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ABSTRACT

A framework is presented for evaluating family centers in the context of the community environment. The family centers will be created in a variety of communities and under varying auspices. Several will be selected as prototype centers and, as such, will need more elaborate evaluation plans than the others. Prototype centers will need to evaluate all, whereas other centers may need to incorporate only a portion, of the following evaluation issues: (1) population-based outcomes (effects on the target groups); (2) program outcomes (effects on families and service results); (3) systems outcomes (effects on surrounding communities); (4) process and quality (use and appropriateness of services and programs); and (5) costs. The framework must move beyond the traditional input-output models of evaluation to include the processes of program-community interaction and population dynamics throughout the entire program process. Evaluation information will come from administrative agency data and the Family Registration and Information System, as well as measures of participant satisfaction, individual, family, and community change, and archival and perceptual data. One figure illustrates the evaluation process. (Contains 16 references.) (SLD)

Center for Urban Poverty and Social Change

FRAMEWORK FOR EVALUATING FAMILY CENTERS

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FRAMEWORK FOR

EVALUATING

FAMILY CENTERS

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FRAMEWORK FOR EVALUATING FAMILY CENTERS

Family centers will be implemented in a variety of communities and under varying auspices. While they will share a common philosophy, mission, core structure and functions, the programs and services, staffing and collaborative arrangements with other programs and agencies will differ from one center to another. Furthermore, several family centers will be selected as prototype centers and, as such, will need more elaborate evaluation plans than the other centers. Thus, the evaluation framework presented here is flexible, allowing for the incorporation of program-specific objectives, varying levels of family involvement in center activities and a range of evaluation complexity.

The evaluation of family centers as an overall concept must answer the following questions. Prototype centers will need to address all of these questions while other centers may incorporate only a portion of the evaluation issues.

1. POPULATION-BASED OUTCOMES: Have the programs and interventions carried out by family centers improved outcomes for families and children in their target areas? For example, is there evidence of more favorable rates of school graduation and achievement, juvenile delinquency, teen pregnancy, infant survival, normal birthweight births, timely prenatal care, child abuse and neglect, economic self-sufficiency, access to primary medical care, labor force participation?

2. PROGRAM OUTCOMES: Have the programs achieved specific service objectives for families who participate? For example, have families been enabled to obtain housing or employment; enroll their children in preschool, school age or youth programs; enhance family and child development; establish networks of relationships with other families; use health care appropriately and effectively; access needed social and mental health services; maintain family stability; involve themselves in their children's schooling; feel a sense of control and success in performing family functions, etc.?

3. SYSTEMS OUTCOMES: How have the family centers changed the system of institutions, opportunities and neighborhood and normative influences affecting families? For example, is there evidence of: changed patterns of referrals and collaborative activities; joint ventures; policy or institutional change; new resources; improved access, continuity, quality of services; inter-organizational relations; cooperative decision making; efficiency and non-duplication? Do residents perceive the environmental factors and normative structure in the community to have a more favorable impact on their families?

4. PROCESS AND QUALITY: What services and activities have been produced by family centers, what parts of the target

population has used them, in what quantity? Have these been of acceptable quality and perceived by members and consumers to be satisfactory?

5. COSTS: What are costs associated with family center operation and specific programs and services? What are the per capita costs of providing a comprehensive program to support families and children?

THE FRAMEWORK

The history of evaluating family support and family and child development programs has evolved since the first evaluations of Head Start in the 60s. Many of the existing evaluations have focused on individualized services to selected families at high risk such as home visiting, intensive parent and child development interventions, early cognitive interventions, etc. (Weiss and Jacobs, 1988). A uniform intervention has often been assumed. Change in child behavior and cognitive development or parent knowledge, attitudes or behavior or select health or behavioral outcomes such as birthweight, school attendance, etc. have been the results that are examined.

In recent years, evaluators have begun to recognize the limitations of the traditional input-outcome approach (Weiss and Halpern, 1991). Although the methodologies are just beginning to appear, there is a growing interest in processes such as family

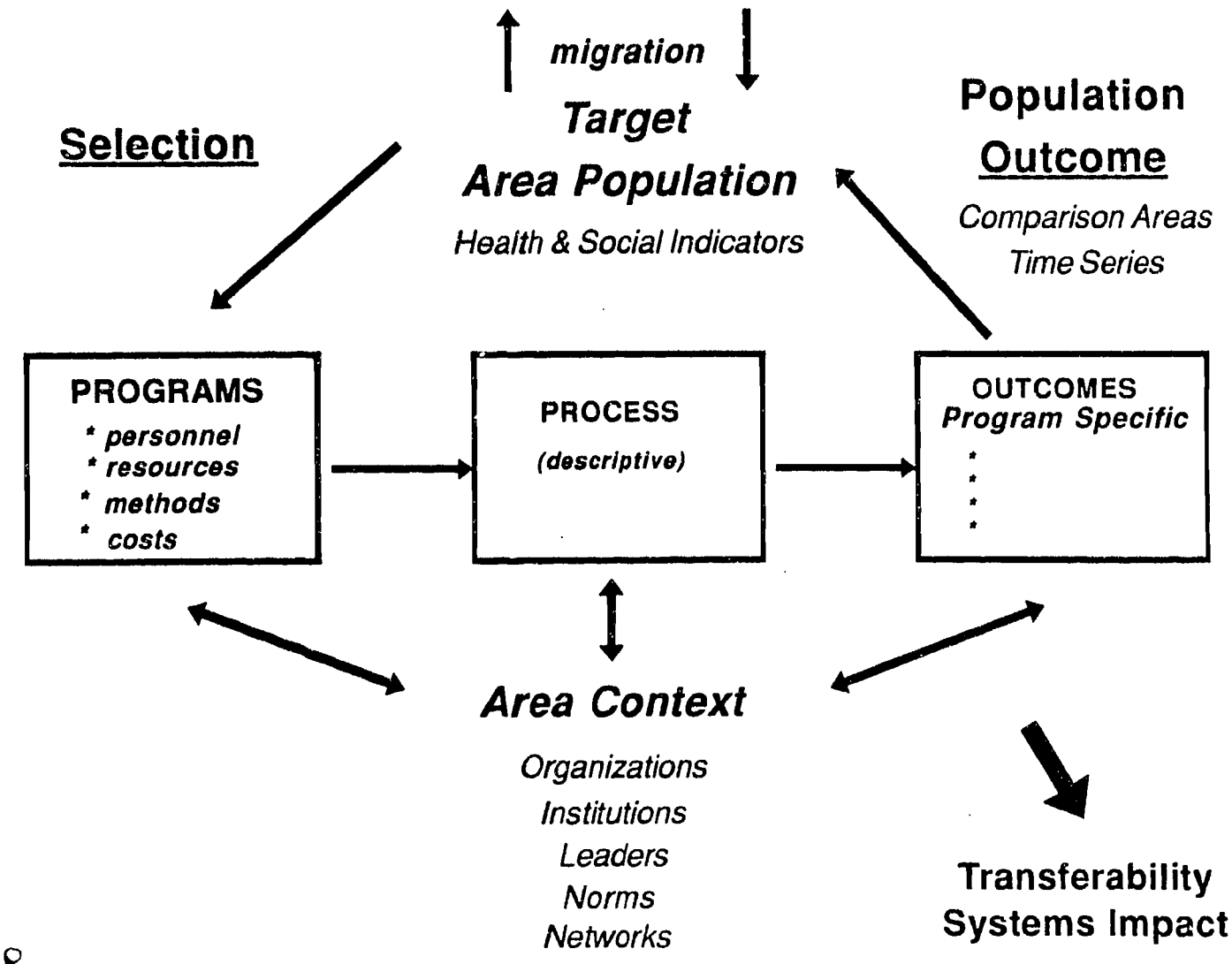
empowerment (Whitmore, 1991) and self-sufficiency. The ecology of family life is a perspective that is now being suggested.

The approach taken here incorporates these recent developments and also views the family center within the context of a dynamic community environment. Family centers have as their objectives not just preventing or remedying the deficits of selected, at-risk families but also improving the degree to which the environment is supportive of family life and development. And family centers are predicated on the assumption that enabling parents to create the conditions for families and children to thrive will contribute to the development and empowerment of these individuals and their communities.

Thus, the evaluation framework views the center within the context of existing county-wide and neighborhood-based programs and services serving families and children. Family center activities will be directed toward a population that is not static but changing through migration in and out of defined target areas, moving within target areas and changing in its social and economic status. Thus, the framework needs to move beyond the more traditional input-outcome models of evaluation to include the processes of program-community interaction and population dynamics throughout the entire program process -- from design to implementation to outcome phases of evaluation.

Figure 1, visually represents the interrelationships among the target area population, the community context and the specific programs and interventions that are part of the family

Figure 1: Evaluation Framework for Family Centers



center. Each of the elements in the framework calls for somewhat different types of data collection and decision making.

The overall goal of family centers is to improve the well-being of families and children in target areas. This aim is represented by the population outcome heading on the model. The success of this will be examined by looking at changes in selected indicators of population well-being over time in target areas. Trends in these indicators for target area populations will be compared with trends in economically and demographically matched areas that are not involved in family centers.

The fact that the population is dynamic is represented by the migration term in the model. Not only does it change on its own from time-to-time due to migration and other factors, but it is expected to change as a result of family center programs. In designing evaluation plans for family centers, the dynamic nature of neighborhood populations is an important element of program planning and evaluation. It is necessary to monitor demographic and economic changes in target area populations throughout the family centers' evaluation process and take these into account when examining population-based outcomes.

Since the purpose of family centers is to reach families and children in designated areas, a key issue is the degree to which program beneficiaries truly represent the intended target population and whether families or individuals chosen for evaluation purposes truly represent program beneficiaries. These considerations are represented by the Selection arrow on the

model. The selection process can be examined by comparing population characteristics with characteristics of families and children who use the programs. Selection can be taken into account in statistical estimates of program effects.

The community-specific factors that surround and shape the overall project are labelled Area Context. It is the aim of family centers to influence the environment to be more conducive to family and child development. This includes improving inter-organizational relations, enhancing institutional effectiveness, changing norms and practices in the community that affect life chances for children and adolescents and strengthening the networks that support family life. Thus, the evaluation should include an ongoing description of these processes in the community.

The programs themselves are described in terms of structure, process and outcomes. Traditionally, program evaluations focus upon effectiveness in achieving desired program outcomes, sometimes referred to as summative evaluation. Formative evaluations focus upon process, including quality assurance and description of services provided and the population served to shape the evolving program. Family centers require both formative and summative approaches complemented by a tailoring of the evaluation to the particular context.

Programs refers to all the administrative and programmatic elements which make up family centers in particular areas -- the providers, the financial and skill investment, the facilities,

etc. Ongoing quality assurance evaluations will provide feedback as to how these elements are contributing to the accomplishment of program objectives, allowing fine-tuning of organizational and program elements during the early stages. For example, are outreach efforts reaching the correct population? Is treatment for alcohol or other drug addiction available when program participants need it? Are programs located so as to facilitate utilization? Are family needs being identified that cannot be met? Are program goals appropriate for the population served? Are residents being involved in family center programs in ways that increase their sense of control and efficacy? These are formative evaluation issues which are program-specific and administrative in nature.

Cost concerns also are a major administrative issue. Family centers need to track service costs per capita and to relate that to short-term and longer-term benefits. Cost information is necessary for administrative decision making, accountability to funders and to assist future programs in estimating and allocating resources.

The process factor provides information on the activities in which program staff and providers are engaged. Services and interventions selected to enhance families in the target population or neighborhood are the core of the process factor. The activities and arrangements that communities put in place as a result of family centers are another important component of the process to be studied. An evaluation of process factors will be

descriptive in nature, including such information as what services are provided, to whom, how frequently, in combination with which other services, for what duration, through what collaborative arrangements, etc.

It is also especially important to examine population characteristics and how particular services and activities reach or attract particular elements of the population. Monitoring who is using which aspects of the program can lead to feedback and improvement in family center operations.

Program outcomes show how the program participants benefitted as a result of the process factors described above. The outcomes to be measured will be derived from specific program objectives. Frequently, real benefits to participants are difficult to determine because there is no certainty as to what would have happened in the absence of the interventions. While untreated control groups are ideal for establishing program impact, randomization generally will not be possible. An exception is those family center services and programs that have excess demand in which persons who cannot be served may constitute a comparison group. Thus, there will be some natural basis for comparison using appropriate statistical controls.

The broad public policy and systems expected to be affected by the process are labelled Transferability and Systems Impact in the model. This involves documenting the influence of family centers beyond their target area. Were strategies and programs developed that were then transferred to other locales? Did

county-wide or state-wide systems change as a result of family center activities?

The evaluation framework pictured in Figure 1 also suggests the stakeholders who need to be involved in designing and using the evaluation. The families living in the target area are key stakeholders. This includes those who use the center at any given time, those who could potentially use the center and those indirectly affected by center activities. Center staff and volunteers at all levels are also stakeholders and need to be closely involved in the evaluation process. Area institutions, leaders, agencies and organizations also have a stake in the direction and effectiveness of family centers. Finally, those outside the target area such as local and state government agencies and officials who may have their operations affected by family centers or who may have a role in transferring successful programs and strategies to other areas have a stake in the evaluation process.

Information gathered with respect to community and project elements, in combination, will provide a complete picture of what family centers have accomplished and why. The complete picture will not only show how family centers' program efforts yielded participant outcomes, but will also explain why certain population groups were selected to receive the benefits of the program, how they changed, and what the contributions of various elements were to the overall community.

EVALUATION DESIGN

The evaluation design will consist of several components to answer the evaluation questions raised at the beginning of this document. The components are referred to as population outcomes, program outcomes, system outcomes, process and quality, and costs.

Population outcomes

The first component of the evaluation is an analysis of outcomes in target populations. Because family centers will not have traditional randomized control groups within the target population and the implementation of the program may differ from one family center to another, multiple designs will need to be employed. This strategy involves a systematic integration of two or more traditional designs into multiple designs that compensate each other's weaknesses when each design is applied individually. The second strategy is to integrate theory into a design to broaden the base of the evidence. As a result, the impact of the program is judged from the degree of convergence among various sources of evidence pulled from a comprehensive and theory-guided data base (Chen, 1990).

The primary approach to determining the impact of family centers on the population is a multiple time series design. The target area population will be compared with itself over time and with matched comparison areas on selected social indicators that are available from administrative agency records or government

data sources. The possible outcomes include indicators such as rates of teen pregnancy, school graduation and achievement, juvenile delinquency, infant mortality, low birthweight births, late or no prenatal care, child abuse and neglect, welfare dependency, access to primary medical care, homeownership, and labor force participation. Some of these analyses will statistically control for population characteristics known to affect these outcomes such as poverty, educational levels, race and ethnicity, age distribution and environmental characteristics.

In its initial phases of operation, family centers' activities may be planned to affect only a handful of the above population outcomes. In such cases, only a few of the indicators would be expected to change. The other indicators should hold steady or change in the same direction as the region and can serve as a non-equivalent dependent variable design.

Program outcomes

An analysis of outcomes for program participants is a second component of the evaluation. Participant outcomes have been the focus of most published studies of family programs (Weiss & Jacobs, 1988).

The selection of measurable program outcomes is complicated by the fact that family centers consist of numerous program components each with its own program objectives. Furthermore, residents may have varying degrees of contact with or involvement in family centers. At level 1 are those families who are exposed

periodically to center publicity, information campaigns, community events, outreach, educational meetings, or information and referral. At level 2 are those families who participate in group programs and activities at the center and have completed an application and registration process. At level 3 are those families who receive planned individual services that are based on an assessment and selection process. Example of such services include ongoing case management, family development, psycho-social treatment, etc.

For those residents with level 1 involvement, it will be impractical to measure individual growth or changes. They will vary widely in their exposure to center activities and will not have completed a registration process. In these instances, numbers of contacts through outreach and reception will be examined. Although not direct measures of results for the consumer, they can be viewed as proxies for more direct outcome measures.

Outcomes for active participants in group activities (level 2) can be examined using both qualitative and quantitative methods. These efforts would include levels of attendance and consumer satisfaction. Other methods would need to be explicitly focused on selected activities for defined levels and types of participation. Because such evaluation efforts are time consuming, they should be carefully chosen. For example, a parent self-help group could be evaluated to determine whether members changed in their feelings of understanding, control and

influence over the institutions and environmental factors affecting the lives of their children and themselves. Questionnaires administered as a pretest and posttest could be combined with participant observation of why and how these changes occurred.

Families receiving individual services (level 3) can be assessed on a variety of outcomes depending on the specific service objectives. Many family development and support programs have as objectives to improve family resources, social support, individual self-esteem, child development and behavior, family self-sufficiency or family functioning. Some of these outcomes can be readily measured by the collection of simple data such as employment status, school attendance, etc. Others require more indirect measures of behavior, knowledge, or attitudes. Reliable scales for many relevant phenomena are available (Dunst, et al, 1988; Green, 1989; Hudson, 1982; Magura & Moses, 1986; Magura, et al, 1987; McCroskey, et al, 1991). Some are useful as assessment tools as well as for the purpose of evaluation.

For selected individual services that are quite costly or new, it will be desirable to evaluate them formally with a rigorous experimental or quasi-experimental design. Families enrolled in these innovative services should be contrasted with a comparison group of untreated families who are randomly assigned or matched if random assignment is impossible. They should be compared on measures made at the beginning of services and at reasonable intervals thereafter. The kinds and amount of

services they receive will also be described and taken into account. In prototype centers it would be anticipated that one or two service innovations would be examined using this type of clinical trial.

For services or interventions that have well-established efficacy, regular outcome evaluation is not necessary. However, outcomes should be examined periodically as part of quality assurance activities which will be discussed below as part of the process evaluation.

Systems Outcomes

An analysis of the impact of family centers on their surrounding communities is a third component of the evaluation. Families should begin to perceive changes in the systems that affect or support family life. They should report improved access to services such as medical care, transportation, and child care. They should feel more control over their environment and an increased sense of security and belongingness. Community norms and behaviors should be perceived as more conducive to their child rearing and family functioning tasks.

There should also be evidence of new relationships and collaborative efforts among agencies, institutions and organizations on behalf of families. Residents and parents are expected to display increasing levels of involvement in these organizations.

These changes in the community can be evaluated through periodic resident and key informant surveys. The surveys will gather perceptions of neighborhood and community life as it affects parenting and family functioning. Archival evidence regarding inter-organizational relations such as memos, letters of agreement, contacts, joint proposals, etc. will provide further evidence of system level effects.

Process and Quality

The evaluation of process will examine both the patterns and levels of utilization of family centers' programs and the quality and appropriateness of services and programs. The levels and patterns of services use will be summarized periodically, perhaps on a monthly basis. Attained levels of participation will be compared with expected levels and with use in previous months. The persons involved in programs will also be described in terms of their place of residence, age and other characteristics to determine whether target areas and populations are being reached. The data for this aspect of evaluation will come from a Family Registration and Information System (FRIS) that will be discussed in a subsequent section on data sources.

The quality and appropriateness of key services and programs will be monitored on an ongoing basis as part of a quality assurance program within family centers. The quality assurance program will systematically and continuously examine the quality of services, identify any deficiencies, determine the sources or

causes of the problems and engage in problem solving. The quality assurance program will be carried out by program staff and volunteers and will follow the principles of "continuous quality improvement" methods used in industry and health care (Coulton, 1991; Deming, 1982; Donabedian, 1982). A fundamental tenet of these programs is that persons doing the work are in the best position to find and solve problems that will continuously improve their own effectiveness. They can be aided in this effort by statistical data, records and their own personal observations.

The quality assurance program is structured so that selected staff periodically examine data and information, analyze problems and carry out problem solving strategies. They periodically examine the evidence to see that their strategies have worked. They document the results of their analyses and actions as a record of their quality improvement efforts. These quality assurance analyses are extremely valuable when used in conjunction with the program outcome information described in a preceding section.

As part of the quality assurance, it may be of interest to determine whether family centers are designing their policies' programs and services in accord with basic principles of family support. The centers may consider using a set of self-rating scales developed by Carl Dunst (1990) for this purpose.

Finally, much can be learned from observation and the impressions of key participants about the process of creating a

family center within the context of a community. During the centers' developmental phases, key informants should be asked to describe their perceptions of events, actions and procedures that affected the center and those that were particularly successful or difficult. These descriptions should be recorded, transcribed and analyzed.

Costs

The final component of the overall evaluation is an analysis of selected costs. The general approach will be to determine a unit cost for most of the programs and services available through the family centers. The determination of these unit costs will be derived from data from the FRIS that will reveal the numbers and types of service provided during a particular time period. Budgetary information will be used to establish the staff and other resources that were allocated to various service and program activities.

Once unit costs are established, patterns of use by various types of consumers can be determined from the FRIS. The unit costs can then be applied to estimate the per capita costs of various components of the centers' programs.

DATA SOURCES AND MANAGEMENT

The sources of data for the evaluation are several and pertain to the five evaluation questions posed at the outset of

this document: population outcome, program outcome, system outcome, process and costs.

Administrative Agency Data

Administrative agency data will be used to examine trends in the target population on selected indicators of interest to family centers. Possible indicators include:

Migration: this can be examined using decennial census data in intercensus population estimates.

Infant deaths, low birthweight, use of prenatal care, teen births, births to unmarried mothers: these items can be calculated from the birth and death certificates provided by the Ohio Department of Health.

Delinquency filings: these rates can be determined using tapes provided by the County Juvenile Court

Economic self-sufficiency: this can be determined using data on participation in AFDC and GA programs as compared to an areas' number of households.

Housing indicators: homeownership and mortgage lending can be measured using data from the Home Mortgage Disclosure Act and the County Auditor's Data Base and are an additional indicator of self-sufficiency.

Child abuse and neglect: reports to DHS can be geo-coded to calculate rates in an areas' population.

Graduation rates and achievement: public schools' data can be geo-coded to calculate these rates for a designated area.

Demographic measures: these may be used as statistical controls in the analysis and can be obtained from the STF-3 and STF-4 tapes of the decennial census.

Additional measures are possible.

Family Registration and Information System (FRIS)

It will be necessary for family centers to have a computerized family registration system. For those persons who attend group programs and activities or receive intensive family services, an ongoing information gathering component will also be needed. The system must also collect a minimal amount of information about the centers' activities with non-members such as community education activities, outreach or recruitment. In creating this system, a balance must be struck between maintaining convenience and simplicity while yielding data on utilization and costs.

The system should collect some basic descriptive information about the family and each member at the time of initial registration. Subsequently, activities in center programs would also be entered into the system. For those involved in intensive services, a module of additional program-specific information could be added to the participant record.

An additional system feature would be the ability to input an attendance form taken at meetings and events or weekly staff logs, and to link this input into the basic family registration record. Thus, the system would be able to produce utilization reports by event or activity as well as by person or family.

For family centers that are housed within an existing organization, the FRIS should be compatible with any existing data base. Where possible, information gathered for other systems should be able to be "down loaded" into the FRIS.

The software designed to operate this system should have several ke_ features. It should be DOS based so that it can be operated on low-cost PCs. It should be interactive, but capable of suppressing prompting for the experienced user. It should accommodate both daily and batch input. It should have look up and mailing list capacity. All family members should be linked. Routine reports should be available as well as a report generating capacity for user defined reports. Finally, fields should be available for user defined input and special, short term studies.

Measures of participant satisfaction

Scales that measure participant satisfaction will be developed for selected events, functions and activities. These will be analyzed on an activity-specific basis and used in quality assurance and program planning.

Measures of individual and family change

For selected program objectives, there will be a desire to measure characteristics of families and their functioning that are the targets of intense and well-defined interventions. While each program will need to select its own relevant outcome measures, it eventually should be possible to recommend some commonly used scales and measures that have been found useful in

family program . The following general headings are the areas in which instrument review and selection should be undertaken:

Family Resources

Family Supports

Family Functioning

Parent-Child Relations

Child Behavior

Parent Attitudes and Conditions

Family Self-sufficiency

Family Empowerment

These measures would be administered at defined points in the intervention process and coded for computer entry in a small data base. This information could be merged with other client information from the FRIS for the purpose of analysis. Ideally, these quantitative measures would be combined with qualitative data in the evaluation process.

Measures of the community and neighborhood

Periodically, residents and key informants will be surveyed to obtain perceptions of neighborhood conditions, community norms and networks, satisfaction with resources and institutions and community assets. It is desirable for neighborhood residents themselves to be involved in the design and collection of these data. The process of neighbors talking to neighbors can increase the sense of community and provide knowledge to build informal networks and community action strategies. Several neighborhood

survey tools are in the developmental stages (Garbarino & Kostelny, 1991; Fuerstenberg, 1990) and can be modified to reflect the specific aims of particular family centers and neighborhood residents. Survey methods for identifying community assets may also be useful to family centers (McKnight & Kretzmann, 1990).

Archival and perceptual data

This would include minutes of meetings, interagency agreements, proposals, quality assurance documents, and miscellaneous materials reflective of family center operations. Impressions and perceptions of key participants can be recorded periodically as an additional source of data.

IMPLEMENTATION

In thinking about implementation of family center evaluations there is a need to consider two sets of distinctions: The differences in evaluation demands placed on prototype versus other centers; the differences in evaluation needs of center staff and neighborhood stakeholders versus the statewide evaluation process.

The overall evaluation methodology will be further refined by staff from several prototype centers, family center intermediaries, experts in family programs and evaluation design and state or local officials. The initial work of this evaluation group will have several components. First, the group

will identify key stakeholders and gather their viewpoints regarding the potential uses of evaluation results. Second, the group will address the detailed design of the FRIS. They will examine existing systems to see whether any meet the identified needs or could be adapted for family centers. If necessary, they will make the arrangements to have their own design converted to software and tested. Third, the group will review available measures and scales for selected family outcomes and make recommendations for some common instruments. Finally, the group will examine approaches to surveying the assets and perceptions of the local community and recommend survey tools.

Evaluation planning will also need to be done at the level of each prototype center. This first involves further exploration of stakeholders' viewpoints at the neighborhood level and the formation of a working group on evaluation for the center. Selection of outcome objectives and indicators for key group programs and activities and individual family services will be an important initial activity of the group. The selection of population outcomes that are relevant to the aims of the particular center will also be an initial first step. A plan for implementing the FRIS system and a quality assurance program will also be a task for this group.

Family centers that are <u>not</u> considered prototypes will have a different level of evaluation demands than the prototype centers. At a minimum, it would be anticipated that they would track family center utilization and participation through the

FRIS, set up an internal quality assurance program, and monitor the well-being of their target population using administrative agency data.

PHASES AND FEEDBACK

The evaluation process will proceed in phases. The ultimate impact of the program on the population and community should be examined over a relatively long period of time, for example at the end of five years. Specifically, the population outcome and system outcome indicators would be examined for change relative to themselves and similar areas without family centers. Appropriate statistical controls would be introduced for population changes and regional trends.

Patterns of participation and program activity should be monitored quarterly and compared with desired levels of involvement. Quality assurance activities will be ongoing as well.

Analyses of program outcomes for selected programs should be undertaken after the staff are fully trained and feel confident that the program is operating as it should. While before and after comparisons may be made for many family center programs, it is anticipated that rigorous experimental designs will be implemented for only a few innovative programs. Experiments with follow-up measures to examine long-term impact are very important but especially difficult and expensive to conduct. These special purpose evaluations would be expected to occur periodically

throughout the years of family centers' operations as new and innovative programs are added or concerns about program effectiveness are raised. Nevertheless, it is the rigorously designed longitudinal evaluations that often contribute to new knowledge and to practice and policy advancement. Studies of innovative practices in family centers ultimately should contribute to this base of knowledge.

USES OF EVALUATION

The evaluation results can be used directly by family center staff and participants to make decisions. Successful activities can be expanded, areas with identified problems can be improved, resources can be directed where they are most effective.

Evaluation of prototype centers can also form the basis for decision making regarding expansion to new sites or other parts of the state. Incorporation of family center approaches into state or Federal policy will undoubtedly be influenced by evaluation findings.

Finally, family centers' evaluation should contribute to the general knowledge base about methods to promote family and child well-being. Of particular importance is an understanding of how family centers and their participants can change community environments to make them more conducive to child and family development.

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