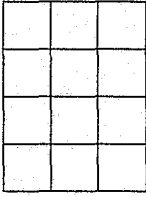
Sample Data Collection Forms

CONTENTS

CONSENT FORM

I, _____ , agree to participate in a survey of
single parents conducted by The Family Center.

I understand that the purpose of this survey is to identify services that
single-parent families need and use, and that I will be asked to complete
a short, written questionnaire. This information will be used by The
Family Center for research and program planning purposes only.

I understand that any information I provide is strictly confidential, and
that names and identifying information will not appear in any reference
to the study.

I understand that my participation in this survey is voluntary, and that
if I decide that I do not wish to complete the survey or do not answer
certain questions this will not effect the services that I or my family
will receive at The Family Center.

_____
Signature

_____
Date

INTAKE FORM   Page 1

Name _____   Participant # _____

Address _____

Telephone # (home) _____   (business) _____

Emergency Contact

    Name _____

    Address _____

    Telephone # _____

Children in Household

    <u>Name</u>   <u>Sex</u>   <u>Birthdate</u>

    _____   ___   _____

    _____   ___   _____

    _____   ___   _____

    _____   ___   _____

    _____   ___   _____

INTAKE FORM   Page 2

                                                                        Column #

Participant ID # _____   (1-4)

Entry Date (Year/Month/Day): ___/___/___   (5-10)

Entry Status   (11)

    ___ 1. Pregnant
    ___ 2. Mother (not pregnant)
    ___ 3. Father
    ___ 4. Other (specify) _____

Referral Source   (12)

    ___ 1. Health Department
    ___ 2. School
    ___ 3. Social Service Agency
    ___ 4. Private Physician
    ___ 5. Hospital
    ___ 6. Other Client
    ___ 7. Other (specify) _____

Age in Years _____   (13-14)

Birthdate (Year/Month/Day): ___/___/___   (15-20)

Sex ___ 1. Female   ___ 2. Male   (21)

Number of Children _____   (22)

Number of Previous Pregnancies _____   (23)

Participant's Age at Birth of First Child _____   (24-25)

Ethnicity   (26)

    ___ 1. White (non-Hispanic)
    ___ 2. Black (non-Hispanic)
    ___ 3. Hispanic
    ___ 4. Asian/Pacific Islander
    ___ 5. American Indian/Alaskan
    ___ 6. Other _____
    ___ 7. No Answer

This form is pre-coded for data entry on a computer. The columns at the
right specify where the data is to be entered on key-punched cards.

INTAKE FORM   Page 3

Marital Status   (27)

    ___ 1. Single, never married
    ___ 2. Married
    ___ 3. Separated
    ___ 4. Divorced
    ___ 5. Widowed
    ___ 6. Remarried

Living Arrangements   (28)

    ___ 1. Alone (with/without children)
    ___ 2. With husband/boyfriend
    ___ 3. With participant's mother
    ___ 4. With both participant's parents
    ___ 5. With husband/boyfriend's family
    ___ 6. In foster home
    ___ 7. Other _____

Number of persons in household _____   (29)

Number of participant's siblings in household _____   (30)

Number of participant's children in household _____   (31)

Type of Housing   (32)

    ___ 1. House - one-family
    ___ 2. House - multiple-family
    ___ 3. Apartment - private bath
    ___ 4. Apartment - shared bath
    ___ 5. Project/public housing
    ___ 6. Hotel/motel
    ___ 7. Mobile home
    ___ 8. Other _____

Number of Moves in the Last Five Years _____   (33)

Number of Moves in the Last Year _____   (34)

Currently in School?   (35)

    ___ 1. No
    ___ 2. Yes, part-time
    ___ 3. Yes, full-time

INTAKE FORM   Page 4

Number of Years of Education Completed _____   (36-37)

Currently Employed?   (38)

     ___ 1. No
     ___ 2. Yes, working part-time
     ___ 3. Yes, working full-time

Currently Looking for Work?   (39)

     ___ 1. No
     ___ 2. Yes

Annual Household Income   (40)

     ___ 1. Under $5,000
     ___ 2. $ 5,000 - $ 9,999
     ___ 3. $10,000 - $14,999
     ___ 4. $15,000 - $19,999
     ___ 5. $20,000 - $24,999
     ___ 6. $25,000 - $29,999
     ___ 7. $30,000 - $39,999
     ___ 8. $40,000 and up

ATTENDANCE RECORD

Date _____

	FIRST VISIT?	ADD TO MAILING LIST?	PARENT'S NAME	ADDRESS/ZIP CODE	TEL. #	CHILD'S NAME/AGE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

TOTAL ADULTS _____

TOTAL CHILDREN _____

_____

Adapted from a form developed by The Family Place, Jewish Community
Center of Cleveland, OH. Used by permission.

CONTACT RECORD

Date _____   Participant's ID# _____

Type of Contact:

     1. ___ Home Visit

     2. ___ Hospital Visit

     3. ___ Telephone

     4. ___ Other _____

Duration of Contact: _____

Notes:

_____

_____

_____

_____

Staff/Volunteer Name: _____

Adapted from a form developed by The Caring Connection, Racine, WI. Used by permission.

CONSUMER SATISFACTION QUESTIONNAIRE   Page 1

Part I: Your Experience

Space is provided at the end of this section for your comments. Please
feel free to note there any comments you care to make regarding the
following questions.

1. As a result of participating in your   ___ Yes
    child's lab school training, has your   ___ To some extent
    knowledge about yourself as a person,   ___ No
    as a wife or husband, and as a parent
    improved?

2. How did the Parent Education Program
    affect your

                                                  ___ Had positive effect
    A. Marriage?   ___ Had no effect
                                                  ___ Had negative effect

                                                  ___ Had positive effect
    B. Career?   ___ Had no effect
                                                  ___ Had negative effect

                                                  ___ Had positive effect
    C. Choices on how to spend your time?   ___ Had no effect
                                                  ___ Had negative effect

3. How did the Parent Education Program
    affect your relationship with your own

                                                  ___ Had positive effect
    A. Parents?   ___ Had no effect
                                                  ___ Had negative effect

                                                  ___ Had positive effect
    B. Family physician?   ___ Had no effect
                                                  ___ Had negative effect

                                                  ___ Had positive effect
    C. Child's school?   ___ Had no effect
                                                  ___ Had negative effect

_____

Adapted from a form developed by Brevard Community College, Titusville,
FL. Used by permission.

CONSUMER SATISFACTION QUESTIONNAIRE   Page 2

4. While accompanying your child to the   ___ Yes
    lab school were you provided an   ___ To some extent
    opportunity to take an active role   ___ No
    in your child's school experience?

5. Did you benefit from associating with   ___ Yes
    other parents who had children near   ___ To some extent
    the same age as your child?   ___ No

6. Did you have an opportunity to consult   ___ Yes
    with trained and qualified persons   ___ To some extent
    concerning yourself and your child's   ___ No
    development?

7. How would you rate the value of the
    program to you as a

    A. Parent?

        ___ Excellent   ___ Good   ___ Fair   ___ Poor   ___ No value

    B. Person?

        ___ Excellent   ___ Good   ___ Fair   ___ Poor   ___ No value

    C. Mate?

        ___ Excellent   ___ Good   ___ Fair   ___ Poor   ___ No value

Comments on Part I: _____

_____

_____

Part II: Your Child's Experience

Space is provided at the end of this section for your comments.

1. What effect did the lab school have
    on your child's

                                                ___ Had positive effect
    A. Physical health?   ___ Had no effect
                                                ___ Had negative effect

CONSUMER SATISFACTION QUESTIONNAIRE

1. B. Emotional health

___ Had positive effect
___ Had no effect
___ Had negative effect

1. C. Mental alertness?

___ Had positive effect
___ Had no effect
___ Had negative effect

D. Social adjustment?

___ Had positive effect
___ Had no effect
___ Had negative effect

2. How did the lab school experience
affect your child's ability to
control his/her own body through
good coordination and muscular control?

___ Had positive effect
___ Had no effect
___ Had negative effect

3. How did the lab school experience
affect your child's self-image in
the following areas?

A. Tendency to see him/herself as a
capable learner

___ Had positive effect
___ Had no effect
___ Had negative effect

B. Tendency to be responsible for
his/her own acts

___ Had positive effect
___ Had no effect
___ Had negative effect

4. How did the lab school experience
affect your child's feelings of trust
in concerned adults, his/her teachers,
and other children?

___ Had positive effect
___ Had no effect
___ Had negative effect

5. Did the lab school help your child
mature at his/her own pace?

___ Had positive effect
___ Had no effect
___ Had negative effect

6. How would you rate the value of the
program to your lab school child as a

A. Person?

___ Excellent ___ Good ___ Fair ___ Poor ___ No value

B. Student?

___ Excellent ___ Good ___ Fair ___ Poor ___ No value

CONSUMER SATISFACTION QUESTIONNAIRE   Page 4

    C. Member of a family?

       ___ Excellent   ___ Good   ___ Fair   ___ Poor   ___ No Value

Comments on Part II: _____

_____

_____

Part III: General

1. At what age did your child enter the program?   _____

2. How long did your child remain in the program?   _____

3. What is the sex of your child?   ___ Male ___ Female

4. In elementary school, where was your child placed?

                              ___ Regular classroom
                              ___ Learning disability classroom
                              ___ Gifted program
                              ___ Other (please explain _____
                              _____)

5. In retrospect, what in the Parent Education Program would you have

    A. Added? _____

    _____

    B. Deleted? _____

    _____

    C. Changed? _____

    _____

Additional Comments: _____

_____

_____

_____

_____

ADULT-ADOLESCENT PARENTING INVENTORY

1. Young children should be expected to comfort their mother when she is feeling blue.

   strongly agree   agree   uncertain   disagree   strongly disagree

2. Parents should teach their children right from wrong by sometimes using physical punishment.

   strongly agree   agree   uncertain   disagree   strongly disagree

3. Children should be the main source of comfort and care for their parents.

   strongly agree   agree   uncertain   disagree   strongly disagree

4. Young children should be expected to hug their mother when she is sad.

   strongly agree   agree   uncertain   disagree   strongly disagree

5. Parents will spoil their children by picking them up and comforting them when they cry.

   strongly agree   agree   uncertain   disagree   strongly disagree

6. Children should be expected to verbally express themselves before the age of one year.

   strongly agree   agree   uncertain   disagree   strongly disagree

7. A good child will comfort both of his/her parents after the parents have argued.

   strongly agree   agree   uncertain   disagree   strongly disagree

8. Children learn good behavior through the use of physical punishment.

   strongly agree   agree   uncertain   disagree   strongly disagree

9. Children develop good, strong characters through very strict discipline.

   strongly agree   agree   uncertain   disagree   strongly disagree

10. Parents should expect their children who are under three years to begin taking care of themselves.

    strongly agree   agree   uncertain   disagree   strongly disagree

11. Young children should be aware of ways to comfort their parents after a hard day's work.

    strongly agree   agree   uncertain   disagree   strongly disagree

12. Parents should slap their child when s/he has done something wrong.

    strongly agree   agree   uncertain   disagree   strongly disagree

13. Children should always be spanked when they misbehave.

    strongly agree   agree   uncertain   disagree   strongly disagree

14. Young children should be responsible for much of the happiness of their parents.

    strongly agree   agree   uncertain   disagree   strongly disagree

15. Parents have a responsibility to spank their child when s/he misbehaves.

    strongly agree   agree   uncertain   disagree   strongly disagree

16. Parents should expect children to feed themselves by twelve months.

    strongly agree   agree   uncertain   disagree   strongly disagree

17. Parents should expect their children to grow physically at about the same rate

    strongly agree   agree   uncertain   disagree   strongly disagree

18. Young children who feel secure often grow up expecting too much.

    strongly agree   agree   uncertain   disagree   strongly disagree

19. Children should always "pay the price" for misbehaving.

    strongly agree   agree   uncertain   disagree   strongly disagree

20. Children should be expected at an early age to feed, bathe, and clothe themselves.

    strongly agree   agree   uncertain   disagree   strongly disagree

21. Parents who are sensitive to their children's feelings and moods often spoil their children.

    strongly agree   agree   uncertain   disagree   strongly disagree

22. Children deserve more discipline than they get.

    strongly agree   agree   uncertain   disagree   strongly disagree

23. Children whose needs are left unattended will often grow up to be more independent.

    strongly agree   agree   uncertain   disagree   strongly disagree

24. Parents who encourage communication with their children only end up listening to complaints.

    strongly agree   agree   uncertain   disagree   strongly disagree

25. Children are more likely to learn appropriate behavior when they are spanked for misbehaving.

    strongly agree   agree   uncertain   disagree   strongly disagree

26. Children will quit crying faster if they are ignored.

    strongly agree   agree   uncertain   disagree   strongly disagree

27. Children five months of age ought to be capable of sensing what their parents expect.

    strongly agree   agree   uncertain   disagree   strongly disagree

28. Children who are given too much love by their parents will grow up to be stubborn and spoiled.

    strongly agree   agree   uncertain   disagree   strongly disagree

29. Children should be forced to respect parental authority.

 strongly agree agree uncertain disagree strongly disagree

30. Young children should try to make their parent's life more pleasurable.

 strongly agree agree uncertain disagree strongly disagree

31. Young children who are hugged and kissed often will grow up to be "sissies."

 strongly agree agree uncertain disagree strongly disagree

32. Young children should be expected to comfort their father when he is upset.

 strongly agree agree uncertain disagree strongly disagree
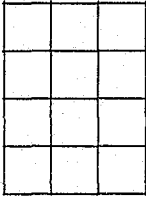
The Family Resource Coalition

Raising children is a tough job, and all families can use a helping hand sometime during the process.

Dramatic economic and social changes have placed increased stress on parents, leaving many without a strong, readily accessible network of friends, family, or professionals they can turn to for guidance and assistance.

Parents seeking to ensure the healthy growth and development of their children are turning to family resource programs to help fill their needs. Embodying a new and unique approach to meeting parents' concerns and their need for validation and acknowledgement, these programs build on family strengths and empower families to help themselves.

Some family resource programs offer parent education classes, information and referral, peer support groups, parent-child joint activities, or the availability of a drop-in center. Others operate "warm lines" or "hot lines," provide home visitors or parent aides, or focus on health care, crisis intervention, or advocacy.

Their settings are equally diverse: schools, mental health centers, churches, hospitals, community centers, day care facilities, military bases, libraries, and private homes, to name a few.

The Family Resource Coalition is a national organization whose immediate goals are to continually improve the content and expand the number of programs available to parents. Our message is straightforward: assist families before their needs become acute and costly--prevention is the key.

People who work with families, like the families themselves, cannot afford to go it alone.

The need to compare ideas, learn from one another, and share effective strategies is critical in the developing field of prevention services.

The Family Resource Coalition introduces professionals to each other, providing an interdisciplinary linkage that invites cooperative network-ing in all 50 states and Canada. Social workers, clergy, health profes-sionals, academicians, early childhood educators, family therapists, funders, and many others use the Family Resource Coalition as their national switchboard.

The Family Resource Coalition offers invaluable assistance to those initiating parent support programs or adding services to existing programs by locating effective models and arranging contacts for needed information.

Researchers, government officials, and writers who need background material, data of all kinds, or specialists with particular expertise, find the Family Resource Coalition is a repository of people and facts helping to shape social policy and publications.

Just as parents join their voices to be heard in the local community, those working on behalf of families join forces through the Family Resource Coalition, amplifying their voices to reach national audiences. there is dynamism in diversity and strength in numbers.

The Family Resource Coalition is the national organization for those interested in prevention program models, strategies, and research. Our body of Family Resource Coalition literature, national clearinghouse, technical assistance services, conferences, special information packets, and parent referral service can make the difference in your work with families.
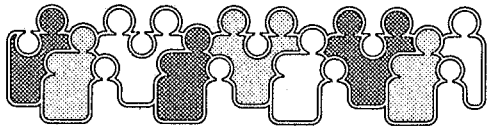
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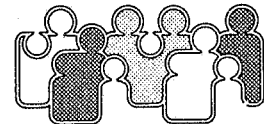
230 North Michigan Avenue • Suite 1625 • Chicago, Illinois 60601 • 312-726-4750