Innovative Approaches to working in different contexts

Developing Defensible Evaluation Techniques in the Human Services Sector

– a methodology and generic evaluation framework for the not-for-profit sector -

Professor Peter Bycroft
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Today's topics

1. ***The emergence of the social enterprise***
2. ***The key evaluation issues for the NFP sector***
3. ***Contending evaluation models***
4. ***A recommended evaluation framework***
5. ***Case Study – The StandBy Bereavement Response Program***
6. ***Conclusions***

The emergence of the social enterprise

Common Themes in the Strategic Plans of major Federal Government Departments

- ***Self reliant***
- ***Local capacity building***
- ***Local partnerships***
- ***Harnessing "soft infrastructure"***
- ***Sustainable***

Department of Families, Community Services and Indigenous Affairs (FACSIA);
Department of Transport and Regional Services (DoTARS);
Department of Health and Ageing (DoHA);
Department of Communications Information Technology and the Arts (DoCITA).

HEALTHY, PROSPEROUS AND CARING COMMUNITIES

Hard infrastructure
(a set of interconnected structural elements that provide the framework for community and enterprise)
- Transport
- Public utilities
- Public services
- National services

Soft infrastructure
(a culture of sharing, facilitating learning & growth, developing personal skills & knowledge, maximising human capital)
- Public education
- Public health systems
- Public libraries
- Cultural institutions
- Informal networks
- Social welfare

THE SOCIAL ECONOMY
The traditional NFP sector

Our Vision
sense of self
sense of place
sense of belonging
sense of purpose

Voluntary organisations
dependant on grants, donations & volunteer labour

Social enterprises
seeking self-sufficiency by generating income in the marketplace – competitiveness & trading capability are significant & necessary skills

The devolution of responsibility to the NFP Sector

The not-for-profit sector is increasingly involved in the delivery of social services. As governments come under pressure to reduce the extent of their involvement in face-to-face services such as child protection and family support, the private and not-for-profit sectors continue to expand in response to this transfer of responsibility.
(see Blomquist, 2003).

SOURCE: Blomquist, J.; (2003); *"Impact Evaluation of Social Programs; A Policy Perspective"*; **Social Safety Nets Primer Notes**; World Bank, No.14.

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Evaluation issues for the NFP Sector

"Despite thousands of evaluations in human services, countless foundation and government reporting regimens, an "outcomes" movement, small armies of evaluation consultants, large parts of the nonprofit sector engage in very little discussion of contemporary research within organization managements, boards or supporters.

Is research avoidance something inherent in our nonprofit corporate cultures?"

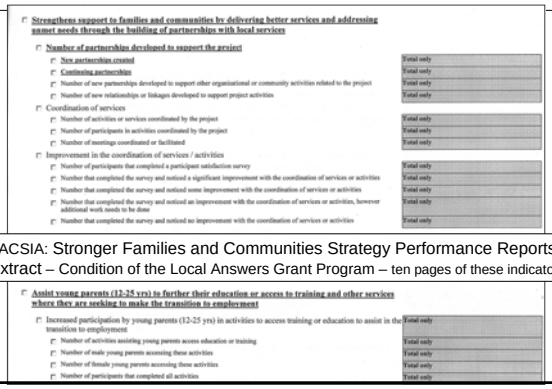
SOURCE: McCambridge, R.; (2006); *"Research and Nonprofit Excellence"*; **The Nonprofit Quarterly**; Spring, Vol 13, Issue 1.

Evaluation issues for the NFP Sector

Four Key Issues impacting on the NFP commitment to evaluation

- *Care giving organisations have an inherent tension between sustainability and viability – meeting the needs of funders, the needs of their own organisation and the needs of their clients*
- *The environment we operate in is "noisy" – we have lagged outcomes which are difficult to evaluate*
- *Who are we evaluating for – what are the drivers behind our commitment to evaluation?*
- *Which of the wide range of methods best meets the needs of the NFP – narrative accounts, action research, qualitative, quantitative, program logic, process mapping, impact assessment, outcome-based....*

Funding Agencies Micro-managing evaluation



FACSIA: Stronger Families and Communities Strategy Performance Reports Extract – Condition of the Local Answers Grant Program – ten pages of these indicators

Funding Agencies' Evaluation requirements for one NFP Agency

Supported Accommodation Program
- *National Data Collection Agency – per client data collection and reporting (web and paper based)*
- *State based outcome reporting - pre-determined evaluation framework (Paper based)*
- *1/4ly monitoring and review*

Job Placement and Employment Training Program
- *Pre-determined evaluation framework – per client data collection and reporting (web and paper based)*
- *1/4ly monitoring and review*

Youth Pathways
- *Pre-determined evaluation framework – per client data collection and reporting (web and paper based)*
- *1/4ly monitoring and review*

Youth Support Program
- *State based outcome reporting – pre-determined evaluation framework (web and paper based)*
- *1/4ly monitoring and review*

Mentoring Program
- *Pre-determined evaluation framework – per client data collection and reporting (web and paper based)*
- *1/4ly monitoring and review*

StandBy Bereavement Response Service
- *Pre-determined reporting framework (outcomes based)*

Early Learning Program
- *Pre-determined evaluation framework – per client data collection and reporting (paper based)*
- *1/4ly monitoring and review*

Alternative Education
- *Pre-determined reporting framework (outcomes*

"..organisations that actually do evaluate their programs rarely obtain the type of data that would allow funders to compute the return on their investment or the ratio of benefits to costs" (Easterling, 2000).

SOURCE: Easterling, Doug (2000) *Using Outcome Evaluation to Guide Grant-making: Theory, reality and Possibilities;* **Nonprofit and Voluntary Sector Quarterly**, 29, pp 330-334

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Developing Defensible Evaluation Techniques in the Human Services Sector

The range of evaluation frameworks

National Health Performance Framework

HEALTH SYSTEM PERFORMANCE

1. Accessible
2. Appropriate
3. Continuous
4. Safe
5. Responsive
6. Capable
7. Efficient
8. Effective
9. Sustainable

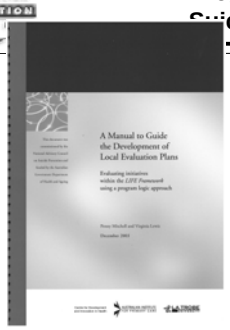
SOURCE: Queensland Health; (2001); *National Health Performance Framework Report;* a report to the Australian Health Ministers' Conference by the National Health Performance Committee, August.

Types of Evaluation

Institute of Healthy Communities Australia
(Dept of Health and Ageing – Evaluation Methodologies Workshop 9/7/04)

1. Process – *quality of activities*
2. Impact – *immediate effects*
3. Outcome - *long term effects*

Program logic for National Suicide Prevention Strategy



SOURCE: Mitchell, P.; Lewis, V.; (2003); *A Manual to Guide the Development of Local Evaluation Plans*: Evaluating Initiatives within the LiFe Framework using a program logic approach; prepared for the Commonwealth Department of Health and Ageing; Centre for Development and Innovation in Health, Latrobe University, December.

Program logic for National Suicide Prevention Strategy

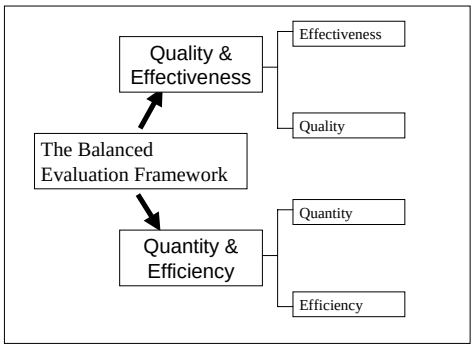
Processes & Structures	Impacts
1. Generation of information & knowledge to inform professional & community practice	*1. Increased levels of LIFE & mental health promoting & risk reducing knowledge, attitudes & behaviours among community members & high risk groups*
2. Dissemination & enhanced accessibility of information to assist the development of evidence-based programs and interventions	*2. Improved social structural factors & social environments/settings*
3. Sustained delivery of other strategies that build the capacity of service systems & communities to implement LIFE promotion & suicide prevention programs & activities	*3. Enhanced social connectedness, cohesion & socio-emotional attitudes & experiences in the wider community*
4. Increased service system capacity to develop & support the sustained implementation of LIFE promotion & suicide prevention programs & interventions	*4. Individuals at risk experience improved services & support*
5. Increased community capacity to develop & support the sustained implementation of LIFE promotion & suicide prevention programs	*5. Reductions in health & social problems that are proximal & distal risk factors for suicide*
6. Increased actual implementation or delivery of evidence-based LIFE promotion & suicide prevention programs & activities (targeting the public)	*6. More appropriate portrayal of suicide, mental disorders & young people by the media & artistic productions*
	7. Reduced access to means of suicide

SOURCE: Mitchell, P.; Lewis, V.; A Manual to guide the Development of Local Evaluation Plans (December, 2003)

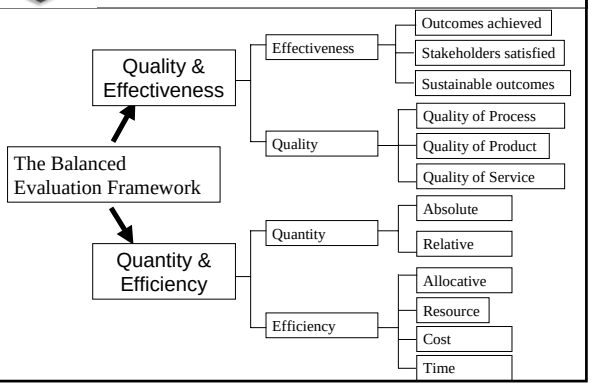
Types of Evaluation

Federal Department of Finance and Administration

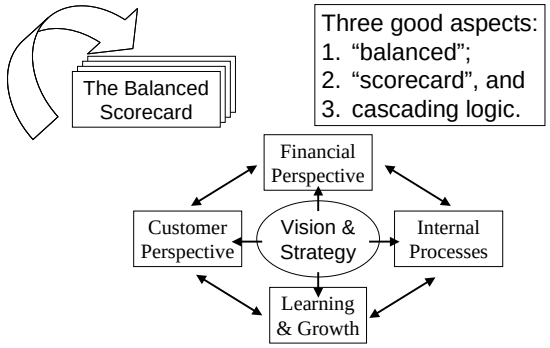
Balancing Efficiency & Effectiveness Measures (DoFA Performance Indicator Categories)



Balancing Efficiency & Effectiveness Measures (DoFA Performance Indicator Categories)



The Balanced Scorecard



SOURCE: Kaplan, R.S.; Norton, D.P.; (1996); **The Balanced Scorecard**; HBS Press, USA

The requirements of a good impact evaluation

Key Design Features of a Good Impact Evaluation
To provide the highest value, an impact evaluation should include:

Clear objectives. *Evaluation questions should be determined early, be simple and measurable.*

Credible evaluator. *The evaluator should be independent of the agency or institution whose program is being evaluated.*

Rigorous methodology. *Experimental estimates are the ideal but a well-chosen matched comparison group may suffice.*

Adequate sample size. *The sample should be large enough to detect program effects of plausible size. In addition, the size should permit assessment of program impacts on key subgroups of the target population, as appropriate to the program. Minimum detectable effects should be determined prior to the implementation of the evaluation.*

Baseline data. *Need to establish the appropriate comparison group and to control for observable program selection criteria.*

Sufficient follow up. *Follow-up data should be collected after enough time has passed to plausibly detect an impact, and should measure the relevant outcome variables.*

Multiple evaluation components. *The impact evaluation should do more than detect program effects – it should also examine program process, reasons for observed outcomes, and cost effectiveness.*

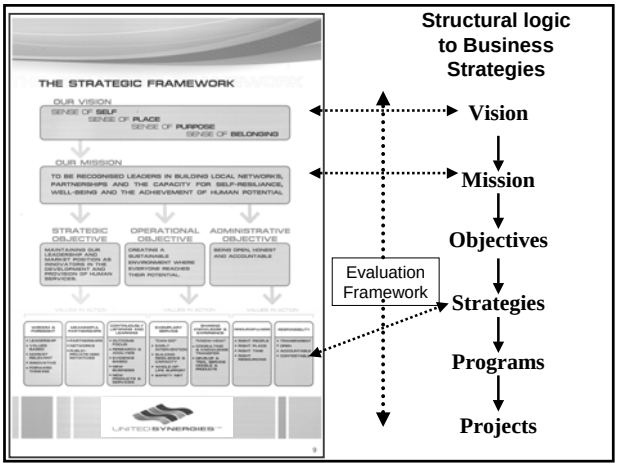
SOURCE: Blomquist, J.; (2003); *"Impact Evaluation of Social Programs; A Policy Perspective"*; **Social Safety Nets Primer Notes**; World Bank, No.14.

Building an Evaluation Framework for United Synergies

The prerequisites

A meaningful Strategic Plan

Structural logic to Business Strategies



Balancing Efficiency & Effectiveness Measures (DoFA Performance Indicator Categories)

Hervey Bay City Council

EXAMPLE

Older Men Unlimited (OMU)
funded by
National Suicide Prevention Strategy

(auspiced by Hervey Bay City Council)

OMU Older Men Unlimited Hervey Bay Inc. 'Age is just a Number'

Evaluation Framework

Older Men Unlimited Evaluation Framework

The OMU Evaluation Framework

Effectiveness indicators	Program Quality indicators	Efficiency indicators	Quantity indicators
1. Policy & program objectives/ outcomes met • *NSPS outcomes/objectives met* • *OMU goal and objectives met* • *immediate effects (impact)* • *long-term effects (health outcome)*	**1. Quality of Process** • *conforms to contract requirements* • *quality of activities*	**1. Allocative efficiency** • *best use of available resources in addressing the issue of potential suicide in isolated older men*	**1. Quantity delivered in terms of:** • *policy* • *need* • *agreed targets* • *inputs consumed*
2. Stakeholder satisfaction • *ongoing commitment from OMU to continue*	**2. Quality of Products** • *adequacy* • *right type, mix, range appropriate to need* • *market penetration*	**2. Resource efficiency** • *infras* • *cons*	
	3. Quality of Service • *accessible* • *equitable* • *professionalism* • *competence/ knowledge/understanding*	**3. Cos** • *absol* • *cost* • *value*	
		4. Time efficiency • *responsiveness* • *meets agreed timelines*	

Types of Evaluation

Institute of Healthy Communities Australia (Dept of Health and Ageing – Evaluation Methodologies Workshop 6/7/04)

1. Process – quality of activities
2. Impact – immediate effects
3. Outcome – long term effects

National Health Performance Framework

HEALTH SYSTEM PERFORMANCE

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6. Capable
7. Efficient
8. Effective
9. Sustainable

SOURCE: National Health Performance Committee of the Australian Health Ministers' Conference (August 2001)

Older Men Unlimited Evaluation Framework

The OMU Evaluation against key themes in the Evaluation Framework

Effectiveness indicators	Program Quality indicators	Efficiency indicators	Quantity indicators
1. Policy & program objectives/ outcomes met • *A qualified "yes" – some work to be done on sustainability, on ensuring the link to prevention of suicide and on links with other Agencies*	**1. Quality of Process** • *A confident "yes" - although some initiatives have lapsed a little as OMU consolidated, the visitation and mentoring programs have worked well.*	**1. Allocative efficiency** • *A confident "yes" - it is clear that this particular demographic is unlikely to participate in other types of support organisations*	**1. Quantity delivered in terms of:** • *A qualified "yes" - there are around 50 active members, a mailing list of around 200 and an estimated 700 who have participated in one way or another in OMU events/activities.*
2. Stakeholder Satisfaction: • *A confident "yes" – OMU participants and key community stakeholders are very positive about the program, actively engaged and very protective of it.*	**2. Quality of Products** • *A qualified "yes" - monthly meetings, group activities and events are positive. Some doubt about effective networking with other related Agencies.*	**2. Resource efficiency** • *not part of this evaluation study*	
3. Sustainability • *A qualified "yes" - the new OMU incorporated association is positive, but it is unlikely to be successful without additional government (Local, State and/or Commonwealth) support. This is particularly the case in terms of their finding a "place of their own".*	**3. Quality of Service** • *A confident "yes" - the OMU Project Manager has been praised for his professionalism. The organisation is held in high regard locally.*	**3. Cost efficiency** • *Not part of this evaluation study*	
		4. Time efficiency • *A confident "yes" - timely delivery of support to target audience*	

National Suicide Bereavement Strategy Evaluation Framework

The National Suicide Bereavement Strategy Evaluation Framework

Effectiveness indicators	Program Quality indicators	Efficiency indicators	Quantity indicators
1. Policy & program objectives/ outcomes met • *Government objectives* • *Policy objectives* • *Program objectives* • *Project/Service objectives*	**4. Quality of Process** • *conforms to contract requirements* • *quality of activities/methodologies* • *engagement of key stakeholders*	**7. Allocative efficiency** • *best use of available resources in addressing the issue under consideration* • *best return on investment for this outcome*	**11. Quantity delivered in terms of:** • *policy* • *need* • *agreed targets* • *inputs to project*
2. Stakeholder Satisfaction: • *Client/sponsoring Agency* • *Key stakeholders* • *Project partners* • *Customers/consumers*	**5. Quality of Products** • *adequacy* • *right type, mix, range* • *appropriate to need* • *target market covered*	**8. Resource efficiency** • *staffing* • *infrastructure* • *consumables*	
3. Sustainability • *outcome is relevant and applicable* • *outcome is easily understood and adopted* • *outcome is sustainable*	**6. Quality of Service** • *accessible* • *equitable* • *professionalism* • *competence/ knowledge/ understanding*	**9. Cost efficiency** • *absolute cost* • *recurrent cost* • *value for money*	
		10. Time efficiency • *responsiveness* • *met agreed timelines*	

National Suicide Bereavement Strategy Recommended Evaluation Framework

The National Suicide Bereavement Strategy Evaluation Framework

Effectiveness indicators	Program Quality indicators	Efficiency indicators	Quantity indicators
1. Policy & program objectives/ outcomes met • *Government objectives* • *Policy objectives* • *Program objectives* • *Project/Service objectives*	**4. Quality of Process** • *conforms to contract requirements* • *quality of activities/methodologies* • *engagement of key stakeholders*	**7. Allocative efficiency** • *best use of available resources in addressing the issue under consideration* • *best return on investment for this outcome*	**11. Quantity delivered in terms of:** • *policy* • *need* • *agreed targets* • *inputs to project*
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Prior to commencement of the agreed program, project or service, an independent evaluator is appointed, evaluation categories are selected and agreed from this list of 11 dimensions of project success; qualitative and quantitative techniques, pre and post tests, control groups, tools, techniques and evaluation methodology are clearly defined.

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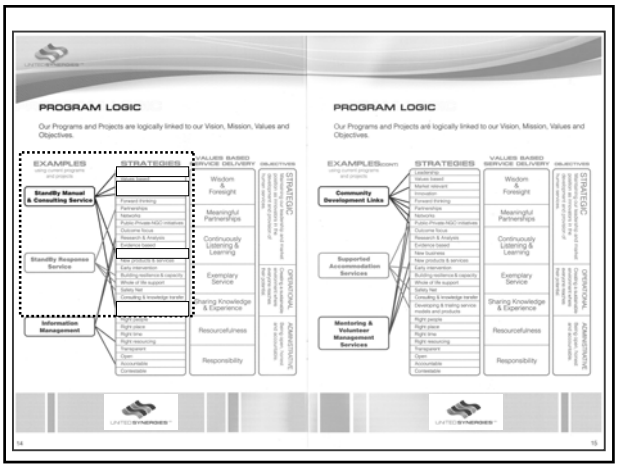
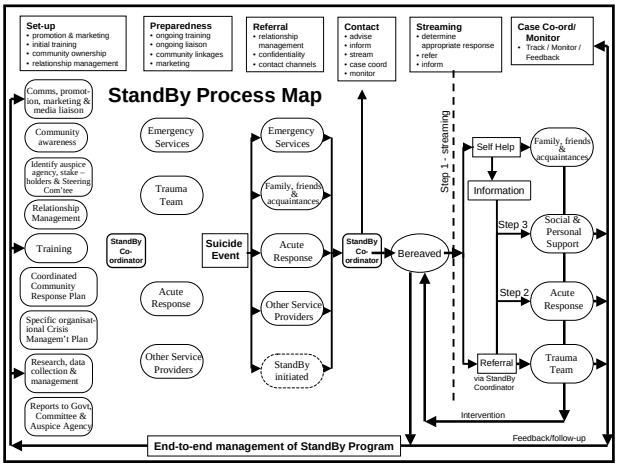


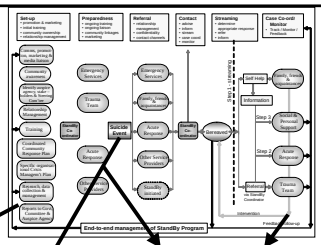
AUSTRALASIAN EVALUATION SOCIETY INC.

Evaluation Framework for the StandBy Postvention Program

Process mapping the StandBy Postvention Service



Process Mapping resilience, loss, grief and bereavement

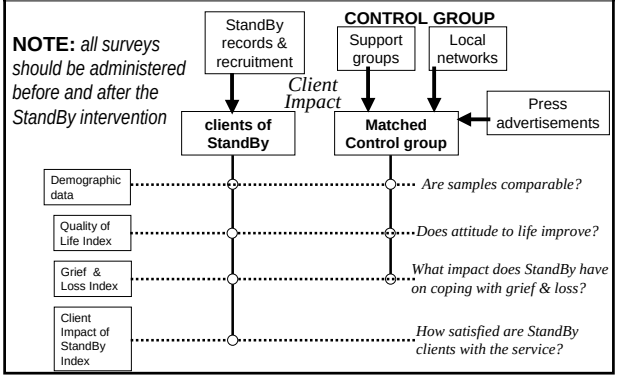


	PREPAREDNESS	CLIENT RESPONSE	REACTION	OUTCOME
INDIVIDUAL	• Resilience • Capacity building • Self-reliance • Individual strength • Strong families	• Equilibrium disrupted • Surprise • Shock • Trauma • Anxiety • Loss • Sadness • Grief • Guilt • Rejection	• Mourning • Bereavement • Blame • Shame • Anger • Hopelessness • Depression • Adverse health effect • Revenge • Reminiscing • Search for meaning	• Abatement of grief • Adjustment to loss • Coping • Reconstruction • Rehabilitation • Regenerative learning • Reinvention • Reinvestment • Renegotiation of self • Sense of safety • Moving forward
FAMILY/ TEAM	• Strong communities • Integrated social support systems • Coordinated response capability • Preparedness			
COMMUNITY/ ORGANISATION				

UNITED SYNERGIES

Figure C1

Evaluation strategy
Bereaved Persons
Pre & post intervention



UNITED SYNERGIES

Figure C2

Three standard measurement tools

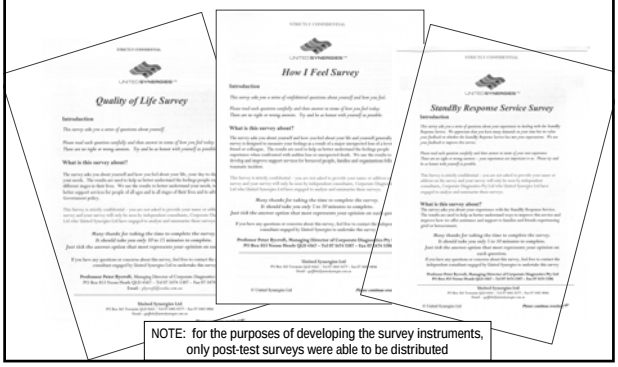
Effectiveness of StandBy program – with people bereaved by suicide

Quality of Life Index	***generic survey of well-being with a focus on suicide-related issues – an outcome measure***
Grief & Loss Index	***"How I Feel Survey", a measure of extent of grief and loss – an outcome measure***
Client Impact of StandBy Index	***specific measure of bereaved client's perceptions of the StandBy program in terms of the program's stated client outcomes – a process-based client satisfaction measure***

Evaluation TOOLS for people bereaved by suicide

Figure C3

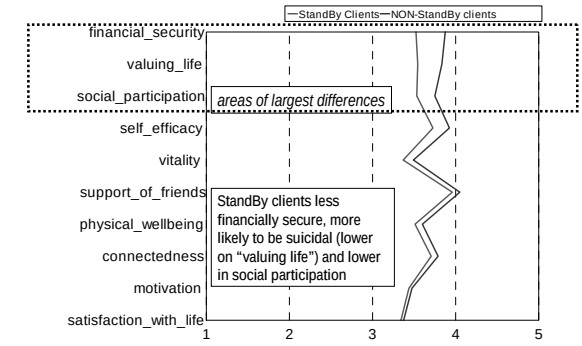
Three self-completion surveys



NOTE: for the purposes of developing the survey instruments, only post-test surveys were able to be distributed

Results of Quality of Life indicators

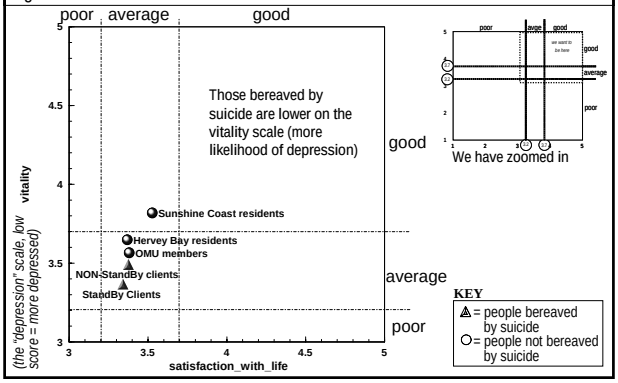
Figure C15



NOTE: results for sample groups bereaved by suicide only

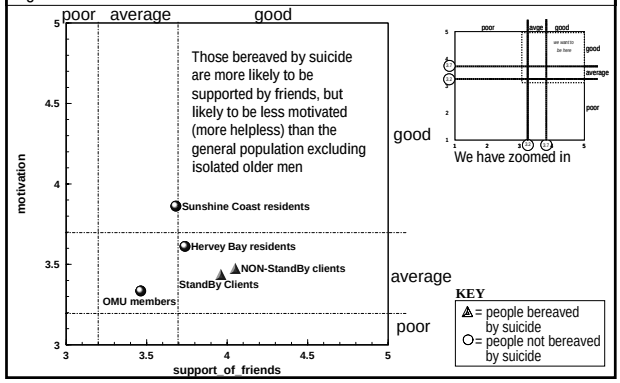
Results of Quality of Life indicators

Figure C19



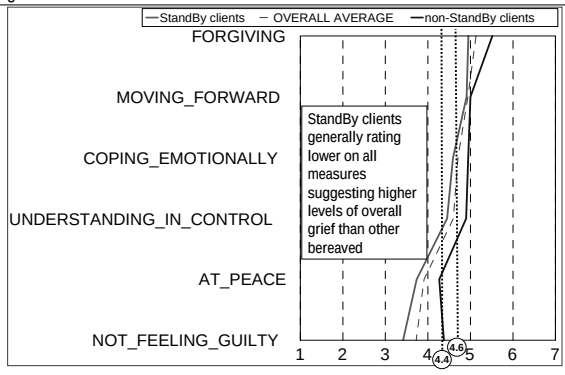
Results of Quality of Life indicators

Figure C20



Results of the factor analysis of *How I Feel Survey*

Figure C34



Results of client feedback

(% of clients positive shown thus "85%")

Figure C42

Effective

Effectiveness of StandBy

- *Based on my experience, the StandBy people have the right mix of skills to be able to assist people bereaved by suicide;*
- *The StandBy Services helps those affected by suicide to better manage their anxiety and fear;*
- *I think that the StandBy Response Service is an essential part of building a better community response to suicide* **97%**

Overall Satisfaction

- *I was better able to cope after accessing the StandBy Service;*
- *I would recommend that others in a similar circumstance to mine contact StandBy.* **92%**

Positive Outcomes

In reality, before contacting the StandBy service, I had no idea who to turn to for help. **82%**

I now know more about who to contact and what to do as a result of my interaction with StandBy. **98%**

I think StandBy gave me the support I actually needed at the time. **83%**

I could not have gotten equally good support from a range of other people (e.g. local priest/chaplain, police, ambulance officers, doctors or nurses). **87%**

Looking back, I couldn't have easily coped without the StandBy Response Service. **80%**

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National Suicide Prevention Strategy

Community Based Projects Funding

Suicide Prevention Community Based Initiatives

Australian Government
Department of Health and Ageing

2.6 Project Evaluation

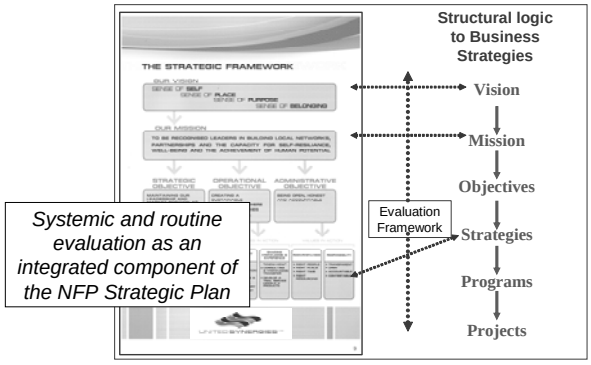
Projects funded under this category will need to be externally evaluated to assess project outcomes and effectiveness in meeting NSPS objectives. Please provide contact details for your nominated evaluator and a short overview of their proposed methodology. Please note the Department of Health and Ageing reserves the right to appoint their own evaluator.

Developing Defensible Evaluation Techniques in the Human Services Sector

"Simply evaluating individual programs for funding sources and accrediting agencies does not help NFP organisations make the leap to effective program evaluation and management. In fact evaluations that are not connected to overall agency effectiveness often weigh them down rather than free them up"

SOURCE: McCambridge, R.; (2006); *"Research and Nonprofit Excellence"*; **The Nonprofit Quarterly**; Spring, Vol 13, Issue 1.

Developing Defensible Evaluation Techniques in the Human Services Sector



Innovative Approaches to working in different contexts

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