

A decorative pattern of small white dots on a green background in the top left corner, with three yellow stars of varying sizes scattered nearby.

# First Steps First:

A large, stylized yellow star with a black outline and a slight shadow effect.

A Community-Based Workbook  
for Evaluating Substance Abuse & Mental Health  
Programs in Saskatchewan

Saskatchewan Team for Research and Evaluation of Addictions Treatment  
and Mental Health Services (STREAM), University of Saskatchewan



# Hi there! Welcome to *First Steps First*!

**My name is Pete Prairiedog, and I will be accompanying you as you move through each of the chapters of this evaluation workbook!**

I'm a type of ground squirrel that lives on North America's prairies. I'm about the size of a small rabbit and weigh roughly 1.5 kg. I live in a structured social organization called a prairie dog town. And, because I'm a youngling, I'm often stationed on top of my burrow or on the outskirts of town in order to keep an eye out for danger. Not only do I have a keen eye for predators, but I have an even keener eye for measurement and evaluation! I keep a close eye on the little details. That is

why one of my eyes is so much bigger than the other! Nothing gets past Pete

Prairiedog. Measurement and evaluation have been an interest of mine ever since the human folks started keeping track of our populations and implementing programs in response!



As I accompany you through the workbook, my dear friend Dr. Randy Duncan will be helping me out. He too has a strong background in measurement and evaluation. He's also a member of the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services (STREAM).

Since 2008, the members of STREAM have been doing research together to reduce the health and social consequences of problematic substance use and mental health problems in both rural and urban communities in Saskatchewan, with focused attention on First Nations and Métis peoples. STREAM's partners include the University of Saskatchewan, Departments of Psychiatry, Family Medicine, Sociology, and the School of Public Health; First Nations University of Canada, School of Indian Social Work; Prince Albert Parkland Health Region; Calder Centre; Métis Addictions Council of Saskatchewan Inc.; Saskatchewan Ministry of Health, Community Care Branch; National Treatment Strategy Leadership Team; and a Community Advisory Committee.

The STREAM team is funded by the Saskatchewan Health Research Foundation, Health Research Group Grant – Phase II and the Research Chair in Substance Abuse (funded by a grant from the Saskatchewan Ministry of Health). Pilot testing of this workbook has received additional funding from the Saskatchewan Ministry of Health via the federal Drug Treatment Funding Program.

I should mention that the Saskatchewan Government, including the Ministry of Health and health regions within Saskatchewan, are implementing a Lean approach to evaluating and improving programs and services. Lean methods involve service delivery staff and clients so that, when processes and services are redesigned, they are more effective and satisfying for the people who use them. *First Steps First* (which assists with the first stages of program evaluation) and Lean methods can be seen as complementary to each other.

Well folks, that's enough about me and STREAM for now. I hope that you enjoy the workbook as much as I do. Please don't hesitate to email the team at [evaluation.workbook@gmail.com](mailto:evaluation.workbook@gmail.com) if you have any questions! Or you can call us, but remember I am usually out in the field, so you may have to leave a message.





## About the Authors and Illustrator



**Mitch Daschuk (MA)** is a doctoral graduate student with the Department of Sociology at the University of Saskatchewan. His research interests include youth subcultures, media representations of 'deviant' populations and, more recently, knowledge translation processes. Since May 2010, he has been working with the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services (STREAM) to compile this workbook. Mitch has many interests outside of the university, including a fresh take on shooting short films (in which Pete Prairiedog thinks he should have the next starring role!).

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**Colleen Dell (PhD)** is the Research Chair in Substance Abuse at the University of Saskatchewan in the Department of Sociology and School of Public Health. She is also a Senior Research Associate with the Canadian Centre on Substance Abuse, Canada's national addictions agency. Her research is grounded in a community-based participatory approach, and her research interests focus on substance abuse treatment programming and evaluation. Colleen has worked and undertaken research extensively at the local, provincial, and national levels. In 2010, she was awarded a YWCA Woman of Distinction award in the category of Research, Science and Technology for her collaborative work on the project titled *From Stilettos to Moccasins*. Colleen loves spending time with animals, especially cute little prairie dogs.

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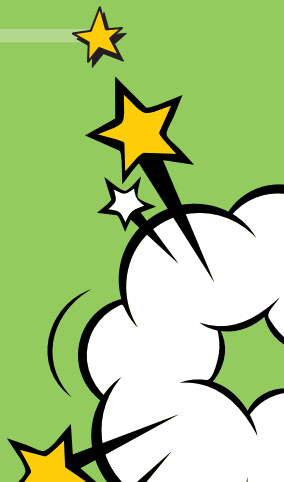


**C. Randy Duncan (PhD)** is a Research Associate with the Department of Sociology at the University of Saskatchewan. His research background is in applied measurement and program evaluation, with a focus on instrument construction and validation. Randy is currently pilot testing two instruments designed to measure the benefits of Equine Assisted Learning (EAL) for at-risk youth and adults. He is also involved in developing an instrument to measure the benefits of Aboriginal cultural interventions for at-risk populations receiving substance abuse treatment services. However, it has been Randy's ongoing program evaluation work in mental health and addictions that has served to underscore the need for helping to develop this type of interactive workbook to assist front-line staff. Randy is an avid marathon runner and hopes one day to be able to run as fast as a prairie dog.

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**Sagan Haller** is a University of Saskatchewan undergraduate student in Anatomy and Cell Biology, which is the study of the structure, function, and development of organisms at the cell, tissue, and organ levels. She grew up in Tisdale, Saskatchewan, where she attended Tisdale Middle & Secondary School, and took art lessons from a local artist. Since July 2011, Sagan has been working with STREAM to develop Pete Prairiedog, the workbook mascot. She considers herself to be an artist, a baker, and a candlestick maker. STREAM's members agree; she is creative, constructive, and illuminating.



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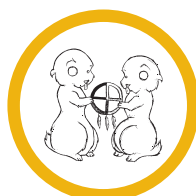
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# Administrator's

## Introduction

With this introduction,  
you will learn:

- 1 How to adopt a leadership role with the key people in your organization who should be involved with the program evaluation.
- 2 How to take a realistic approach to developing a work plan that facilitates the planning of a program evaluation.



“

**Nothing is particularly hard  
if you divide it into small jobs.**

Henry Ford

”



“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”



# An Administrator's Introduction to the Evaluation Workbook

## Greetings!

Chances are you are already familiar with the process of conducting a program evaluation. This process may have involved endlessly defining and redefining your goals, selecting indicators to assess your program's success, or working with a professional program evaluation consultant to achieve the goals of the evaluation process. You may have discovered this process to be strenuous, time consuming, and expensive. Did you also discover the potential benefits of engaging the service providers of your organization – including your supervisors and front-line care providers – in preparing for a program evaluation?

Many of the hardships you may have experienced during your previous encounters with program evaluation are quite possibly due to ill preparedness for the process. Preparing to enter the evaluative process is as essential as the process itself. Identifying and discussing the program that you want to evaluate, determining the response to the evaluation findings, and identifying how to assess the effectiveness of your program will ultimately provide you with the opportunity to glean the benefits of this process and achieve your goals.

Welcome to this interactive evaluation workbook. The following pages provide information on the steps needed to undertake a successful program evaluation, along with a number of group activities which you and your staff should accomplish in 20- to 30-minute sessions. They will better familiarize you and your organization with the early process of preparing to conduct a program evaluation.

This workbook is designed to help you save time and resources while familiarizing service providers with the early stages of planning for a program evaluation. The following pages provide evaluation information in an accessible

manner. We hope that completing the following exercises with your supervisors and staff will enable all to appreciate their role as a significant **stakeholder** who has a great deal of expert knowledge to contribute to the program evaluation process.

At this point, you are probably scratching your head and thinking, “... *really? Are you seriously suggesting that scheduling a series of group meetings, with as many of our staff in attendance as possible, is going to save time and resources?*” Why, yes we are ... and for good reason:

➔ Involving your supervisors and front-line staff at every stage of planning a program evaluation will help reduce the potential for unnecessary confusion down the road.

➔ Excluding front-line service providers from the evaluation process may actually harm your program if they don't understand why they may need to change their schedules or duties.

That being said, as an administrator or a person in a position of leadership within your group, you will still be expected to assume something of a leadership role in not only familiarizing your organizational stakeholders with how (and why) they will be using this workbook but throughout the process of preparing for a program evaluation. While this workbook simply aims to **prepare** stakeholders for the process of planning for

a program evaluation, **your role** as an administrator will require that you be the one who **keeps the bigger picture in mind** at all times. The bigger picture includes consideration of things such as how you might **present** the results of your evaluation to your program funder.

When the time actually comes to **conduct** the program evaluation, you will be the person who must keep sight of such

## Stakeholders:

Those people, be they a part of your organization or otherwise, who have a vested interest in your program.

considerations as to who will ultimately be **using** the findings of your evaluation: the organizations that are funding your facility. It might be said that this workbook has **two goals**:

➔ *Helping you involve your supervisors and front-line stakeholders in the early stages of planning for a program evaluation; and*

➔ *Familiarizing you with planning for a program evaluation.*

At various points over the course of preparing for a program evaluation, you will undoubtedly receive a lot of questions from supervisors and front-line staff who will (initially!) be unsure as to why they are being asked to participate and how doing so might directly affect their duties, their time management, and even the security of their employment. As a means of avoiding confusion, suspicion, and hesitation to participate, you might want to consider the following suggestions for organizing your group sessions and preparing your employees to participate in preparing for a program analysis:

## 1 Be prepared to answer questions concerning who has **authorized** this program evaluation

➔ The question as to who, specifically, has authorized a program evaluation will be posed by staff at all organizational levels. The **first** responsibility of a lead administrator would be to clarify **who** has authorized the program evaluation and thus avoid the speculation and rumors that would certainly arise otherwise.

➔ It may be useful for you to share this information – and other pertinent information – with your supervisors as well. Your supervisors should prepare to take on the role of helping to answer whatever questions your front-line workers may pose over the course of preparing to conduct your program evaluation.

➔ You may also benefit from attempts to make the program evaluation process as non-threatening as possible. This may be accomplished by providing prizes for appropriate responses during group activities or using humor to lighten the mood when necessary. True, the topic of program evaluation planning does not necessarily bring a groundswell of good jokes to mind, but nothing will be lost in trying to be humorous and creative!



Who authorized this program evaluation?

The program evaluation was authorized by the...

## 2 Prepare to be asked whether this program evaluation will threaten the **job security** of your front-line service providers

➡ As the term evaluation is likely to evoke suspicions of budget tightening and potential layoffs, it is **very** important to make it clear that this process is **not** aimed toward staff reduction.

➡ If your staff is not made aware that their participation in the evaluation will actually improve working conditions, they might not engage in the process of planning for a program evaluation. It is crucial that stakeholders not only be informed of the very specific benefits that

could arise from participating in the planning of your program evaluation, but that it is made clear that the results of this evaluation will not merely fall on deaf ears once the evaluation has been completed. It is very important to clearly and concisely state the purpose of your program evaluation, as well as the ways that the evaluation will have a real impact on assessing and improving the way that programs and services operate.

## 3 Develop a schedule — or a **work plan** — early on

Unfortunately, we are well aware of the fact that preparing to familiarize your staff with the early stages of preparing for a program evaluation will demand a fair deal of planning. Sorry! Nevertheless, we recommend that you try to schedule a series of **staff stakeholder meetings** when and where time permits.

➡ Your first stakeholder meeting should introduce staff to the concept of a program evaluation and explain why conducting one is to everyone's benefit.

➡ You should allow ample time for questions on how, exactly, participating in this process will influence them and the organization.

➡ Remember, program evaluation information is quite complex! People require time to process information before being able to contribute to a complex process, so it is best to allow some space to breathe before continuing on to the actual planning stage.

*Remember* that the program evaluation can be complex, so be sure to leave time at your meeting for questions from your staff.



➡ You should also try to give your stakeholders a sense as to how long each of your workbook meetings will be and how many you plan to conduct on a weekly basis. It will ultimately be up to you to decide how staff should work through the activities provided at the end of every chapter: You may wish that all stakeholders work through the activities as one large group, break stakeholders into smaller groups, or have each stakeholder work on activities individually.

➡ If at all possible, you may wish to conduct your program evaluation planning meetings in an out-of-office environment or schedule these meetings during hours when staff are not expected to be on call. You may even wish to consider extending staff time off in lieu of the work time required to be involved (granted that participating in research is not listed as an employment requirement of their position). Of course, these options depend on the manner in which your organization operates.



## 4 Be informed on the **what, why, and how**

Providing your staff with an up-front overview of **what** a program evaluation is, **why** it is beneficial for your organization to conduct one, and **how** program evaluations are carried out will alleviate many concerns and anxiety your staff may initially experience. Consider the following pointers when making your opening remarks:

➔ **What is a program evaluation?** A program evaluation is an effort to assess the effectiveness of your programs to improve positive client outcomes and organizational efficiency.

➔ **Why is it important to conduct an evaluation?** To provide your clients with the best care possible while demonstrating the effectiveness of your organization

to your funders.

➔ **How do you plan to prepare to conduct the evaluation?** By pooling knowledge about the goals of your program, developing a **plan of action** to assess how effectively and efficiently those goals are being met, and selecting a means of assessing whether your program is meeting these goals.

## 5 Be familiar with how the program evaluation process will impact the **workload** of your service providers

It is safe to assume that the schedules of your supervisors and front-line service providers, much like your own, are overburdened even without factoring in the 20- to 30-minute group exercises that each chapter of the workbook offers. One question that you can anticipate during your initial stakeholder meeting will very likely be: “How will participating with this evaluation influence my workload?”

➔ It is best not to sugar-coat your response: participating in the evaluation will likely lead to new duties and added responsibilities in the short term and potentially significant long-term changes to the ways that your program is designed and delivered.

➔ It will be important for administrators and supervisors to provide front-line workers with **honest** information on the program evaluation process. In order to involve all stakeholders and ensure that everyone remains engaged throughout the process, building trust among stakeholders is paramount.

➔ It is important to be open and concise when describing the benefits and the potential drawbacks of planning to conduct a program evaluation at every stage of the process. One drawback – that the task of planning for a program evaluation can be at times difficult and intimidating – will hopefully be alleviated due to the content provided throughout this workbook.

➔ Don't downplay the silver lining. Successfully conducting and acting on the suggestions of your evaluation will reap many benefits for your staff!

➔ Their schedules might very well be rid of tasks and responsibilities that are found to be inconsequential or redundant. **More effective programs lead to less stressful workloads!**

➔ Staff should also be able to take pride in the fact that they will be active contributors to the process of ensuring that your program best contributes to the wellbeing of your clients.

➔ Granted, some stakeholders will be more enthusiastic about participating in the program evaluation planning process than others. It may benefit the process if those stakeholders with little initial interest are asked to keep up to date on the planning process, even should they not want to participate at that time, as their interest and input are important later on down the road.





## 6 Be familiar with the resources necessary to conduct your program evaluation, where they are coming from, and how that might affect your **bottom line**

Just as it costs money to make money, it is equally true that it oftentimes costs money to save money. You will need to obtain the services of a professional program evaluation consultant once you and your staff have made it through the initial steps of preparing for a program evaluation.

➡ It would be a good idea to provide your staff with information about where the resources to fund this process are coming from during your first group meeting. Neglecting to do so might lead your staff to come to their own conclusions about where the necessary resources will come from.

➡ It is also important to keep in mind that financial resources must be dedicated to the program evaluation process at some point. Consider this when you are preparing budget forecasts or, for that matter, choosing a time during which to conduct your program evaluation.

Finally, it would also be an excellent idea to have some familiarity with the program that you intend to evaluate at the onset of the planning process. Further prepare for your first staff meeting by posing the following questions to yourself:

**1 What is the current state of the program of interest, and why do I perceive that the program could be made more effective or efficient?**

**2 What are the real factors that the program is operating under (financial, environmental, or otherwise) that are currently influencing how the program is delivered?**

## Concluding Thoughts

Now that you are familiar with some of the questions that you can anticipate being asked and some of the **big picture** considerations that you should keep in mind, the prospect of leading your staff through the process of preparing to conduct a program evaluation doubtlessly appears somewhat daunting. Assistance from the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services (STREAM) is available to you should you find the need to further investigate any of the concepts outlined within this workbook.

Finally, at each stage of the process of planning for a program evaluation, it is useful to remember that – in spite of the flurry of questions that you best prepare for; the additional responsibilities that you must take on, and the hardships that you may encounter along the way – getting involved (**and** getting your organizational stakeholders involved) in the process will inevitably allow you to improve your programs and offer the best

possible services to your clients. Furthermore, you will save time, save resources, and – as the general introductory chapter will soon demonstrate – give your staff a sense of empowerment through allowing them to serve as equal partners in the process of taking the initial steps toward conducting a program evaluation.

We wish you and your staff the very best of luck, and do not forget to contact STREAM should you ever have any questions!

Interested in hearing more about the importance of program evaluation? You can learn more from the *Importance of Learning the Basics of Program Evaluation* video, presented by Brett Enns and Chuck McCann of the Prince Albert Parkland Health Region!



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# General Introduction

to the Evaluation Workbook

By the end of this introductory chapter, you will be able to answer the following questions:



- 1 What is a program evaluation?
- 2 What is the purpose of conducting a program evaluation?
- 3 Why is it important that front-line service providers be involved in the program evaluation process?



**What gets measured gets done.  
If you don't measure results, you  
can't tell success from failure.  
If you can't see success, you  
can't reward it. If you can't  
reward success, you're probably  
rewarding failure. If you can't see  
success, you can't learn from it.  
If you can't recognize failure,  
you can't correct it. If you can  
demonstrate results, you can win  
public support.**



*Reinventing Government*  
David Osborne and Ted Gaebler



**"Be sure to check out STREAMUofS's YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](http://www.youtube.com/STREAMUofS) and click on the corresponding video(s)."**

# The purpose of this interactive workbook is to introduce you to the early stages of planning to conduct a program evaluation

This workbook is not a complete start-to-finish guide on how to evaluate an addictions or mental health program but provides useful guidance, insight, and activities to familiarize you with the initial planning stages of a program evaluation.

## This workbook will specifically help you to:

- ➔ Make decisions about how to ensure that your program recognizes, respects, and accounts for the sex, gender, and cultural diversity of your clients;
- ➔ Prepare to evaluate your program in a manner that best matches your program's targeted outcomes and clientele;
- ➔ Most efficiently spend your organization's limited evaluation dollars; and
- ➔ Encourage employee participation from all organizational levels.

Any employee with knowledge of the program to be evaluated will be able to use this workbook as a self-training guide to become an engaged **stakeholder** in the evaluation process.

Prior to enlisting the services of a program evaluation consultant, it is a valuable and cost-effective exercise for you and your co-workers to undertake some basic planning and organization. This workbook is based on the idea that organizations are capable of conducting the initial **two steps** in undertaking a program evaluation:

- ➔ **Engaging stakeholders** (including you!); and
- ➔ **Focusing the evaluation.**

When it comes time for you to collaborate with a professional program evaluation consultant,

they will likely assign you and your co-workers the task of serving as a reference group. As part of a **reference group**, you will be tasked to:

- ➔ **Describe** the program that is to be evaluated;
- ➔ **Define** the purpose of the program; and
- ➔ **Inform** the key questions to be answered by the evaluation.

Program staff are generally better positioned to contribute to the identification of program objectives and intended outcomes than a consultant. A consultant would typically guide the early planning processes of a program evaluation but could not be expected to act as a content expert – that is where you come in!

### **Stakeholders:**

Those people, be they a part of your organization or otherwise, who have a vested interest in your program.

### **Reference Groups:**

Those stakeholders that a professional program evaluation consultant will task to describe the targeted program, define the purpose of the program, and inform the key questions to be answered with a program evaluation.

As very few people enjoy reading about program evaluations for fun, you have likely picked up this workbook for one of two reasons:

- ➔ Your organization (or its funding agencies) needs to come up with a way to determine the extent to which your programs are **demonstrably** improving the lives of your clients; or
- ➔ Your organization has a program (or a number of programs) that does not appear to be as effective as it could be, and your administrators are requesting your assistance in coming up with a means of improving it.

This workbook can aid you and your organization with addressing these two tasks and, in turn, improving the effectiveness of your programs and the lives of the clients you serve.



# The Evaluation Workbook: Organization and Special Features

This workbook was developed with two important goals in mind:

➔ **Engaging Stakeholders:** This workbook is unique because it is designed to assist you (yes, you!) in engaging with the early stages of preparing for a program evaluation. The workbook provides activities that will introduce you to (and hopefully get you excited about) the process of documenting what you know about the background and operation of the program to be evaluated.

➔ **Focusing the Evaluation:** This workbook is designed to help you gather important information on your program in a way that a professional program evaluator will be able to understand and apply. By properly gathering information on your program before you contract the services of a professional program evaluator, you will save a considerable amount of energy. More importantly, you will be contributing to a more thorough evaluation of your program.

## Each chapter of this workbook is divided into at least two sections:

➔ The **first section** of each chapter provides information on the important evaluation concepts and processes of the chapter.

➔ The **second section** of each chapter provides exercises to help you apply your knowledge and practise your understanding *while you learn* about program

evaluation. Be sure to write your responses in pencil; you may want to return to this workbook when evaluating other programs in the future.

➔ Some chapters include a **third section** called **Further Facts for Administrators** (such as the **Community-Based Participatory Research** section at the end of this chapter). These sections provide those who are *taking the lead* on the process, or who are interested, with more detailed information on some of the key concepts presented throughout each chapter.

➔ Whenever possible, a **fourth section** provides a list of outside references for you to investigate should you want more information on a specific topic. So, if you develop a burning obsession to learn all that you can about research methods over the course of the workbook ... fear not! A wealth of relevant information will be at your fingertips.

➔ Finally, we have also provided a number of short videos for your viewing pleasure. Some of them, like Joe Kluger's video on the benefits of conducting a program evaluation, are meant to share the experiences of Saskatchewan mental health and addictions care providers who have first-hand experience of the benefits of engaging stakeholders with the early stages of planning to perform a program evaluation. Other videos, like Dr. Randy Duncan's overview of the difference between goals and objectives, will provide detailed descriptions of some of the more complex things to be considered when conducting a program evaluation.

## "Why am I here?" Introducing Community-Based Participatory Research

You may have some familiarity with the process of planning for a program evaluation, or you may not. If not, no worries; you will learn about it in this workbook. If you are a front-line care provider, and curious as to why you are being invited to participate in a process that is often reserved for administrators and supervisors alone, please do not fret! The importance of having front-line service providers involved in the

early stages of preparing for a program evaluation is becoming increasingly appreciated among program evaluation researchers.

Over the past decade or so, Community-Based Participatory Research (CBPR) has become an increasingly popular way of conducting evaluation research. Why? On the basis of one fairly simple idea:

➔ That combining a variety of **expert knowledge** – as provided by program administrators, supervisors, front-line care providers, and your treatment clientele – is the best way to ensure that your programs are successful in achieving their goals.

The critical importance of involving front-line staff at the very start of the evaluation process is also becoming better appreciated. There are three reasons for this:

- 1 Front-line care providers are typically very knowledgeable about their job and the administrative processes for which they are responsible, more so than anyone else in their organization;
- 2 No one likes to be pulled into a process when it is half completed. Being brought into a program evaluation well after the process has begun could give front-line care providers the impression that any input they have will not have any real influence on the outcome; and
- 3 To implement an ongoing program evaluation process within an organization, front-line staff must be able to see that proposed changes will benefit them (and their clients!) in meaningful ways and that requires having their buy-in from the start of the process.

This third point is perhaps the most important because an organization will need self-motivated front-line staff to implement and sustain recommended changes – for example, be it through completing different intake forms,

**Want to know more about Community-Based Participatory Research?**  
See the **Further Facts** section following the **Introductory Activity** for this chapter!

complying with new policies and procedures (like the new and improved workshops that your evaluation might inspire), taking on different duties, or a variety of other activities.

Another unique feature of using CBPR principles when conducting evaluation research is that all stakeholders – regardless of their position as administrators, supervisors, or front-line workers – are equal partners in the program.

If you are a front-line worker, you might wish to consider a few pointers on how to best take advantage of this equal partnership:

➔ Do not be afraid to think seriously – and speak freely – about the program that you are evaluating. How well do **you** think the program is working? How well do **you** think the program contributes to client change? What do **you** think could be improved?

➔ We realize that it may not be in your job description to figure out how to evaluate and improve your program; however, decisions made as a result of the program evaluation process will directly impact your day-to-day work environment so having an opportunity to discuss things like the **purpose, priorities, benefits, and limitations** of the program is an excellent opportunity to have your voice heard.

➔ We encourage you to take your role as a **stakeholder** in the program evaluation process very seriously – **you** might be the person who contributes the ideas responsible for turning a mediocre program into a highly efficient and effective one!

## Chapter Overview: What can you expect ?

**Chapter One** of the evaluation workbook familiarizes you with what program evaluation is and why it is beneficial for your organization (and your clients!) to evaluate your program so that you can provide services to your clients in a more effective and efficient manner.

**Chapter Two** illustrates the significance of ensuring that your program is sensitive to considerations of the diversity of your clients. It provides information to help you increase the effectiveness of your program

by recognizing, and accounting for, sex, gender, culture, and other forms of client diversity.

**Chapter Three** introduces the concept of a program logic model, which might be thought of as a road map with which to chart exactly how, and through what means, your program can be made more efficient and effective in improving the wellbeing of your clients. This chapter will provide instructions to aid you in creating a program logic model, which you can then use while preparing to conduct your program

evaluation. For organizations that already have a logic model in place, this chapter provides an opportunity to revisit and possibly revise it.

Chapters Four, Five, Six, Seven, and Eight familiarize you with the concepts of *outcome indicators*, *process indicators*, and *measures* and describe the process through which you can choose how to assess the *success* of your program, develop an *indicator* with which to do so, and utilize data sources to assess the performance of your program.

Finally, Chapter Nine considers the *next steps* that you and your fellow stakeholders will be required to take

as you **acquire the services of a professional program evaluation consultant** and actively begin to determine how well your programs are contributing to demonstrable changes in the quality of your clients' wellbeing.

Please keep in mind that this evaluation workbook is meant to be used as an ongoing reference, so feel free to bring it to any program evaluation stakeholder meeting that you are required to attend! Once you have completed this workbook, you will be familiar with concepts and tools that will aid you in contributing to a meaningful program evaluation.

## Concluding Thoughts

To this point, we have already covered a lot of important ground to ensure that you and your fellow stakeholders can successfully prepare to evaluate one (or several) of your current programs:

➔ We have familiarized you with the first two (and perhaps most important) steps toward preparing for a program evaluation: engaging the stakeholders and focusing the evaluation.

➔ We have provided an activity to help your group to begin thinking about your program: what might need to be improved or how your program might become more successful in improving the lives of your clients.

➔ Most importantly, we hope to have relayed that staff at all organizational levels – including your administrators, supervisors, and front-line service providers – should participate in the preparation process as important stakeholders. It is our hope that we have gotten you excited about your new status as stakeholders and anxious to begin applying your wealth of expert knowledge to the process of defining the goals that you want your program evaluation to achieve.

### **What if we don't have the resources to contract a professional program evaluation consultant?**

While we very strongly recommend obtaining the services of a professional program evaluation consultant once you have worked through the contents of this workbook, some organizations may simply not have adequate funds to do so. The good news is that there is an online resource that can aid you in performing your program evaluation in-house. *A Guide to Evaluation in Health Research*, prepared by Dr. Sarah Bowen and available online at the Canadian Institutes of Health Research website (<http://www.cihr-irsc.gc.ca/e/45336.html>), provides you with information that should help get you started. The bad news, of course, is that undertaking this aspect of your program evaluation will demand extra work and time on the part of you and your fellow stakeholders. Again, though we very strongly recommend obtaining the services of a professional program evaluation consultant, this document should provide useful information if doing so is simply not feasible.

Anxious over the prospect of preparing to conduct a program evaluation? This is perfectly normal! You may wish to consider watching our second companion video, *Approaching Program Evaluation Without Fear*, presented by *First Steps* First co-author Mitch Daschuk.

NOTES:



NOTES:





Here is an activity to ...

help you to begin thinking  
about your program.

# Introductory Activity:

## Thinking About Your Program

You are probably thinking, “*How can we possibly get started when all I have read is the General Introduction?*” If you are using this workbook to evaluate an existing program, you can start reflecting on the program without knowing anything about program evaluation. No one at your organization needs to know anything about program evaluation to answer the following questions! While this activity is not a formal part of the program evaluation process, this activity should get you thinking about your specifically targeted program.

1 What program does your organization want to evaluate?

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2 Why, to the best of your knowledge, does your organization feel that this program should be evaluated?

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3 What is one aspect (or component) of the program that you want to learn more about?

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4 What are some of the factors that contribute to the success of the program?

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5 If you had to choose one aspect (or component) of this program that needs improvement, what would it be?

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6 In your opinion, does the aspect (or component) of the program that you identified in Question 5 directly affect your clients?

☐ Yes ☐ No ☐ Unsure

Please explain: \_\_\_\_\_

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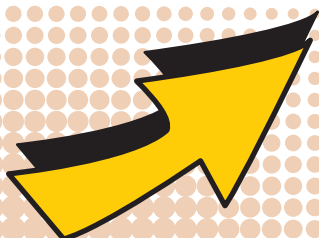
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Assuming you hold direct, up-to-date knowledge and experience with this program, this quick exercise was probably straightforward; however, what becomes a little more challenging is explaining this problem area to someone (a program evaluation consultant, for example) and providing sufficient detail so that you are fully understood.

As you interact with the rest of this workbook, think about the relevant details that an outsider would need to know to fully understand your program – both its

challenges and strengths. You might want to consider budget constraints, existing policies and/or regulations, staff training, staff workload, and previous program evaluation outcomes, among others.

➤ Finally, ***please take some time now*** to document how your program contributes to demonstrable improvements in client functioning. That is, what are some of the positive impacts that your program has for clients who are accessing your services, and how can you tell that your program is successful?



What are some of the positive impacts that your program has for clients who are accessing your services, and how can you tell that your program is successful?



# Further Facts for Administrators:

## Community-Based Participatory Research

Researchers in the fields of mental health and addictions are increasingly acknowledging the importance of a Community-Based Participatory Research (CBPR) method to ensure that their research, and the programs that their research is used to inform, adequately reflect the knowledge and interests of the populations focused on. Until recently, the process of determining **what** questions a study should ask, **how** the study should be conducted, and **what** the results of a study are fell under the expert jurisdiction of the researcher alone; however, including the knowledge and input of community members as an alternative form of expertise is becoming increasingly accepted. Endorsing a CBPR philosophy simply means that communities or groups on which a study or an evaluation focuses – and who stand to be significantly impacted by the findings of a study or evaluation – are given an opportunity to become equal partners in a program evaluation process.

At this point, you might be wondering, “How can the principles of CBPR be applied while we are in the early stages of planning for a program evaluation?” By inviting front-line care providers and non-administration staff to participate in the early stages of program evaluation planning, you are ensuring that staff at every organizational level will know that **they** play a role in identifying the need for possible change and bringing about change.

Granting communities or groups whose day-to-day lives stand to be impacted by the results of an evaluation the ability to provide their **input** to define the problems to be addressed, share in the task of determining the **processes** through which the research will be conducted, and identifying how the **outcomes** of the

research will be implemented once completed helps to ensure **two often overlooked aspects of program evaluation**:

- That the unique skill sets of researchers, community members, and others are respected and applied to their fullest potential; and
- That the research reflects the needs and interests of the communities on which it focuses.

It is becoming increasingly common for the members of a community or an organization (such as yours) to engage with the initial steps of an evaluation without the initial participation of **expert researchers** (granted that they are provided with a little bit of guidance, which is exactly what this workbook offers). As Saskatchewan’s Regional Health Authorities are rarely able to commit time to assisting mental health and addictions organizations with the initial steps of preparing for a program evaluation, your organization’s ability to initiate the program evaluation process without **expert** guidance could prove to be an incredibly beneficial skill to possess.

Researchers often possess a great deal of knowledge regarding how to study an issue and design a method to research it. It is important to keep in mind that the task of determining what the issue is, and how a community or group will actively work toward resolving it, is best left to the community members themselves. When researchers and community members approach each stage of a research agenda as a team, the potential benefits are numerous. Researchers can rest assured that their research reflects the interests and concerns of the populations that stand to be affected by their



findings. Furthermore, members of the researched population (in this case, your clients) and other groups who will be impacted by the research (in this case, you and your staff) can rest assured that their interests and concerns are incorporated into the research agenda from the onset.

There is also a significant bonus: while many communities are often made to feel powerless in the face of the conditions which detrimentally affect their lives, being invited to serve as equal participants in the research process meant to alleviate those conditions can certainly serve as a very **empowering** experience.

## The CBPR Philosophy at Work: Aboriginal Research and OCAP Principles

In recent years, there has been a renewed interest in ensuring that research conducted with Aboriginal communities incorporates respect for Aboriginal self-determination in the research process. Historically, research conducted for Aboriginal populations has been disrespectful, exploitative, and often contributive to the colonization and social disempowerment of Canada's Aboriginal populations (Smylie et al. 2004). Canada's three major research funding agencies – the Canadian Institutes of Health Research (CIHR), the Social Sciences and Humanities Research Council (SSHRC), and the Natural Sciences and Engineering Research Council (NSERC) – have recently revised a **Tri-Council Policy Statement** (2009) on conducting ethical research involving humans to reflect a need to recognize and respect Aboriginal self-determination over the course of any research project.

This commitment to ensuring cultural sensitivity and promoting the empowerment of Aboriginal populations is also apparent in the development of the OCAP principles of **Ownership, Control, Access, and Possession**. In short, these principles ensure that Aboriginal communities under study:

→ Are recognized as the collective **owners** of the data compiled over the course of the study;

→ Are allotted **control** over the manner in which that data is used and disseminated;

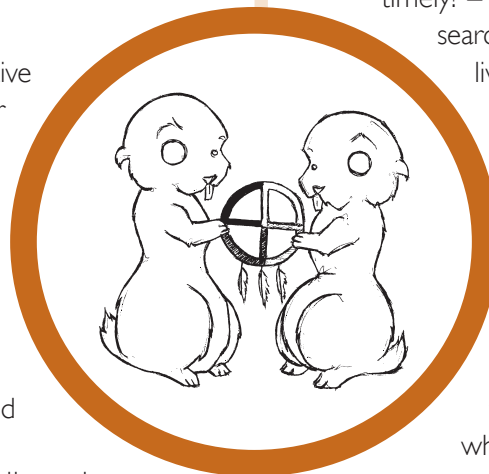
→ That community members have **access** to the research data; and

→ That the community is allotted **possession** of the research findings and, by

extension, the ability to determine how those findings will be best used to ensure positive and substantive changes for their community.

In response to the history of exploitative research on Aboriginal peoples, and in the wake of the development of the OCAP principles (First Nations Centre 2007), individual Aboriginal communities are increasingly drafting their own ethical and moral protocols to ensure research is conducted with the guidance and participation of the community. Recent studies have demonstrated the positive outcomes of incorporating the principles of Community-Based Participatory Research with Indigenous communities (Leslie, Hughes, and Braun 2010), which invoke “a balance between leadership by academics and leadership by community” (Nguyen et al. 2010:118). Strategically, granting the community involved in the research a significant role in the research process not only makes certain that the research is not harmful in any way but also that it will provide helpful insights into the issue of interest (Fisher and Ball 2003; Castellano 2004). Ultimately, the development and popularization of this understanding demonstrates an emerging – and

timely! – awareness that it is **crucial** that research initiatives focused on improving the lives of historically disempowered and dispossessed communities respect those communities' right to not only participate in the research process but the right to determine how the data compiled can best be used to improve their community and the lives of its members. You can help ensure that your organization puts the principles of CBPR into practice while preparing for and conducting a program evaluation by applying Fawcett, Boothroyd and associates' (2003) six-component



framework for ensuring a participatory evaluation. While this framework touches upon a few concepts that all of your organizational staff will not likely be familiar with (that is, until they have worked through this workbook!), administrators and supervisors should ensure that

front-line staff who know the most about the program to be evaluated, or who could potentially see their daily duties affected, are granted the ability to participate.

**Considering the following six guidelines will help to ensure this:**

### 1 Naming and Framing the Goal

Involving staff at all organizational levels in the process of determining exactly how you will plan to improve your program (and why!) is the first, most important, and easiest step toward ensuring a participatory program evaluation. It is vital to ensure that everyone and anyone who stands to be impacted by the results of your program evaluation not only contributes to the development of a shared vision of what specific goals are to be achieved but is granted the opportunity to raise questions or concerns. Just as important, front-line stakeholders should take advantage of the opportunity to contribute their knowledge about the program as it is quite possible that their experiences with the program can point to considerations that administrators and supervisors might not raise. **Chapter One** of this workbook will assist you in accomplishing this stage.

### 2 Developing a Program Logic Model for Achieving Success

After you have identified your goal, the next crucial step rests with determining how your organization plans to achieve it. **Chapter Three** provides an in-depth overview of how to construct a logic model, which is quite simply a **road map** to help ensure that the objectives of your program always remain clear throughout the program evaluation process. This basically involves taking stock of exactly **where you are** and carefully mapping out the various steps that must be taken to get you to **where you want to be** (ideally with the goal of improving your program accomplished!). It is not difficult to involve stakeholders at all organizational levels in this process, as **Chapter Three** will demonstrate. Stakeholders, for their part, should be particularly interested in taking part in developing the logic model as it will ensure that they – and their fellow participants – have a crystal clear idea of what their **role** will be and what **duties** their role will entail in the program evaluation.

### 3 Identifying Research Questions and Appropriate Methods

Continuing with the **how** theme, your organization will need to decide which research questions and measurement tools will be used to determine if your programs are performing to your desired standards. **Chapters Four, Five, Six, Seven, and Eight** of this workbook will demonstrate how to involve staff at all organizational levels in this process and, just as importantly, how to do so while ensuring that your questions and measurement tools (or, as **Chapter Seven** will better illustrate, the scales, surveys, or other means through which you will be measuring the performance of your programs) are in line with expectations of **reliability, validity, practicality, and utility**. As front-line stakeholders are often called upon to use the measurement tools that you choose – or could have the best sense as to whether a given tool is suitable for their client base – they should be particularly interested in participating in this step of the program evaluation process.

While this workbook is designed to assist you in adopting a participatory evaluation framework, it is ultimately up to you and your organization to ensure that you obtain the services of a professional program evaluation consultant who is dedicated to following the final three steps. If you do **not** insist upon abiding by the principles of Community-Based Participatory Research once a professional consultant has been brought on board, your organization will run the risk of failing to take full advantage of the contributions made by your stakeholders up to this point. Indeed, there is no better way to work in **opposition** to the principles of CBPR – and harm any hopes of developing an organizational culture that recognizes and incorporates the significance of various forms of stakeholder knowledge into the evaluation process – than prohibiting front-line stakeholders from participating in each stage of the program evaluation process. It is **very** important to remember that, beyond evaluating and improving your program, abiding by the

principles of CBPR throughout each stage of the evaluation process can also allow your organization to evaluate and improve relationships between the different levels of stakeholders who make up your organization.

#### 4 Documenting the Intervention and its Effects

Once program evaluation goals have been clearly defined and the actual process of measuring your targeted variables has begun, you will be required to collect information. Allowing staff at all organizational levels the ability to participate in this process will ensure the development of a data collection system that everyone will be able to understand and contribute to. We touch upon the importance of data collection systems in **Chapter Nine**.

#### 5 Making Sense of the Data

Of course, collecting information is not an end in itself; you and your organization will be required to **make sense** of the data being collected. Involving staff at all organizational levels with the process of determining whether the data you are collecting indicates that your program is meeting its stated purpose will help to ensure that staff will be familiar with – and appreciative of – the logic underlying any subsequent changes to their daily work duties and responsibilities.

#### 6 Using the Information to Celebrate and Make Adjustments

Once your organization has compiled information to help you improve the effectiveness of your program, you will have but one final stage to complete: that of **using** the information you have collected to implement change. Staff at all organizational levels would normally be involved in this stage of the process even if a participatory evaluation philosophy had not been followed. Keeping your front-line care providers involved in the process throughout the evaluation process will not only drastically improve their understanding as to why the changes that will impact their responsibilities were necessary, but potentially give them an invaluable sense of pride in knowing that they were directly involved in improving the programs that strive to improve the lives of their clients.

Of course, one additional thing that should be mentioned is the invaluable expertise that can be provided from those who can personally speak to the strengths and weaknesses of your program: namely your clients. It may be a great idea to include a few past clients (who have completed the program that you wish to evaluate) in the evaluation process. It is always good to remember that there is no better way of gaining an intimate knowledge of a program than experiencing it first-hand, and the potential benefits of incorporating first-hand experience may be numerous!





# References and Additional Resources

Bowen, S. 2012. *A Guide to Evaluation in Health Research*. Ottawa, ON: Canadian Institutes of Health Research. Available online at: <http://www.cihr-irsc.gc.ca/e/45336.html>

Castellano, M. B. 2004. Ethics of Aboriginal Research. *Journal of Aboriginal Research*, 1 (1): 98-114. Available online at: [http://www.naho.ca/jah/english/jah01\\_01/journal\\_p98-114.pdf](http://www.naho.ca/jah/english/jah01_01/journal_p98-114.pdf)

Dua, E. 1999. "Introduction." Pp. 7-31 in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, edited by E. Dua and A. Robertson. Toronto, ON: Women's Press.

Fawcett, S. B., Boothroyd, R., Schultz, J. A., Francisco, V. T., Carson, V. and R. Bremby. 2003. Building Capacity for Participatory Evaluations within Community Initiatives. *Journal of Prevention & Intervention in the Community*, 26 (2): 21-36.

First Nations Centre. 2005. *Ownership, Control, Access, and Possession (OCAP) or Self-Determination Applied to Research: A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities*. Ottawa, ON: National Aboriginal Health Organization. Available online at: [http://www.naho.ca/documents/fnc/english/FNC\\_OCAPCriticalAnalysis.pdf](http://www.naho.ca/documents/fnc/english/FNC_OCAPCriticalAnalysis.pdf)

Fisher, P. A. and T. J. Ball. 2003. Tribal Participatory Research: Mechanisms of a Collaborative Model. *American Journal of Community Psychology*, 32 (3-4): 207-216.

Leslie, J. H., Hughes, C. K. and K. L. Braun. 2010. Engaging Participants in Design of a Native Hawaiian Worksite Wellness Program. *Progress in Community Health Partnerships: Research, Education, and Action*, 4 (2): 121-130.

Nguyen, G., Hsu, L., Kue, K. N., Nguyen, T. and E. J. Yuen. Partnering to Collect Health Services and Public Health Data in Hard-to-Reach Communities: A Community-Based Participatory Research Approach for Collecting Community Health Data. *Progress in Community Health Partnerships: Research, Education, and Action*, 4 (2): 115-119.

Pullman, M. D. 2009. Participatory Research in Systems of Care for Children's Mental Health. *American Journal of Community Psychology*, 44 (1-2): 43-53.

Smylie, J., Martin, C. M., Kaplan-Myrth, N., Steele, L., Tait, C. and W. Hogg. 2004. Knowledge Translation and Indigenous Knowledge. *International Journal of Circumpolar Health*, 63 (Supplement 2): 139-143. Available online at: <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/117877>

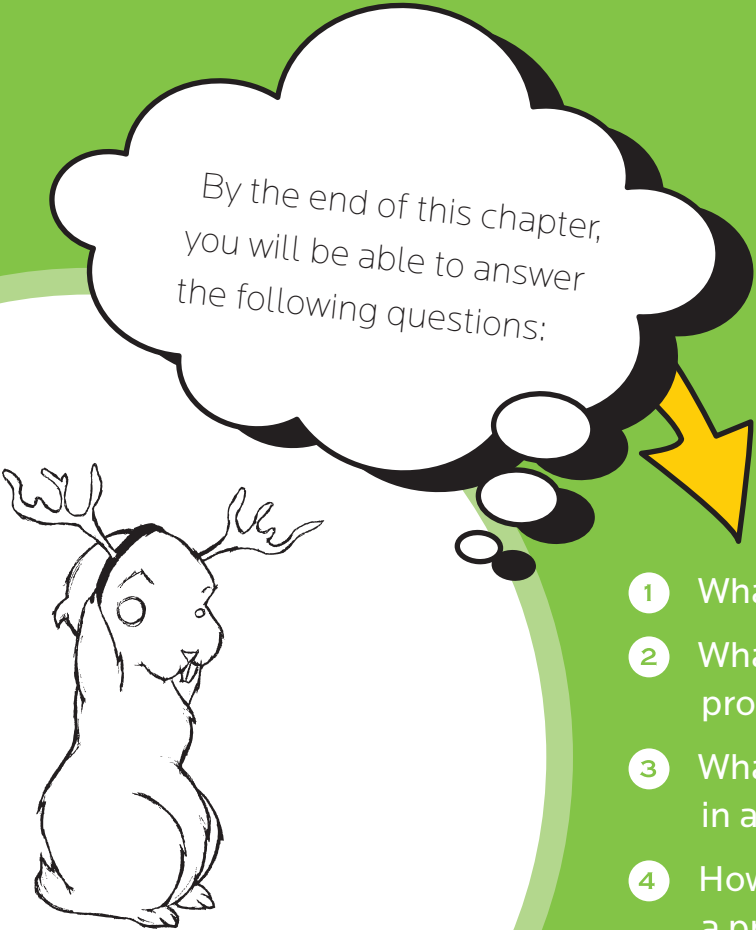
Thomas, L., Donovan, D., Sigo, R., Austin, L., Marlatt, G. and the Squamish Tribe. 2009. The Community Pulling Together: A Tribal Community-University Partnership Project to Reduce Substance Abuse and Promote Good Health in a Reservation Tribal Community. *Journal of Ethnicity in Substance Abuse*, 8 (3): 283-300.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. 2010. *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. Ottawa, ON: Her Majesty the Queen in Right of Canada. Available online at: [http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS\\_2\\_FINAL\\_Web.pdf](http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf)

West, P. and K. Graham. 1999. Clients Speak: Participatory Evaluation of a Nonconfrontational Addictions Treatment Program for Older Adults. *Journal of Aging and Health*, 11 (4): 540-564.

# Chapter 1:

## An Introduction to Program Evaluation



By the end of this chapter,  
you will be able to answer  
the following questions:

- 1 What is a program evaluation?
- 2 What are the five stages of a program evaluation?
- 3 What is my role as a content expert in a program evaluation?
- 4 How can I contribute to designing a program evaluation?

**The only man who behaves sensibly is my tailor; he takes my measurements anew every time he sees me, while all the rest go on with their old measurements and expect me to fit them.**

George Bernard Shaw



**“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter! To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”**

# What is a program evaluation?

A **program evaluation** involves assessing the merit of a service or program to ensure that resources are being best dedicated to improve the wellbeing of clients. A program evaluation generally has two specific goals:

- ➔ To assess whether a program is directly contributing to positive client change; and
- ➔ To assess whether a program is doing so in an **effective** and **efficient** manner.

You may be curious as to how exactly a program evaluation sets out to meet these goals. (If not, then you can ask yourself this question now!) Quite simply, the two goals are reached by focusing on what the objectives of your program are and assessing how well resources are contributing to meeting these objectives. As the results of program evaluations are increasingly being used to inform policy-making and funding decisions, it is important for you to be familiar with what a program evaluation is and how to meaningfully participate in it. In fact, as mental health and addiction service delivery providers and administrators,

you know better than anyone that you are increasingly being held accountable for the effective delivery of your services and programs, and so being familiar with program evaluation is more important today than ever.

A program evaluation typically involves **five major stages**:

- 1 Engaging the Stakeholders (That's you!)
- 2 Focusing the Evaluation
- 3 Collecting the Data
- 4 Analyzing and Interpreting the Results
- 5 Using the Results to Improve Program and Service Delivery



## Program Evaluation:

An assessment of the merit of a service or program to ensure that resources are being best dedicated to improve client wellbeing.

This workbook will assist you in accomplishing the first two stages of a program evaluation before you begin working with a professional program evaluation consultant. It will also provide background information for you to familiarize yourself with some of the things you will need to know as you and your professional program evaluation consultant work through the complete program evaluation process.

# What are my first duties as a stakeholder in a program evaluation?

As discussed in the **Administrator's Introduction**, a stakeholder can be defined as any person who has a vested interest in your program. To be a bit more specific, you may want to think of stakeholders as people who:

- A Have a need, or a right, to possess and use the information collected from the evaluation; and
- B Have the ability to provide insights that come from being familiar with the program and the evaluation process.

## Stakeholders:

Those people, be they a part of your organization or otherwise, who have a vested interest in your program.



**There are several tasks that you will need to undertake as a stakeholder in a program evaluation. Four of the earliest (and likely most important) tasks are:**

### 1 Identifying all Potential Partners

Your first task in the program evaluation process is to try to identify your service and program partners, that is, to try to identify all of the people who could contribute to, or stand to be impacted by, the program evaluation and its results. It is best that you contact all potential partners before you begin building your logic model (Chapter Three), invite them to have representatives attend your meetings, and discuss the contributions they could make. Should they be unable to participate, you should still try to address their needs throughout the evaluation process. Ensuring that you identify everyone who can potentially be affected by the evaluation results is critical. The activity at the end of this chapter will invite you to identify potential partners in your program evaluation.

→ You may wish to include professionals who are familiar with your program (such as psychiatrists, counsellors, or correctional officers), professionals who could contribute practical skills to the process (such as statisticians, managers, or administrative assistants), and, perhaps most importantly, former **clients** who might wish to participate. It goes without saying that the experiences that the latter group have from participating in your service or program could be very valuable to its evaluation!

### 2 Acting as a Content Expert

A **content expert** is, quite simply, someone who has a great deal of knowledge regarding the targeted program or service. As a stakeholder, you likely have direct, up-to-date experience with your clients and how your program works. Your observations of how the program is operating, how clients respond to the program, and where improvements need to be made are **extremely** valuable insights that will need to be communicated to your professional program evaluation consultant.

Your consultant should be very knowledgeable in how to design and conduct a program evaluation. However, your consultant cannot be expected to be an expert in the program content area.

As such, your professional program evaluation consultant will look to you and your fellow partners to act as the content experts for the targeted program.

### 3 Getting Organized

Once all of the potential partners have been identified, it will be necessary to undertake some further organization. The following tips might be of use to you in doing so:

→ Define everyone's roles and responsibilities in the project. You may wish to undertake a group activity that will engage all partners in identifying the collective responsibilities of the group.

→ Draw upon tools to help get everyone organized. For example, purchase a whiteboard to write down dates and times of meetings, duties, and deadlines, or write these on a shared web page.

→ Share with others any related resources that you think could be helpful to others in the group. For example, the program evaluation workbook, books on the topic of interest, articles, and evaluations from other organizations can be helpful. It is a good idea to read a little about the program evaluation process before beginning. This way everyone involved can understand the undertaking they are about to begin and have realistic views on the process.

### 4 Preparing to Organize Your Knowledge

→ If your program evaluation is to be conducted in the most efficient and effective manner possible, stakeholders and professional consultants must collaborate. While it is true that your professional consultant will have further knowledge about which evaluation tools should best be used for a particular assessment of meaningful client change, you and your fellow stakeholders will have the best knowledge regarding what the program is designed to achieve and how **meaningful client change** should best be defined. It is very important that knowledge and information is not only collected and shared between the content and evaluation experts but that it is collected and shared in a manner that all program evaluation participants will be able to understand!

As content experts, the most important pieces of information that your professional program evaluation consultant will expect you to provide are:

➡ A clear and concise description of the **goal(s)** and **objective(s)** of your program.

➡ A clear and concise **research question(s)** that can be used to focus your evaluation.

➡ A clear description of the **logic** for your program, including how the content of your program is linked

to the objectives of your program. **Chapter Three** will introduce the concept of a program logic model, which is a road map that links the content of your program with the outcomes your program hopes to achieve.

➡ A clear description of how you intend to **assess** the performance of your program. **Chapters Four through Eight** will introduce you to the necessary concepts and considerations when deciding how, exactly, to assess whether, and to what extent, the content of your program is contributing to your program objectives.

## Knowing Your Program: Some Important Questions to Keep in Mind



As you begin to organize your knowledge on your service or program, there are a few important questions that you should keep in mind as you move through every stage of the evaluation process. While these questions might seem **curiously** simple, it is important for you and your partners to develop responses that you can revisit during the more complicated stages of the evaluation process (this will help you to re-establish why it is that you are doing what you are doing!). The activity at the end of this chapter will invite you to develop your responses to each of these questions for the program you are planning to evaluate.

### 1 What is my program's mission statement?

Your program's **mission statement** can be thought of as a **very broad** statement that describes what your program is designed to achieve. In a sense, it describes the reason for the existence of your program. If your organization itself has a mission statement, your program's mission statement should either be identical or very similar.

➡ A general example of a program's mission statement is **to improve the wellbeing of my clients**. To illustrate more specifically, the mission statement of the Betty Ford Center is: "Our mission is recovery. We restore hope to individuals and families suffering from addiction through world-class treatment and education." (<http://www.bettyfordcenter.org/about-betty-ford-center/mission-statement.php>).

If your current mission statement appears a little bit **too** broad, fear not! The remaining questions will help you focus in on how your program is specifically designed to achieve this mission statement.

### 2 What is the goal(s) of my program?

Identifying the **goal(s)** of your program simply means identifying how your program aims to achieve its mission statement. This question calls for a more specific – but still rather broad – response describing how your program aims to contribute to the improved wellbeing of your clients.

➡ For example, if you are working at an addictions service organization, your response to this question may be **The goal of my program is to improve the wellbeing of my clients by helping them reduce their problematic use of alcohol and/or other substances.**

### 3 What is the objective(s) of my program?

Identifying the **objective(s)** of your program calls for a clear and concise statement(s) as to how the content of your program is meant to help you achieve your program goal(s).

➡ For example, your program may provide content that aims to help your clients search out steady employment (as gainful employment might give clients a sense of self-worth that could deter their problematic use of alcohol or other substances).

➡ In our example, one objective of the program could be *to help my clients reduce their problematic use of alcohol and/or other substances by aiding them to develop skills to find and maintain steady employment.*

#### 4 What is the key research question(s) of my evaluation?

Finally, it is important to define the key **research question(s)** of your evaluation: exactly **what** is it about your program that you are trying to evaluate?

➡ It is important to clearly identify and concisely define which aspect of your program you want to evaluate. This will help ensure that you and your fellow partners are **on the same page** throughout the course of the program evaluation.

➡ Keeping with the above example, the key research question could be *to determine if my program helps my clients reduce their problematic use of alcohol and/or other substances by aiding them to develop skills to find and maintain steady employment.*

Following the activity at the end of this chapter, you will have clearly and concisely demonstrated how a specific program consideration is related to your program objective, how this objective is related to the goals of your program, and how these goals are linked to your program's mission statement. Recording this information will provide you with invaluable guidance while informing many of the decisions that you will be required to make throughout the program evaluation process.

## Summary of Important Questions to Keep in Mind



### MISSION STATEMENT

- Very broad statement about what your program is supposed to do.  
Note: This may be the mission statement of your organization or your department/division,  
e.g., TO IMPROVE THE WELLBEING OF MY CLIENTS.

### GOAL(S)

- Broad statement(s) about how to achieve your mission statement.  
Note: You may have many goals for one mission statement,  
e.g., To improve the wellbeing of my clients  
BY HELPING THEM REDUCE THEIR PROBLEMATIC  
USE OF ALCOHOL &/OR OTHER SUBSTANCES.

### OBJECTIVE(S)

- Specific statement(s) about how to achieve your goal(s).  
Note: You may have many objectives for one goal,  
e.g., To help my clients reduce their problematic use of  
alcohol &/or other substances BY AIDING THEM TO DEVELOP  
SKILLS TO FIND & MAINTAIN STEADY EMPLOYMENT.

### RESEARCH QUESTION(S)

- Restatement of objective(s) as research question(s),  
e.g., DOES MY PROGRAM help my clients reduce their  
problematic use of alcohol &/or other substances  
by aiding them to develop skills to find  
& maintain steady employment?



# Your Role as a Stakeholder in Defining Meaningful Client Change:

Reflections from STREAM Member, Dr. Randy Duncan

One area we have not discussed yet is what is meaningful client change. Though we offer some suggestions on how to assess meaningful client change in **Chapter Five**, it is worth mentioning that the most qualified person to consult for a suitable definition of meaningful client change is you! As the following testimonial from STREAM Researcher Dr. Randy Duncan demonstrates, no one is better qualified to determine how meaningful client change should be defined than individuals like yourself who work with clients on a daily basis.

*A few years ago, I was investigating the possibility of undertaking some program evaluation work with a brief detox centre. I posed the following question to the director and a very helpful addiction counsellor who had provided a guided tour of the 18-bed facility, "How do you think about success for the clients that your brief detox program serves?" It is important to put this example in context, to consider that up to this point I had heard a lot of discussion about the high proportion of repeat clients whom the program served. It crossed my mind that the types of programming provided in the brief social detox must be in need of substantive review and improvement if the relapse rate was that high.*

*However, both the director and the counsellor were somewhat more optimistic and indicated that they saw a fair amount of meaningful change with their clients. They both agreed that they considered it meaningful if the client progressed from the first 24-hour recovery stage to attend and complete the brief in-patient detoxification program. It also became clear that some clients leave and return to the program within an extremely short period of time (within the next week or two), and some can repeat as clients as many as nine or ten times. While I was not totally naïve about client issues in brief detox facilities, I initially could not get my mind around this type of definition of meaningful change as compared to a definition*

*centered on longer-term changes. Clarification seemed important, and so I posed a second question, "How can you consider such a short-term definition of success based on a client who is in and out of the facility every second week?" The director and the addiction counsellor explained the typical relapse process involved with recovery from addiction and that, based on their experience, just the act of staying in and completing the brief social detox program is a critical initial step for clients. Further, they indicated that it almost never happens that a client goes through one brief social detox program which results in long-term improvement marked by decreased substance abuse.*

*This understanding of meaningful client change at a brief social detox facility was an eye-opener for me in that the stakeholders for a given program are in the best position to define what is relevant and representative of meaningful client change.*





# Concluding Thoughts

This chapter has defined a program evaluation as an assessment of the merit of a service or program to ensure that resources are being best dedicated to improve client wellbeing. It has considered some of the key responsibilities that will aid you in conducting the first two stages of a program evaluation (*engaging the stakeholders* and *focusing the evaluation*) prior to working with a professional consultant. These responsibilities include *identifying all potential stakeholders*, *acting as a content expert*, *getting organized*, and *preparing to translate your knowledge*.

This chapter has stressed the importance of organizing your knowledge in a manner that your professional program evaluation consultant will understand and introduced four important questions that you, as a content expert, will be expected to provide answers for. The following activity will invite you to begin thinking about how you may respond to these four questions: namely *what is my program's mission statement*, *what is the goal(s) of my program*, *what is the objective(s) of my program*, and *what is the key research question(s) of my evaluation*.

Before we continue on to **Chapter Two** and its discussion of the importance of ensuring that your program is sensitive to the diversity of your clients, we invite you to complete the relatively simple activity below. Remember, while some of your responses to these questions might seem particularly commonsensical, it is *crucially* important that you and your fellow stakeholders share a unified understanding of the mission statement, goal(s), and objective(s) of the program and, just as importantly, the key research question(s) of the evaluation you plan to undertake.

You may be interested to watch the *Benefits of Conducting A Program Evaluation* video, presented by Joe Kluger, the Child and Youth Consultant for Saskatchewan's Health Ministry.

Need more information on the difference between goals and objectives? There's a video for that! Please see the *Goals and Objectives* video, presented by Dr. Randy Duncan.

Let's work through an activity to identify your partners!



Then we'll move on to organizing your knowledge!

## Chapter One Activity: Identifying Your Partners and Organizing Your Knowledge

### A Identifying Your Partners

Please take a moment to develop a preliminary list of individuals working in the program, associated with the service or program in a support or supervisory capacity, and/or with a vested interest in the program (e.g., past clients) who you would consider suitable to be a part of the evaluation process. Ensure that beside each name you provide a reason why they should be included in the process, especially if this list is to form the basis for an invitation to meetings regarding the program evaluation.



**Name, include organizational  
affiliation or other information**

**Type of knowledge on, or  
relationship with, the program**

1 \_\_\_\_\_  
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4 \_\_\_\_\_  
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5 \_\_\_\_\_  
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## B Preparing to Organize Your Knowledge

Please take some time to collectively discuss each of the following questions before you respond. Remember, it is extremely important that all stakeholders support and understand these responses, even at this early stage of the evaluation process!

1 What is my program's mission statement?

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2 What is my program's goal(s)?

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3 What is my program's objective(s)?

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4 What is my evaluation's key research question(s)?

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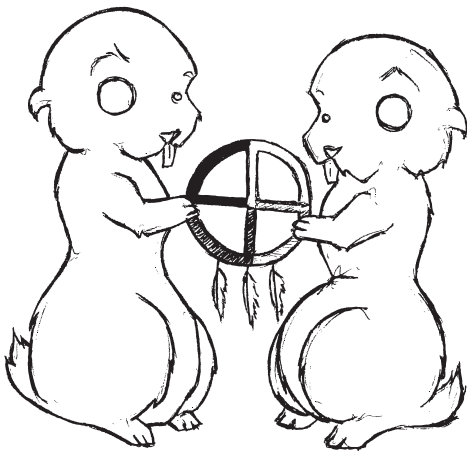
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# Chapter 2:

## Accounting for Client Diversity

By the end of this chapter,  
you will be able to answer the  
following questions:



- 1 Why is it important to account for, and respect, the diversity of my clients?
- 2 Why is it important for my program to be trauma-informed?
- 3 Why is it important to consider the sex and gender of my clients when doing a program evaluation?
- 4 What is cultural competence? Why is it important to be culturally competent?
- 5 What is cultural safety? Why is it important to provide programs that are culturally safe?
- 6 What steps can I take to better account for the diversity of my clients?

“

**My interest in the sacred was no longer casual. It had become real. The stories of the Sacred allow the Anishnabe people to understand their Culture and Spiritual Heritage, and will enable them to see their values and perceptions.**

”

Elder Campbell Papequash



“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter! To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”

# The Importance of Recognizing Client Diversity

Before introducing the first stages of planning for a program evaluation, it is crucial to note the increasing importance of ensuring that your program accounts for the diversity of your clients. Accounting for **diversity** simply means respecting that all of your clients may not experience their day-to-day lives in the exact same way and ensuring that your programs attend to their unique needs.

Your clients will best benefit from a program that recognizes and reflects an appreciation for, and a consideration of, their **sex, gender, age, culture, race, ethnicity, sexuality, ability, social class, religious beliefs, spirituality, and nationality**. Offering a program that fails to take account of the diversity of your clients runs the risk of being unsuccessful – and, in some cases, may even cause them harm. Imagine what might happen if your workshops were to simply assume that all of your clients speak fluent English when, to the contrary, a number of your clients do not speak English. The likelihood that your program would be successful is not particularly good.

Sociologists stress that a person's sex, gender, age, and cultural background have a considerable impact on one's life opportunities and level of health. Should services not account for the sex, gender, age, and cultural background of a client, one's ability to benefit from a mental health or addictions program is decreased substantially. By the end of this chapter, you should be able to answer three very important questions about your program:

- ★ Is my program considerate of the **sex** and **gender** of my clients?
- ★ Is my program considerate of the **age** of my clients?
- ★ Is my program considerate of the **cultural background** of my clients?

As this chapter will demonstrate, it is crucially important to determine how your program can best recognize and respect sex, gender, age, and cultural diversity before you begin to embark upon the program evaluation process. If you consider the diversity of your clients as you discuss the goal(s) and objective(s) of your program, you will be able to use the evaluation process to assess how well this content is contributing (or could contribute) to the best possible services for your clients. Finally, it is important to note that, while other considerations of client diversity are no less important than those which we cover here, we simply do not have space to consider them all. Luckily, many of the pointers offered here can certainly be used to aid you in accounting for other diverse client characteristics as well. Regardless of whether you are planning to evaluate a treatment program or a prevention-based program, this chapter will demonstrate why it is crucially important to understand and respect the diversity of your clients.

## The Importance of Ensuring Trauma-Informed Programs

Before we focus on some specific types of client diversity, it is best to briefly speak to the importance of ensuring that your program offers **trauma-informed** services. As this chapter notes, clients might react to traumatic experiences in different ways based on their gender and might be more likely to have encountered significant traumatic experiences on the basis of their cultural background.

### **Trauma-Informed Services:**

Services which recognize the impact that interpersonal violence and victimization can have on an individual's life and development.

## What does it mean for a program to be trauma-informed?

➔ **Trauma-informed services** recognize, and are influenced by, the impact that experiences of victimization or violence can have on an individual's life and development. There is an excellent chance that many of your clients could have mental health or problematic alcohol and substance use issues due to the impact of traumatic experiences but might not be fully aware of, or willing to recognize, this relationship.

➔ Clients need not have first-hand experiences with violence or victimization to be impacted by their effects. **Intergenerational trauma** occurs when the effects stemming from experiences of violence and victimization are passed down throughout generations. This most commonly occurs among cultural groups who have historically been targeted by colonization, enforced assimilation policies, and ethnicity-based warfare and attempts of genocide.

➔ Programs that do not incorporate awareness of the impact that violence and victimization can have on an individual, or an entire cultural group, might fail to address the root cause of a client's mental illness or substance abuse.

➔ Programs that do not incorporate a consideration of the different ways in which people react to experiences of violence or victimization, particularly on the basis of their gender, might actually cause more harm than good.

The importance of ensuring that your program offers trauma-informed services will resurface as we consider the significance of accounting for the sex, gender, age, and cultural diversity of your clients.

### **Intergenerational Trauma:**

The process through which the impact of traumatic experiences can be transmitted throughout generations of the victimized group.

## Accounting for Sex and Gender

**Though we commonly use the words sex and gender interchangeably, each actually refers to very different things:**

➔ **Sex** refers to biological and physiological differences between females and males.

➔ **Gender** refers to the different expectations that we, as a society, place upon individuals on the basis of their sex. Throughout our lives, our gender identities are shaped by the expectations of our families, friends, communities, and, most importantly, our wider cultures.

There is increasing awareness about the importance of ensuring that mental health and addictions programs account for the sex and gender of clients. Within the field of addiction studies, it is well recognized that sex needs to be taken into account because the use of alcohol and other substances can have different biological impacts for women and men.

Addiction researchers also suggest that the **pathways** (or circumstances) which lead women and men to problematically use alcohol or other substances are sometimes different. Four unique gender-based **pathways** include:

➔ **The impact of gender expectations:** Women and men in North America experience a great deal of societal pressure to look and act in certain ways. Western cultures celebrate ideals of physical beauty and femininity that many women and girls find difficult to achieve, as well as ideals of **manliness** which often lead men and boys to engage in risky behavior, including problematic alcohol and substance use. Some women experience self-esteem issues and depression due to an inability to conform to expectations of

### **Sex:**

Biological and physiological differences between females and males.

### **Gender:**

The different expectations that we, as a society, place upon individuals on the basis of their sex.

### **Pathways:**

The unique circumstances through which a person comes to problematically use alcohol and other substances.

femininity and sometimes turn to alcohol and substance use as a means of coping. Men sometimes do the same in trying to conform to expectations of masculinity.

#### → **The impact of gender roles:**

Today's women are increasingly expected to retain traditional roles as family caregivers while also striving to achieve successful careers. This can prove to be extremely stressful, and women may turn to using alcohol and other substances as a means of coping with these anxieties and pressures. Men might turn to problematic alcohol and substance use if their role as breadwinners is threatened by economic uncertainty or the endangerment of their employment security. As men are culturally expected to take the role of the 'strong, silent type,' they are also more likely to turn to alcohol and substance use in response to trauma, as opposed to seeking assistance and talking about their feelings.

→ **The impact of trauma:** Though research suggests that women are **more likely** to turn to alcohol or substance use as a direct result of coping with experiences of physical abuse, sexual abuse, and intimate partner violence as compared to men, traumatic experiences are an important pathway for both women and men. However, given that different

**gender expectations** and **gender roles** might lead women and men to internalize and react to the impact of their traumatic experiences in very different ways, it is extremely important that any **trauma-informed** programs take great care in accounting for the gender of clientele.

#### **Gender Roles:**

The unique social roles that we collectively expect people to fill on the basis of their gender.

#### **Gender-based Violence:**

Violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity (United States Strategy to Prevent and Respond to Gender-Based Violence Globally 2012:6).

#### → **Gender-based Violence:**

Recent initiatives have been made to recognize the prevalence and harms of gender-based violence throughout North America and the rest of the world. As stated in *The Lancet*: "From female genital mutilation to honour killings, intimate partner violence to rape as a tactic of war, gender-based violence cuts across religious and cultural demographics. It affects both rich and poor in all parts of the world, as either victims or potential agents of change. But in much of the world a deafening silence protects the perpetrators, further isolating their victims from society" (2012:73). Ensuring that your programs or services recognize the impact of gender-based violence will not only improve the quality of your client care but contribute to current initiatives to recognize and combat gender-based violence throughout North America and the world beyond. Please refer to the *United States Strategy to Prevent and Respond to Gender-based Violence Globally* (2012) for more information on these initiatives.

## Accounting for Age

Clients also experience different pathways to mental health issues and problematic alcohol and substance use on the basis of their age. To ensure that your program is sensitive to considerations of the age of your clients, you may wish to consider the following points:

→ Experiencing depression is a significant pathway toward mental health and addiction issues for all age groups, but the root causes of depression can be different depending on a client's age.

→ Younger clients more commonly suffer from depression on the basis of issues stemming from social exclusion and the difficulty of forming positive personal identities in the home and school environments.

→ Older clients more commonly experience depression related to career difficulties, financial concerns, chronic health issues, and the crises associated with approaching later stages in the life cycle. Older clients (and older male clients in particular) are also more prone to entertain, and engage in, self-harmful and suicidal behavior.

→ Program services will be more effective if delivered in an age-sensitive manner. Younger clients will be more likely to 'buy in' to your program if you identify and educate them on the 'pathways' common to their age group. Older clients, however, may react more favorably to programs that allow them to draw on their own wisdom regarding the pathways common to their age group.





## ★ Accounting for Sexual Orientation

★ It is becoming increasingly important for mental health and addictions programs to recognize and take account of the sexual orientation of clients. As our culture becomes more aware of the types of discrimination and bullying which homosexual, bisexual, and transgendered or 'two-spirited' men and women have traditionally experienced, so too must mental health and addictions programming take the impact of these experiences into account.

➤ Non-heterosexual persons often experience discrimination, stigma, and abuse on the basis of their sexual orientation. Regardless of whether this discrimination extends from their families, peers, or members of the wider society at large, non-heterosexual discrimination can contribute to anxiety, depression, and even suicidal thoughts and self-harming actions. It is important that programs and treatment services recognize and understand the significance of these experiences when catering to non-heterosexual clients.

➤ Some evidence suggests that non-heterosexual and transgendered persons may have higher rates of alcohol and substance abuse in comparison to heterosexual men and women. Though there is not yet enough evidence to establish a direct link between non-heterosexuality and alcohol and problematic substance use, addictions programs and services should nevertheless account for this likely relationship through program and service content.

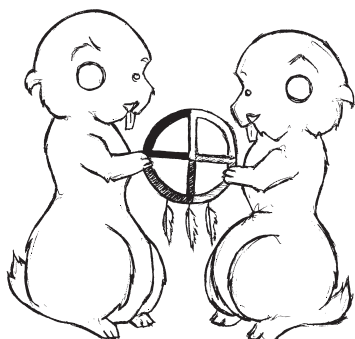
➤ Remember, not all non-heterosexual and transgendered persons develop mental health issues or resort to alcohol and substance abuse as a result of sexuality-based discrimination. As always, the best course of action will be to engage clients in a conversation regarding their life experiences.

For more information, please visit the *Importance of Ensuring Sex, Gender and Diversity Sensitive Programs* video, presented by Saskatchewan's Research Chair in Substance Abuse, Dr. Colleen Dell!

## Accounting for Cultural Diversity

**Culture** can be defined as the beliefs and values, as passed down from previous generations, which guide the manner in which individuals come to understand their lives and the world around them. Given increasing rates of immigration and Canada's status as a multicultural nation, it is becoming increasingly important that mental health and addictions programs be designed with a cross-cultural clientele in mind. Otherwise, organizations run the risk of offering programs that might not speak to clients in culturally appropriate ways.

It is strongly recommended that programs ensure cultural sensitivity. **Cultural sensitivity** is an understanding and appreciation of the cultural beliefs, values, and world views of the clients who access your program. Ensuring cultural sensitivity will allow you to work effectively in cross-cultural situations and decrease the risk that the health beliefs and expectations of your clientele do not coincide with your program.



### **Culture:**

Shared beliefs and values that guide the manner in which members of a group come to understand their lives and the world around them.

### **Cultural Sensitivity:**

The ability to understand and appreciate the cultural beliefs, values, and world views of a distinct cultural group.

There are two important questions that you can ask to determine if your program is culturally sensitive:

➔ **Is my program culturally competent?**

**Cultural competence** refers to how well your program incorporates considerations of the cultural diversity of your clients into its workshops and services. Ensuring cultural competence simply means being sure that your program demonstrates an awareness of the unique values and beliefs of your clients.

➔ **Is my program culturally safe?**

**Cultural safety** refers to the practice of providing services in a manner that respects and incorporates the traditional methods through which members of a cultural group have historically shared and passed down knowledge. Ensuring that your program incorporates the traditional knowledge-sharing techniques used by the cultural group to which you are providing services is one of the most important means through which to provide clients with a meaningful experience.

In Saskatchewan, it is particularly important that programs be designed with due care paid to understanding, and respecting, a variety of Indigenous cultures.

**Cultural Competence:**

The practice of ensuring that policies and programs allow an organization to work effectively in cross-cultural situations.

**Cultural Safety:**

The practice of providing programs that incorporate the traditional methods through which members of an ethnic minority learn and share information.

You may wish to turn to the **Further Focus for Administrators** section at the end of this chapter for more specific information regarding the importance of offering programs reflecting the cultural beliefs of Saskatchewan's Aboriginal populations. It is also important to remember, however, that not all Aboriginal clients may wish for, or benefit from, programs centered around their traditional cultures. As always, the best means of determining what type of programming may best suit your clients is to speak with them.

## Reflecting on Your Program's Sensitivity to Client Diversity

To begin thinking about how your programs account for the influences that sex, gender, age, culture, and other forms of diversity have had on your clients' experiences, it would be helpful to complete this simple reflection exercise, drawn from the Canadian Centre on Substance Abuse (Dell and Poole 2009) paper, *Applying a Sex/Gender/Diversity-Based Analysis*:

- 1 Are considerations of the influences of sex, gender, age, culture, and diversity reflected by your program?

☐ Yes   ☐ No   If not, how might they be?

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2 Are any assumptions about the influence of sex, gender, age, culture, and diversity being made by your program?

☐ Yes ☐ No If so, what are they? Are they based in fact or stereotype?

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3 How do the influences of sex, gender, age, culture, and diversity affect how you deliver your program?

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This activity was meant to help you question whether you currently provide a program that is adequately sensitive when considering the sex, gender, age, and cultural diversity of your clients. If a gap exists between ***what is being done*** and ***what should be done***, the following ***five-step checklist*** should help get you started on improving your ability to deliver inclusive programs and services. This involves ensuring that your program does not only *speak* to your clients but provides treatment and care that better considers and respects the potential ***pathways*** through which your clients have come to you for assistance.

# Accounting for Diversity: A Five-Step Checklist



The following checklist includes five questions to aid you in ensuring that your program is sensitive to considerations of client diversity. We have identified three key considerations on which to focus:

- Improving programs through building client and community relations.
- Building relationships with cultural figures of support.
- Appreciating the potential impact of trauma.

You can respond to the following questions as a group or individually (and don't hesitate to do both!).



## Consideration One: Improving Programs through Building Client and Community Relations

First and foremost, it is important to be sure that you have a good sense of what types of populations your client base consists of! While you could develop a good sense of who your clients are by means of simple observation, it must be remembered that Saskatchewan has an ethnically diverse population with a number of distinct cultural groups, including a range of unique groups among its Aboriginal population. As such, consider the following questions:

### 1 Are you generally familiar with the sex, gender, age, and cultural background of your clients?

☐ Yes

☐ No If you answered “no” to this question, a good way of learning more about the populations you are providing services to might be to speak with your clients. Don't be shy; your clients will likely appreciate the opportunity to talk about their cultural backgrounds and life experiences!

### 2 Does your program currently take account of the potentially unique needs of your clients in terms of their sex, gender, age, and/or cultural backgrounds?

☐ Yes

☐ No If you responded “no” to this question, do not begin to fret just yet; there are often a range of local individuals and groups available and willing to lend a hand! This is important, because it would be very difficult (and inadvisable) for you to make assumptions about what types of considerations will best meet your clients' needs without suitable advice. Thankfully, most communities and regions contain a wealth of groups, organizations, and academics who can help you improve the sensitivity of your program, intake process, and client/service provider interactions.

- 3 Do you have any familiarity and/or relationships with local groups, organizations, or academics that can assist you in ensuring that your program is sensitive to the needs of a diverse range of groups?

☐ Yes ☐ No

If “yes,” please provide the names of the group (and your contact within the group) below:

Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

It is useful to consider that the local organizations that you and your co-workers have listed in response to **Question 3** may offer general workshops meant to promote sex, gender, age, or cultural sensitivity. The Saskatoon Health Region (<http://www.saskatoonhealthregion.ca>), for example, offers a range of diversity workshops, including one that is specific to Aboriginal peoples.

## Consideration Two: The Role of Cultural Figures of Support

If you cater to persons of a cultural minority, you can greatly increase the cultural sensitivity of your program by building relationships with their cultural figures of support. Many cultures have designated figures who are tasked with sustaining cultural traditions and offering spiritual and emotional guidance to persons of their culture. For example, Elders hold the very important role of passing down the unique traditions and customs of Aboriginal culture, and many African cultures celebrate Priests as experts on spiritual healing. Cultural figures of support such as these might offer *invaluable* relationships that you can draw upon in ensuring that you are offering programs that your clients can relate to.

- 4 If you provide services to persons of a cultural minority, have you developed a working relationship with their cultural figures of support?

☐ Yes

☐ No If you have answered “no” to this question, consider asking local community organizations or – once again! – your clients as to the proper means of identifying and building a working relationship with local figures of support.



## Consideration Three: The Impact of Trauma

You might recall that trauma-informed services are those which recognize, and are influenced by, the impact that traumatic experiences (including intergenerational trauma) can have on an individual's life and development. If need be, please revisit our earlier discussion of the impact of trauma before answering the following question:

- 5 Do you provide trauma-informed services that recognize how histories of interpersonal violence, victimization, and/or intergenerational trauma might impact your clients?

☐ Yes

☐ No If you have responded to this question with “no,” perhaps one of your co-workers – or your clients – can provide the name of a local sexual assault or abuse centre, or a cultural figure of support, who can provide services to survivors of victimization. If so, who are they, and how might they be contacted? You could consider contacting these centres, or figures, for advice to ensure that you provide trauma-informed services in future.

## Concluding Thoughts

This chapter has demonstrated the importance of ensuring that your program is sensitive to the sex, gender, age, and cultural diversity of your clients. Now that you are familiar with some of the unique pathways through which clients may have developed a need to participate with your program, it is likely that you have developed a renewed appreciation for the importance of considering diversity among your clients while preparing for a program evaluation.

Once again, while this chapter has concentrated on the importance of being sensitive to considerations of the sex, gender, age, and culture of your clients, it is also necessary to account for additional factors,

including (but not limited to) considerations of a client's employment status, income, sexual orientation, language, religious or spiritual beliefs, and ability. Nevertheless, the information provided in this chapter should give you a head start in ensuring that your programs speak to your clients in a way that is accessible and meaningful for them. ***It is important to remember that you should not hesitate to identify weaknesses within your program.*** One of the most important goals of a successful program evaluation is that of identifying, and correcting flaws that might be preventing your clients from receiving optimal treatment services. ***The first step down the path of progress is that of honestly identifying the correct steps to take!***



# Further Focus for Administrators:

## Diversity & Saskatchewan's Aboriginal Peoples

While it is important for an organization to consider and respect the diversity of their clients as a means of providing the best possible services, in Saskatchewan it is especially important to recognize and respect the cultural beliefs and traditions of Canada's Aboriginal peoples (First Nations, Métis, and Inuit). Above and beyond the cultural considerations that will be touched upon over the course of this chapter, it is also necessary to recognize and respect that Canada's Aboriginal populations have a unique constitutional status. In respecting the treaty agreements that were formed when Canada first became a British colony, the Canadian Charter of Rights and Freedoms ensures that organizations such as yours should provide Aboriginal clientele with services that are in keeping with their beliefs and cultural traditions. We here offer some further insight on how to do so.

In Saskatchewan, it is particularly important that programs be designed with attention paid to understanding, and respecting, a variety of Indigenous cultures. Too often in the past, Indigenous cultural values have been overshadowed by Western culture and ideas when services have been developed. Western views of health and treatment do not always coincide with Aboriginal views, and so programs that do not ensure cultural competence often fail to meet the needs of Indigenous clientele (Dell et al. 2011). Conventional Western medicine tends to focus on treating the illness/addiction without an in-depth examination of underlying conditions, some of which are related to social-based issues for Indigenous peoples, such as trauma as the consequence of residential schooling. In comparison to Western culture, Indigenous cultures commonly have a **holistic** approach to healing and wellness which connects the *spiritual, emotional, mental,* and *physical*

aspects of life. Balance and harmony is sought within and among all four aspects in relation to the earth, and illness results from an imbalance within one or more of the four aspects within the individual and their community.

It is also important to recognize that there are many distinct Aboriginal populations in Saskatchewan. For example, among the 630 First Nations in Canada, there are an estimated 52 cultural groups, each with unique ancestries, histories, cultures, and, quite often, languages (Canadian Centre on Substance Abuse 2007). In the province of Saskatchewan alone, there are 70 unique First Nations (Indian and Northern Affairs Canada 2010). Of course, the best way of learning more about the unique cultures of your clientele is to actively seek out further knowledge. For example, engaging your clients in conversations about their culture might not just increase your understanding of their histories but might also work toward inspiring (and empowering!) your clients to draw upon their cultural background as a source of strength as they engage in your program.

As noted by the Saskatchewan Indian Cultural Centre (2009), organizations that cater to local Aboriginal populations can best familiarize themselves with the unique characteristics of Aboriginal culture by forming working relationships with Aboriginal Elders. Within Aboriginal cultures, Elders hold the very important role of retaining knowledge of, and passing down, the unique traditions and customs of their communities. For more information on the significance of Elders, please take a look at the National Aboriginal Health Organization's **Sacred Way of Life: Traditional Knowledge** document, available at [http://www.naho.ca/documents/fnc/english/FNC\\_TraditionalKnowledgeToolkit.pdf](http://www.naho.ca/documents/fnc/english/FNC_TraditionalKnowledgeToolkit.pdf).

### Suggested Resources for Ensuring Cultural Sensitivity Among Employees

The Saskatchewan Human Rights Commission (SHRC) 2008-2009 Annual Report suggests that strategies are needed to create cultural inclusion at every organizational level throughout the Province of Saskatchewan. For organizations and programs developed to target Aboriginal groups, best practices for employees should include participating in Aboriginal cultural sensitivity

programming. This will aid employees to "examine how assumptions, values and stereotypes affect their perceptions of Aboriginal peoples, to discuss the impact of history on Aboriginal culture(s) today, and to explore current impacts/trends affecting Aboriginal people" (SHRC 2009:15).



Culturally competent employees in mental health and addictions services are critically important for ensuring groups, like Aboriginal clients, receive the quality treatment and care that they deserve. It is of utmost importance that each distinct group's culture and beliefs, within larger groups like a regional Aboriginal population, be considered when establishing best practices for service delivery. A program will not foster success if the program and treatment outcomes do not parallel target populations' needs and beliefs. As an employer or manager, it would be worthwhile to

know where employees are in their cultural understanding of the various ethnic groups being served. A good approach is to initiate discussions with your co-workers, as this will help facilitate that everyone 'buys into' the importance of ensuring cultural competence. Making work time available to involve the front-line care providers is a good way to gain staff support and identify deficiencies and/or weaknesses in cultural awareness and training and develop a realistic process to improve the situation.

## Cultural Awareness Programs Near You:

### ➤ **The First Nations University of Canada:**

The Aboriginal Cultural Awareness Program (ACAP) was developed by the Government of Saskatchewan and the First Nations University of Canada. Through the Aboriginal Cultural Awareness Program (ACAP), the First Nations University of Canada provides cultural bridging workshops to all business sectors and government agencies to help prepare for the shifting demographic changes in Saskatchewan's workplace. Through the ACAP program, organizations will strengthen their mission by gaining knowledge and understanding of issues currently affecting Aboriginal people. Organizations will benefit by hearing information about the diverse populations of Aboriginal peoples in Canada, the effects of historical events, and how those events impact current-day issues. These workshops are not about pointing fingers but rather are about providing participants with an overview of the many issues (both positive and negative) that are central to the policy discussions that permeate Saskatchewan politics and life. The purpose of the program is not to solve these policy issues or to defend a particular position but instead to provide participants with an Aboriginal perspective of these issues. You can access the program description online at <http://www.fnuniv.ca/index.php/29-fnuniv/162-acap>.

### ➤ **Aboriginal Cultural Awareness Online Training:**

This is a four-unit program designed specifically for non-Aboriginal people who will be working with Aboriginal people. It introduces participants to the concept of cultural awareness and it presents participants with a view of Canadian history from an Aboriginal perspective. Each of the four units of Aboriginal Cultural Awareness will take approximately 45 minutes to 1 hour to complete. Successful completion of the pre-determined competency rate will allow the participant to advance to the next unit. In total, it is expected that a participant could complete the training in 4-5 hours. You can find a program description online at <http://www.aboriginalawareness.ca/default.php>.

### ➤ **The Centre for Organizational Cultural Competence**

offers training, presentations, and educational tools related to managing change, addressing diversity, building organizational cultural competence, and leveraging differences at work. Their team includes experts in organizational issues, intercultural competence trainers, English as an additional language instructors, cultural perspective advisors, and experienced competency and transferable skills analysts. This program overview is available online at <http://www.culturalcompetence.ca/KeynotesWorkshops.html>.

## Resources to Help Ensure Gender-Sensitive Programs:

### ➤ **The WHO Gender Mainstreaming Manual for Health Managers: A Practical Approach**

can be used to help develop gender-responsive awareness and skills in providing health services. The manual provides content suitable for the presentation of a three-to-four-day workshop on reducing gender-based health disparities. The manual can be accessed by visiting [http://whqlibdoc.who.int/publications/2011/9789241501064\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501064_eng.pdf).

### ➤ **Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence**

The WHO also provides a document, called **Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence**, which is designed to aid health care workers to recognize and respond to human rights and gender inequalities in health care strategies. It can be accessed at [http://whqlibdoc.who.int/publications/2011/9789241564083\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf).





# References and Additional Resources

Bombay, A., Matheson, K. and H. Anisman. 2009. Intergenerational Trauma: Convergence of Multiple Processes among First Nations Peoples in Canada. *Journal of Aboriginal Health*, 5 (3): 6-47. Available online at: [http://www.naho.ca/jah/english/jah05\\_03/V5\\_I3\\_Intergenerational\\_01.pdf](http://www.naho.ca/jah/english/jah05_03/V5_I3_Intergenerational_01.pdf)

Canadian Centre on Substance Abuse. Dell, C. and T. Lyons. 2007. Harm Reduction Policies and Programs for Persons of Aboriginal Descent. *Harm Reduction for Special Populations in Canada*, 3: 1-20. Available online at: <http://www.ccsa.ca/2007%20CCSA%20Documents/ccsa-011515-2007.pdf>

Dell, C. and N. Poole. 2009. *Applying a Sex/Gender/Diversity-Based Analysis within the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*. Ottawa, ON: Canadian Centre on Substance Abuse. Available online at: <http://www.nationtalk.ca/modules/news/article.php?storyid=21836> (Click on "Download full report here.")

Dell, C., Seguin, M., Hopkins, C., Tempier, R., Mehl-Madrona, L., Dell, D., Duncan, R. and K. Mosier. 2011. From Benzos to Berries: Treatment Offered at an Aboriginal Youth Solvent Abuse Treatment Centre Relays the Importance of Culture. *Canadian Journal of Psychiatry*, 56 (2): 75-83.

Indian and Northern Affairs Canada. Saskatchewan Region. 2010. *First Nations Map of Saskatchewan*. Available online at: [http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-SK/STAGING/texte-text/fnl\\_1100100020617\\_eng.pdf](http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-SK/STAGING/texte-text/fnl_1100100020617_eng.pdf)

Note: Indian and Northern Affairs Canada is now Aboriginal Affairs and Northern Development Canada.

The Joint Commission. 2011. *Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*. Available online at: <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

The Lancet. 2012. *Opening the Door on Gender-Based Violence*. 380 (9843): 705.

Milliken, E. 2008. *Toward Cultural Safety: An Exploration of the Concept for Social Work Education with Canadian Aboriginal Peoples*. Ph.D. dissertation, School of Social Work, Memorial University of Newfoundland. Available online at: <http://www.collectionscanada.gc.ca/obj/thesescanada/vol2/002/NR55385.PDF>

National Centre on Addiction and Substance Abuse at Columbia University. 2006. "Pathways to Substance Abuse among Women and Girls." Pp. 1-17 in *Women Under the Influence*. Baltimore, MD: John Hopkins University Press.

Polaschek, N. 1998. Cultural Safety: A New Concept in Nursing People of Different Ethnicities. *Journal of Advanced Nursing*, 27 (3): 452-457.

Saskatchewan Human Rights Commission. 2009. *Annual Report 2008-2009*. Available online at: [http://www.shrc.gov.sk.ca/pdfs/publications/SHRC\\_AR\\_08-09.pdf](http://www.shrc.gov.sk.ca/pdfs/publications/SHRC_AR_08-09.pdf)

Saskatchewan Indian Cultural Centre. 2009. *Cultural Teachings: First Nations Protocols and Methodologies*. Saskatoon, SK: Author.

United States Agency International Development. 2012. *United States Strategy to Prevent and Respond to Gender-Based Violence*. Available online at: <http://www.state.gov/documents/organization/196468.pdf>

A yellow starburst graphic with a black outline, positioned at the bottom center of the page. The starburst is composed of several overlapping shapes, creating a dynamic, explosive effect. It is located at the bottom center of the page, below the main body of horizontal lines.



# Chapter 3:

## Introducing Program Logic Models

By the end of this chapter, you will be able to answer the following questions:

- 1 What is a program logic model?
- 2 What are the components of a program logic model?
- 3 What questions should I ask while constructing a logic model?
- 4 Why is it important to clearly define my program activities?
- 5 Why is it important to clearly define my intended client results?





**Everything that can be counted  
does not necessarily count.  
Everything that counts cannot  
necessarily be counted.**

Albert Einstein



**“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”**

## Your Progress to this Point...

To this point, you have already accomplished many of the crucial tasks involved with preparing to conduct a program evaluation:

- You have likely come to appreciate the significance of your role as a stakeholder and the importance of ensuring that your program accounts for the diversity of your clients.
- You have responded to some important questions regarding your targeted program – such as what the

mission statement, goal(s), and objective(s) of the program are – and identified the **key research question(s)** of your evaluation.

You are now ready to move forward to the next stage of planning your program evaluation: clearly and concisely considering how the contents of your program or service are designed to aid you in meeting the objective(s) of your program. The best means of accomplishing this is through developing a **program logic model**.

## What is a program logic model?

### **Program Logic Model:**

A visual representation of how your program is designed to work.

A **program logic model** can be defined as a visual road map that illustrates two things:

- 1 How your program goal(s) and objective(s) are linked to the contents of your program (or your program activities); and
- 2 How your program activities are expected to contribute to client results.

You may simply wish to think of your program logic model as a visual representation of how your program is designed to work and as an important tool to use to be sure that everyone remains on task throughout the program evaluation. Program logic models also allow stakeholders to collect and transform their expert

knowledge on their program into a 'road map' that can be used to keep everyone 'on point' throughout the program evaluation.

A program logic model can be thought of as a diagram that demonstrates the answers to, and the relationship between, **three important questions**:

1

**What does your program want to achieve?**

2

**How do your activities contribute?**

3

**What results do you want?**

At this point, you may be wondering why it is necessary to develop a program logic model to illustrate how your program activities are designed to help you meet your program objective(s). You may be thinking that the relationship between the two is obvious or commonsensical. Therefore, it is perhaps important to speak to two **very** important benefits of developing a program logic model right off the bat:

→ The process of mapping out how your program or service aims to increase the wellbeing of your clients will ensure that everyone involved in the program evaluation will be on the same page.

→ Collectively trying to identify the **logic** that links your program objective(s) to your program contents can allow for the identification of important shortcomings or issues right off the bat. Closely examining the how and why of your program contents could reveal that important considerations were overlooked when your program was first designed.

There are further **benefits to learning to understand and use program logic models** to ensure the effectiveness of your program. Program logic models:

- Help to guide and focus work;
- Enhance teamwork and communication;
- Guide the prioritization and allocation of resources;
- Help to clarify intentions;
- Help reveal assumptions held that may not be realistic; and
- Help to focus on results.

(Taylor-Powell, E. and E. Henert. 2008. *Developing a Logic Model: Teaching and Training Guide*. Madison, WI: University of Wisconsin Cooperative Extension. Available online at: <http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidcomplete.pdf>)

As those of you with previous experience might attest, developing a program logic model can be a challenging process. We'll do our **very** best to make the process as painless as possible!



### **Randy's suggestions** for thinking about this chapter: **Thinking about Everyday Logic Models**

*A logic model is really nothing more than getting some focus on a situation by thinking through a series of actions to help resolve a problem. After all, logic is really just connecting ideas or actions in a sensible and reasonable manner.*

*We are on pretty safe ground suggesting that you have likely already been involved in developing several everyday logic models if you have ever planned, or helped plan, an event such as a birthday party, a family reunion, a retirement party, or a wedding (well, O.K, planning a wedding doesn't really fit with connecting sensible and reasonable actions); however, the other events do seem to require the connecting of a series of actions that take the intention (i.e., the **goal**) through to the desired result. Typically the various actions are given some priority ranking for those that need to happen to help other actions fall into place. For example, you need to set a specific date (i.e., an **objective**) before you can book the appropriate facility for the event. People typically work together to take care of the various required actions (i.e., **processes** like ordering the cake ... yummmm ... chocolate) that lead toward making the event meaningful for the person or persons whose special day it will be (i.e., the **outcome**).*

*If developing everyday logic models has been part of your everyday personal life and you have helped bring one or more events to a successful result, then you are well positioned to consider extending this understanding to program logic models in your everyday work life.*

## What are the components of a program logic model?

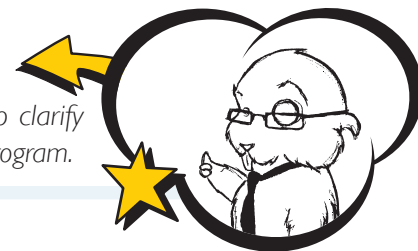
Program logic models can be divided into five different parts or components. Constructing a program logic model will require clear and concise definitions of what your service or program wants to achieve (once again, its goal(s) and objective(s)), how your program activities are meant to contribute to meeting the



goal(s) and objective(s), and what type of results your program activities are designed to have for your clients (both during and after your program). Let us briefly consider the five different components of a program logic model as well as some of the important questions that you will need to ask when constructing one.

## Randy's suggestion for thinking about this process:

Consider that what you are trying to do by identifying the **What** (i.e., Goal(s)) is to clarify the intentions of the program ... not necessarily reflect on the current reality in the program.



### A Mapping Out Your Program Goal(s) and Objective(s)



#### Q: What is the goal(s) of my service or program?

The **first component** of your program logic model will be a clear and concise definition of what the goal(s) of your program is. Put another way, this component calls for a clear and concise statement regarding how your program aims to contribute to the improved wellbeing of your clients.

As you may recall, you have already defined and described the goal(s) of your program in the **Chapter One Activity**. It will be useful to revisit your responses while doing the activity at the end of this chapter.

#### Goals:

Broad statements about how to achieve your program Mission Statement.



#### Q: What is the objective(s) of my service or program?

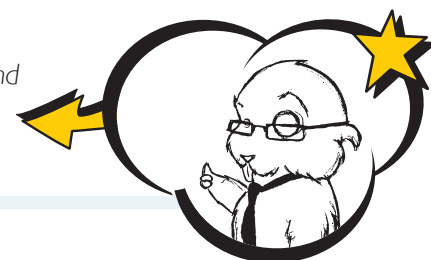
The **second component** of your program logic model is a clear and concise definition of your program objective(s). This calls for a statement as to how the content of your program is meant to help you achieve your program goal(s).

You have already defined and described the objective(s) of your program in the **Chapter One Activity**. Please revisit your responses to the **Chapter One Activity** when completing the activity at the end of this chapter.

#### Objectives:

Specific statements about how to achieve your Goals.

*If you are still confused about the difference between a goal and an objective, I would suggest going to the following web page:*  
[http://www.diffen.com/difference/Goal\\_vs\\_Objective](http://www.diffen.com/difference/Goal_vs_Objective)



### B Mapping Out Your Program Activities



#### Q: What are the activities, services, or workshops that are offered by my program?

#### Q: How, exactly, are each of the activities offered by my program designed to achieve my program objective(s)?

Identifying and describing how each of the activities that your program offers are designed to help you meet your program objective(s) is perhaps the most important – and the most difficult – part of building a program logic model.

It may be easiest to consider **three separate questions** when discussing each of your program or service activities:

1. What is the name of my program activity, service, or workshop?
2. How is the activity, service, or workshop designed to benefit my clients?
3. How does this type of client benefit contribute toward my program objective(s)?



We can better demonstrate the importance of clearly and concisely describing the logic that links your service or program activities with your objective(s) by returning to our earlier example. You may recall that, in **Chapter One**, we used the example of an addictions treatment program designed to help clients seek out steady employment. As a quick refresher, let us consider how the goal(s) and objective(s) of this program were described:

**Program Goal(s):** To improve the wellbeing of my clients by helping them to reduce their problematic use of alcohol and/or other substances.

**Program Objective(s):** To help my clients reduce their problematic use of alcohol and/or other substances by aiding them to develop skills to find and maintain steady employment.

Let us now suppose that this program has three activities to help clients develop skills to find and maintain steady employment: workshops based around developing interview skills, composing resumes, and interacting with customers. Applying the three questions posed above to each of them, responses may look like this:

EXAMPLE 1

**Name of Activity:** Interview Skills Workshop

**Benefit to Client:** Develop skills necessary to improve chances of success when being interviewed for an employment position.

**Contribution to Program Objective(s):** Will assist clients in finding steady employment, which may reduce their problematic use of alcohol and/or other substances.

EXAMPLE 2

**Name of Activity:** Resume Building Workshop

**Benefit to Client:** Ability to construct a formal resume will improve their chances of being considered for a steady employment position.

**Contribution to Program Objective(s):** Will assist clients in finding steady employment, which may reduce their problematic use of alcohol and/or other substances.

EXAMPLE 3

**Name of Activity:** Customer Interaction Workshop

**Benefit to Client:** Ability to interact with customers in a suitable manner will improve their chances of retaining steady employment.

**Contribution to Program Objective(s):** Assists clients in retaining steady employment, which may reduce their problematic use of alcohol and/or other substances.

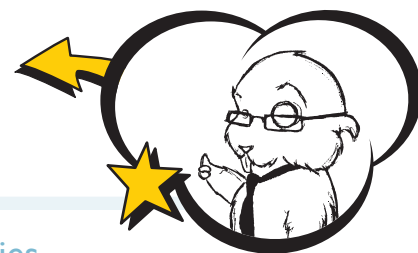
Now that the logic linking your program activities with your program objective(s) have been explicitly written out, it will be much easier for all stakeholders – and the professional program evaluation consultant – to see why you are offering your current program activities and how they are designed to increase the wellbeing of your clients.

There is another benefit: you and your fellow stakeholders may now **critically** consider whether the activities being offered **actually** contribute to, or are

the **best possible activities** suited to, meeting your program objective(s). For example, some may question the use of the customer interaction workshop. For one thing, not all clients will be seeking out employment that requires customer interaction. For another, clients would become familiar with many of the people skills that would aid them in dealing with customers through the Interview Skills Workshop. It might be suggested that your program resources could instead be better spent on different types of services, workshops, or activities.

**Randy's suggestion: O.K. this chapter is getting a little long ... even for me ... so time for some humour!**

Have you heard the joke about the interesting program evaluator?  
No, neither have we.



## C Mapping Out the Intended Results of Your Program Activities

Once you have identified all of the activities provided by your program, how they are designed to benefit your clients and how they contribute to your program objective(s), the next step in constructing a program logic model is to consider what types of client results each of your program activities are designed to achieve.

➡ It is very important that your intended client results are clearly and concisely defined. This will help ensure that all stakeholders are on the same page and allow you to note instances when intended results are unrealistic or do not fit as well with your program activities as you might have thought.

It is also important to remember that this program logic model will eventually be used to guide your program evaluation. It is therefore very useful to **differentiate** between the **during program** results and **after program** results. This way, you will have a different means of assessing meaningful client change (and program success) depending on whether you are focusing on current or former clients.

**Q:** What are the *during program* results that each activity will have for my clients?

**During program results** refer to the new-found types of knowledge, skills, or awareness that your clients should have immediately following their participation with each of your program activities. They will largely be based on the specific components of the activities that your program offers.

A few **immediate results** that clients could be expected to experience following our Interview Skills Workshop may be:

1. *Clients will have better awareness of the importance of job interview performance.*
2. *Clients will have better knowledge of what employers look for during a job interview.*
3. *Clients will be familiar with the necessary skills for a successful job interview performance.*

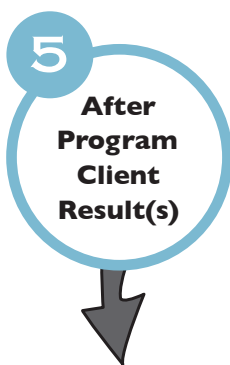
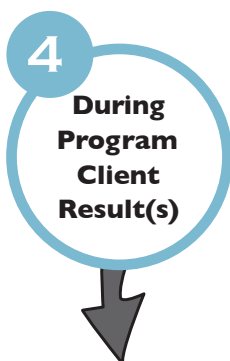
**Q:** What are the results that each activity will have for my clients after they have left the program?

**Short-term results** refer to the impact that your program is hoped to have on your clients during the first **three to six months** after they have participated in your program activities.

While your **during program results** should speak to the types of awareness and knowledge that your activity is designed to pass on to your clients, your **after program results** should focus on how you hope that your clients are putting this knowledge into practice once they have returned to their daily lives.

A few **after program results** that clients could be expected to experience following our Interview Skills Workshop may be:

1. *Clients will use knowledge presented in activity to best prepare for job interviews.*
2. *Clients will develop and further improve skills once they begin having interviews.*
3. *Clients will apply these skills during other interactions to help maintain employment.*



## Connecting the Components of your Program Logic Model

Once you have responded to all of the above questions, you will be ready to construct your program logic model. The next task will be that of transforming this information into a diagrammatic picture of what your program is designed to do. Over the next three pages, we provide a program logic model template and a demonstration of how a program logic model for our ***Building Employment Skills*** program would look in following this template.

For the sake of space, we have only included two examples of program activities. It must be remembered that you will need to include all of the activities provided by your targeted service or program when constructing your own program logic model.

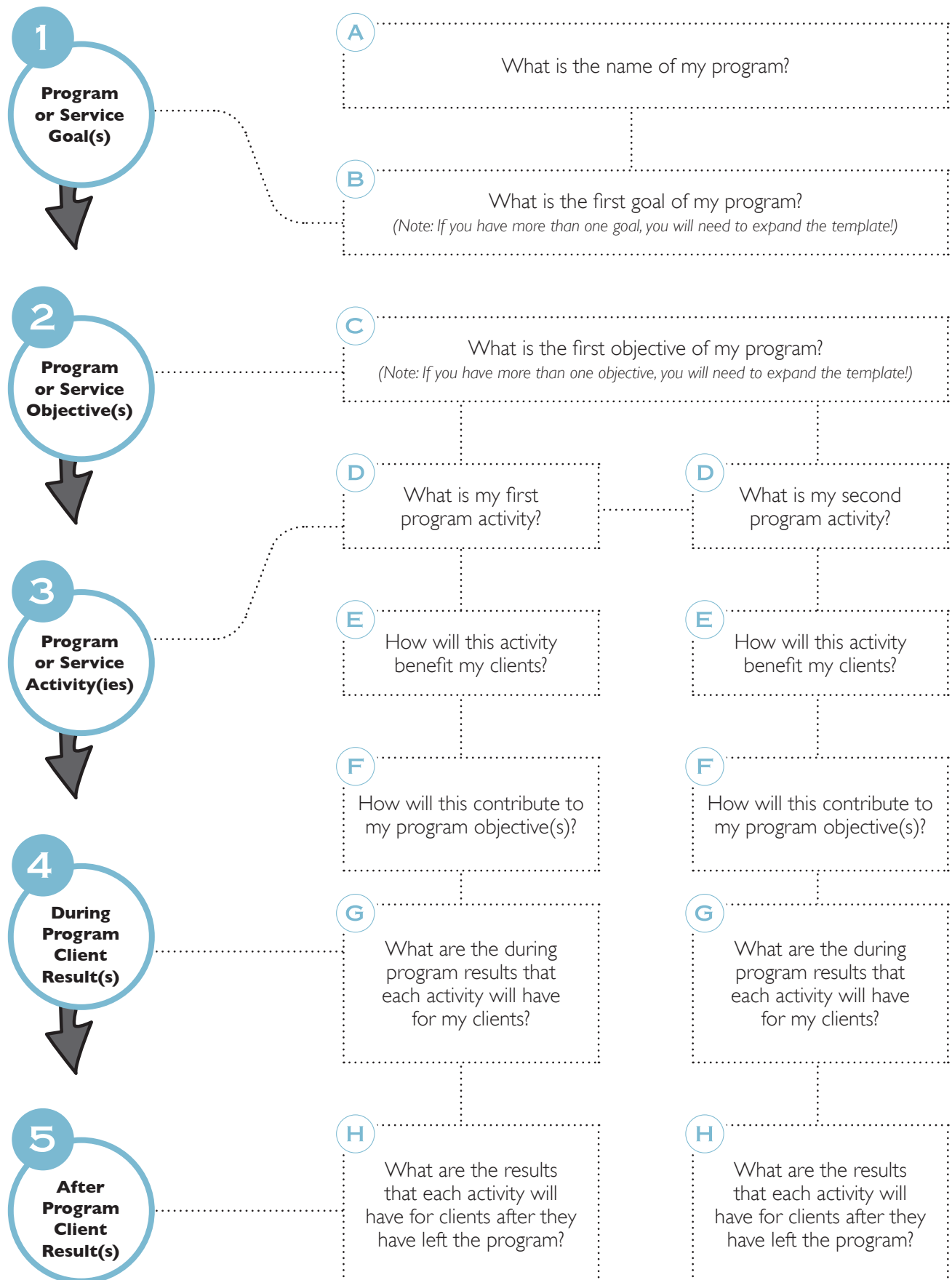
The further the program logic model branches out,

the more complex (and intimidating!) it may appear to be. Remember, a program logic model is simply a diagram that demonstrates how your program goal(s) and objective(s) are related to the activities that you provide and how these activities are meant to contribute to the increased wellbeing of your clients. It is also worth remembering that this is merely a suggested way of organizing your logic model. It is possible that some stakeholders within your group have experience with organizing logic models in a slightly different way. As long as the content of your logic model contributes to a clear, shared understanding of how your program goals and activities are related to your intended client results, you may organize your program logic model as you and your group see fit. If, however, no one among your group is familiar with program logic models, we strongly suggest you use the template as follows.

NOTES:

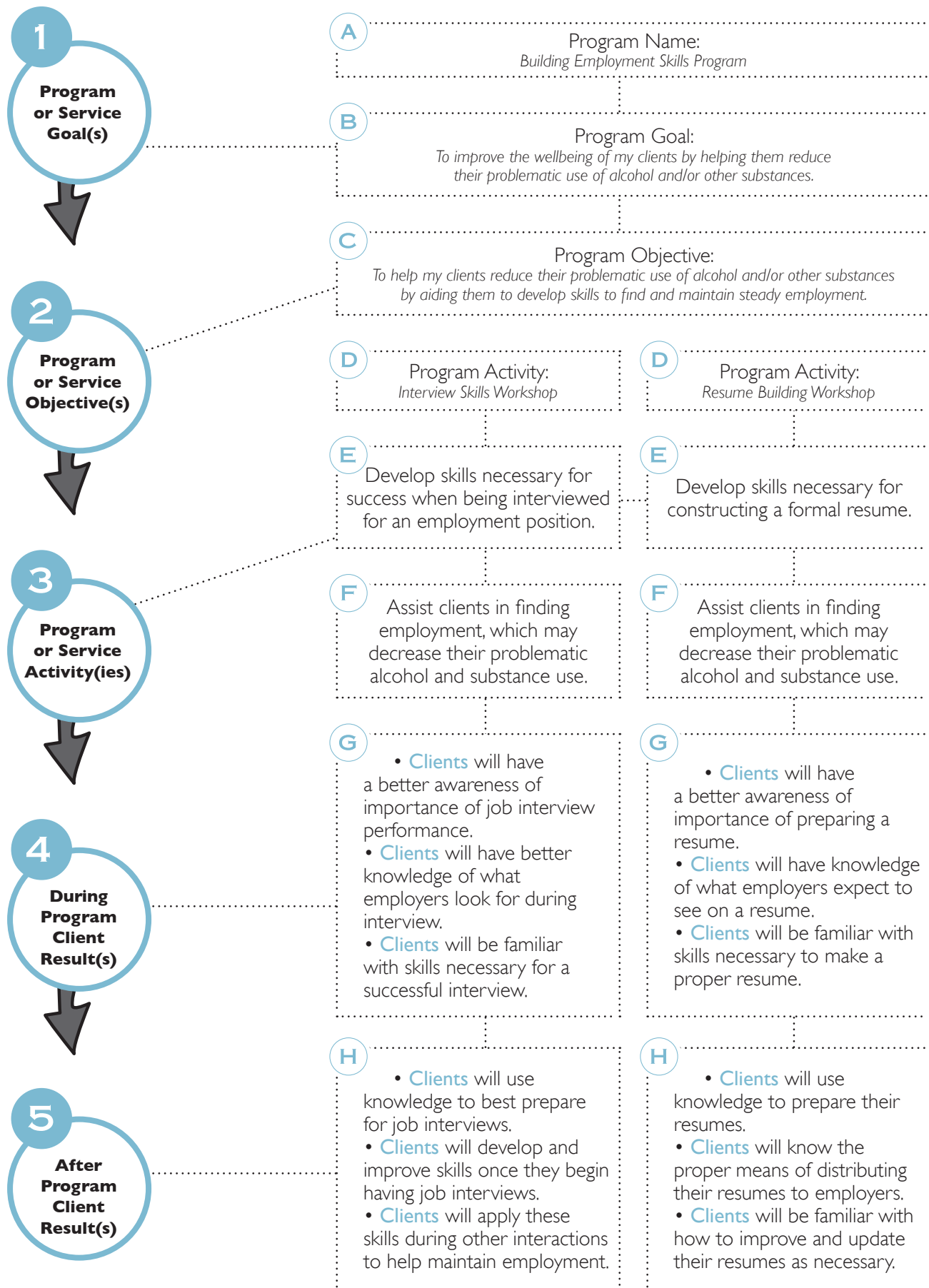


# Program Logic Model Template



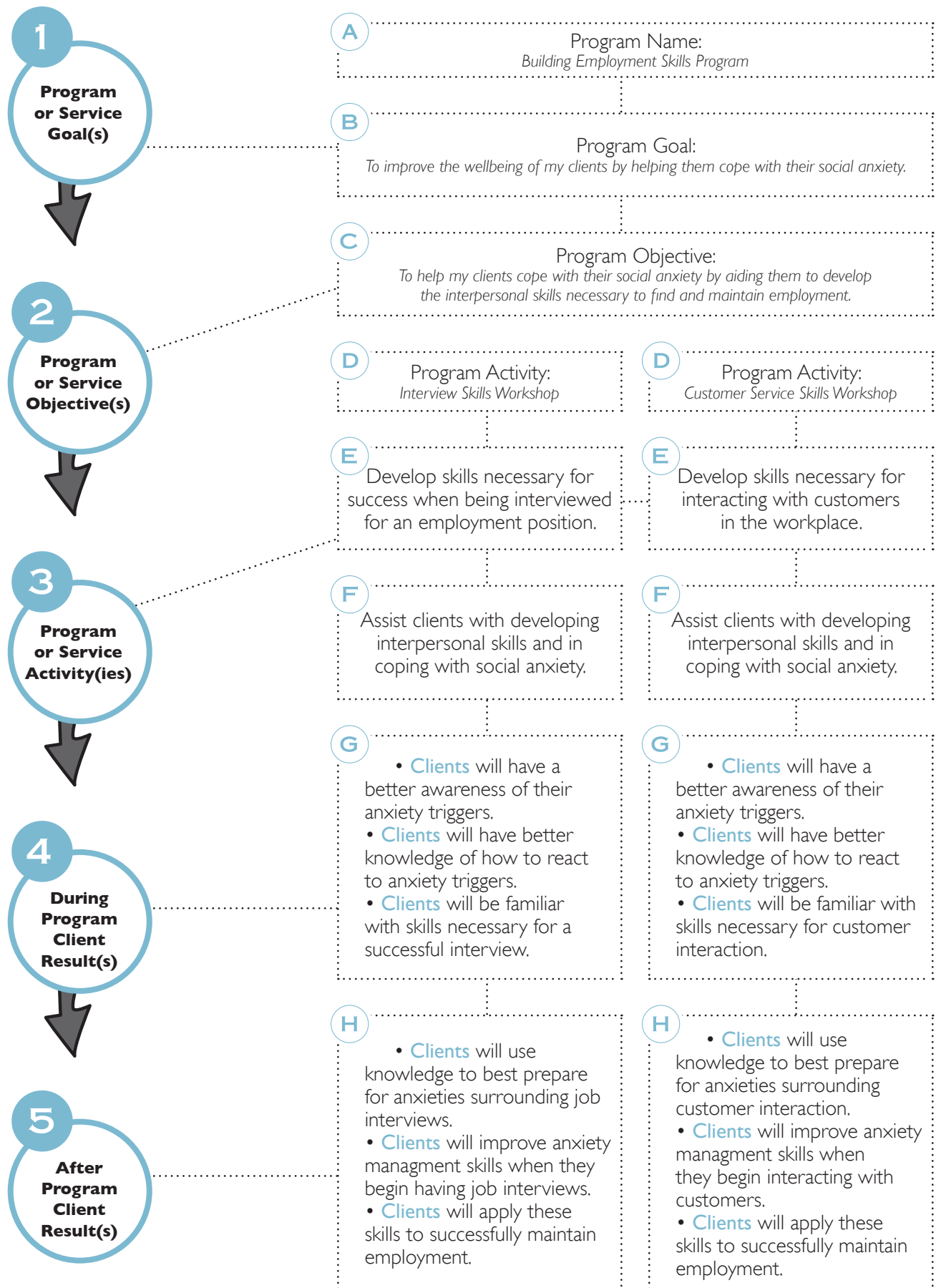
# Program Logic Model Example One:

## Addictions Program



# Program Logic Model Example Two:

## Mental Health Program



# Concluding Thoughts

A **program logic model** is a visual representation of how your targeted service or program is designed to work. It maps out the manner in which your program activities are related to your program goal(s) and objective(s) and identifies the results that your clients should experience during, and three to six months following, their participation with your service or program.

While building your program logic model, you and your fellow stakeholders will have an opportunity to consider and discuss whether you are providing the best possible activities to achieve your program goal(s) and objective(s). **Building a program logic model also allows you to consider exactly what types of results you hope your clients will experience at various points following their participation with your service or program.** You may find that some activities do not fit with your program goal(s) and objective(s) or that some of your intended results do not really fit with your activities. This type of

information will be very valuable when you move on to conducting your program evaluation and may save you time and resources that you would otherwise spend trying to locate elements of your program that may not be working.

Once completed, your program logic model can be used as a visual road map that clearly illustrates the components of your program. This will not only help ensure that all stakeholders have a clear and, just as importantly, shared understanding of what each component of your program is meant to do (and why) but will also provide your professional program evaluation consultant with a very clear and quick means of understanding the program that you wish to evaluate.

For more information on program logic models, please check out Dr. Randy Duncan's second companion video, *Program Logic Models: Defining Your Goals and Objectives*.

## Chapter Three Activity: Building your Program Logic Model

The following activity provides the questions that you will wish to consider while you build your program logic model. Before we turn to the questions, here are a few suggestions and things to remember:

As you likely needed to squint to make out some of the text in our **Building Employment Skills examples**, it is clearly not advisable to try to restrict your program logic model to a single page in this workbook! We suggest that you find a whiteboard or a wall with a great deal of free space, invest in some blank sheets of paper, tape, and felt-tipped markers, and prepare to participate in the construction of a considerably large program logic model (preferably in an area that you can easily refer to once again while conducting your evaluation).

You may have noted that the different components of the **Program Logic Model Template** provided earlier each had a corresponding letter. The following questions are also lettered in a manner allowing you to use the **Program Logic Model Template** provided earlier in this chapter to show you exactly where each of your responses should be placed in your program logic model.

Finally, though we provide space allowing you to respond to questions regarding two separate activities in the activity below, it bears repeating that it is important to identify all of your targeted program's activities, how each are designed to benefit your clients, and how each are related to your program goal(s) and objective(s). It is also necessary to identify **during program** and **after program** client results separately.

A What is the name of my program?

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B What is the goal(s) of my program?

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C What is the objective(s) of my program?

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## Activity One

D What is my first program activity?

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E How will this activity benefit my clients?

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F How will this contribute to my program objective(s)?

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**G** What are the during program results that this activity will have for my clients? (List as many as you can.)

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**H** What are the results that this activity will have for my clients three to six months after they have left the program? (List as many as you can.)

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## Activity Two

**D** What is my second program activity?

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**E** How will this activity benefit my clients?

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**F** How will this contribute to my program objective(s)?

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**G** What are the during program results that this activity will have for my clients? (List as many as you can.)

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**H** What are the results that this activity will have for my clients three to six months after they have left the program? (List as many as you can.)

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[illegible]

# Chapter 4:

## Defining Outcome Indicators

By the end of this chapter, you will be able to answer the following questions:



- 1 What is an indicator? What is the purpose of an indicator?
- 2 What are three important questions to ask when defining indicators?
- 3 What is an outcome indicator?
- 4 What does it mean to clearly define your indicator, and why is it important to do so?

**Things alter for the worst  
spontaneously, if they be not  
altered for the better designedly.**

Francis Bacon



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To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”**

## Looking Back and Moving Ahead

You have already completed a number of important steps toward preparing to conduct a program evaluation. At this point, it may be useful to recall your program mission statement, goal(s), objective(s), and your key research question(s). Feel free to revisit your responses to the **Chapter One Activity** on page 32 and take notes below for easy reference. To this point ...

- 1 You have identified your program's *mission statement* as:

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- 2 You have defined your program's *goal(s)* as:

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- 3 You have defined your program's *objective(s)* as:

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- 4 You have defined the *key research question(s)* of your evaluation as:

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**What is the next stage after I identify my program's mission statement and define my goal(s), objective(s) and key research question(s)?**

## The next stage in preparing to evaluate your program will be:

### ➔ Defining your Indicators:

In order to determine how your program is actually performing, this chapter focuses on **outcome indicators**, which assess how your program contributes to positive client change. Outcome indicators focus on the content of your service or program.

**Chapter Five** focuses on **process indicators**, which assess whether the manner in which your organization offers your program contributes to positive client change. Process indicators focus on elements of your organization itself.

Choosing suitable indicators is a very important stage in your program evaluation as they will be used to assess just how well your program is performing. If you are not yet familiar with what an indicator is and what it is used for, don't get too anxious! By the end of this chapter, you will know what an indicator is and how to use it!

## What is an indicator?

Simply put, an indicator is used to assess positive client change that is **directly related to the process, treatment, or service provided by your program**. For mental health and addictions service clients, **change** can be defined as improvements in a client's functioning and wellbeing as a result of accessing your services.

Most often, your indicators will provide **quantitative** (numerically-based) information – like the premature drop-out rate or successful completion rate among clients who are participating in your program. This information will be used to determine the success of your program.

Without getting too far ahead of ourselves, it is important to note that choosing and clearly defining your indicators is only the **first step** that you will take toward assessing the success of your program. It would be beneficial to briefly consider other necessary steps before we continue:

### STEP 1

What type of **indicator** do you want to use?

➔ **Outcome Indicators** are used to assess how well your program contributes to positive client change. The rest of this chapter will focus on outcome indicators.

➔ **Process Indicators** are used to assess whether your organization operates in a manner that contributes to positive client change. **Chapter Five** will focus on process indicators.

### STEP 2

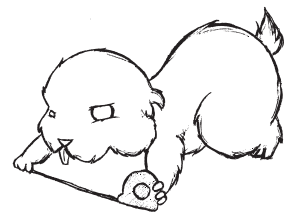
**How** will you develop the indicator?

➔ Once you have defined the indicator to be used, the next step will be to develop a practical means of assessing how the program has contributed to positive client change. **Chapter Six** will focus on how to develop your indicators.

### STEP 3

What **measure** will you use to assess the program's contribution to positive client change?

➔ Once your indicator has been defined and developed, the final step in preparing to conduct a program evaluation will be choosing the measure (or the tool) with which to assess the success of your program. **Chapters Seven and Eight** will focus on how to choose, or develop, a good measure.



#### **Indicator:**

An assessment of positive client change that is directly related to the process, treatment, or service provided by your program.



If reading through these steps has made you feel just a little uneasy, don't worry ... it is perfectly normal to be a bit confused at first!

## What is an outcome indicator?

➡ **Outcome indicators** assess the meaningful changes that clients experience as a direct result of the treatment or services provided by your program.

➡ When properly chosen, outcome indicators are extremely useful in assessing the success of your program. However, it is **very important for all those involved in providing the service to collectively agree on a clear definition of success**. **Success** is frequently referred to in the substance abuse and mental health fields as meaningful change.

➡ It is also important to agree upon a modest definition of meaningful change. If you are assessing the success of an addictions program, it may be realistic to define **meaningful change** as improvements in client functioning and wellbeing, as opposed to complete abstinence from problematic substance use.

➡ Finally, it is important to consider the timing of your assessment. It is best to assess the meaningful change that your client has experienced immediately following their participation with your program. Should you try to assess meaningful change after they have returned to their daily lives, you run the risk of assessing the impact of their daily environments on their wellbeing, as opposed to that of your program.

### **Outcome Indicator:**

The meaningful changes that clients experience as a direct result of the treatment services provided by your program.

## A Quick Look Ahead: The Difference Between Outcome Indicators and Process Indicators

Before we get too far ahead of ourselves, it may be beneficial to have a clear sense of the difference between outcome indicators (which this chapter focuses on) and process indicators (which will be covered in more depth throughout **Chapter Five**). This restaurant analogy should help you to appreciate the difference between outcome indicators and process indicators ... and maybe even get you feeling hungry along the way! Let us assume that a restaurant owner has decided to **evaluate** client satisfaction with their restaurant ...

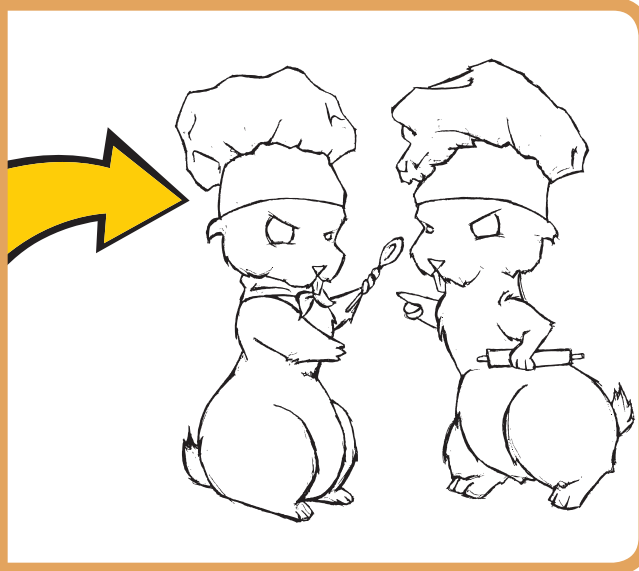


The restaurant owner might try to rate restaurant performance simply by assessing food quality. The restaurant owner could ask patrons how they are enjoying their dishes or examine meals to be sure that food is cooked to the proper temperature and contains all of the necessary ingredients. Food quality could best be classified as an **outcome indicator** because it is an assessment of how the quality of the finished product contributes to client satisfaction.



You are likely well aware that fantastic food does not always guarantee that you, the customer, will have a worthwhile dining experience! There are a number of additional factors that the restaurant owner could consider to ensure the satisfaction of their customers.

The restaurant owner might also rate restaurant performance by assessing the food preparation process and the quality of customer service. The amount of time that it takes for customers to be seated, how long kitchen staff take to prepare dishes, how well kitchen and customer service staff communicate and work together, and whether service staff are interacting with customers in a pleasant manner all contribute to customer satisfaction. These could all be classified as **process indicators** because they assess how the processes, through which the final product (in this case, the food) is prepared and offered to customers, contribute to overall customer satisfaction.



The activity at the end of this chapter will help you define outcome indicators for your program evaluation. However, it is very important to ensure that you keep three standards of evaluation in mind when defining your outcome indicators. The following section provides a few questions that you will want to consider to help ensure that your outcome indicators meet standards of **significance**, **feasibility**, and **practicality**.

## Three Important Standards of Evaluation: Significance, Feasibility, and Practicality

### 1 Is your outcome indicator **significant**?

While it is true that any positive change your clients experience is significant, it is important that your outcome indicators focus on client change that is meaningful to funding agencies, policy-makers, and the professional program evaluator who you will eventually work with. It is also important to remember that some positive changes that clients undergo could be due to things that are not directly related to the success of your program. For example, if a client becomes more sociable over the course of your program, it might be tempting to use improved social interaction as an outcome indicator of program success. However, this improvement might simply be due to a client's increasing comfort with participating in group interactions, as opposed to any unique aspect of your program. If you are not certain whether your program is contributing to significant positive client change (in an evaluative sense), you may wish to consider the following questions:

- ➡ Does this outcome indicator impact positive client change in a way that other service providers, taxpayers, and policy-makers identify as important?
- ➡ Can this outcome indicator be linked directly to an aspect of my program that can be controlled?

## 2 Is your outcome indicator *feasible*?

Though the most important part of choosing a feasible outcome indicator is choosing an aspect of positive client change that can be measured, it is also important to note that you may be tasked with collecting this information. It might be useful to consider the following questions to ensure that you are choosing a feasible outcome indicator:

➞ Is this outcome indicator something that can be measured?

- Examples of **things** that can be measured could be average length of client participation in the program, rates of program completion, and client satisfaction with the program. **Chapter Seven's** discussion of measures will return to this question in greater depth.

➞ Would I be able to collect data on this outcome indicator?

- For example, if you decide to use client engagement with program as an outcome indicator of program success, would you actually be able to assess whether or not clients are engaging with the content of your program?

➞ Would I have time to collect data on this outcome indicator?

➞ Do I have the resources to collect data on this outcome indicator?

## 3 Is your outcome indicator *practical*?

Choosing a practical outcome indicator means selecting an aspect of positive client change that can actively be improved by making practical changes to your program. It is best remembered that the purpose of a program evaluation is not only to assess the success of your program, but to contribute ideas as to how you can improve the program. Some positive client changes that might appear to be good outcome indicators might not be practical outcome indicators. An example is rates of decreased problematic substance use among clients who have completed your program. While you could certainly try to improve elements of the program that prepare clients to return to their daily lives following participation with your program, rates of problematic relapse might more suitably be taken as an indicator of the influence of factors within their personal lives or communities. It is important to avoid selecting outcome indicators that could be linked to factors that you cannot control. The following questions will help you to keep this in mind as you define your outcome indicators:

➞ Does this outcome indicator assess an aspect of my program that I can control?

➞ Will this outcome indicator provide useful feedback to the service providers who will be helping to plan and implement the program evaluation?

➞ Will those who will be using the evaluation results be able to use the information to make decisions in a practical way?

As you work through the activity at the end of this chapter, it is important not to get discouraged should issues revolving around the **significance**, **feasibility**, and **practicality** of your outcome indicators force you back to the drawing board from time to time. Remember, it will be far better to determine whether your outcome indicators stand up to these standards of evaluation during the brainstorming process as opposed to realizing that they do not at a later point!



# Concluding Thoughts

One of the most important aspects of conducting a program evaluation is clearly defining your indicators. **Indicators** are aspects of positive client change that are directly related to the process, treatment, or service provided by your program. This chapter has familiarized you with **outcome indicators**, which are the meaningful changes that your clients experience as a direct result of the treatment or services provided by your program. It is important to remember that clearly defining your outcome indicators is crucial as your program evaluation consultant will eventually need to know exactly what your indicator is and why you have chosen it to assess program success. It is also important to ensure that your outcome indicators abide by the standards of evaluation of significance, feasibility, and practicality.

Before we continue on to **Chapter Five** and revisit the concept of **process indicators**, the following activity will aid you in defining a suitable outcome indicator.

## An Example of Defining an Outcome Indicator: Client Engagement with Program Content



The upcoming **Chapter Four** activity is meant to get you thinking about what kinds of outcome indicators could be suitable to assess the performance of your service or program. Let us first return to the example of using the outcome indicator, **client engagement with program content**, to highlight the rationale behind assessing the significance, feasibility, and practicality of an outcome indicator:

**1 What is the name of my outcome indicator?**

*Client engagement with program content.*

**2 Why have I proposed this outcome indicator?**

*If my clients are finding it difficult to engage with the content of my program, it is not likely that my program is contributing to meaningful client change.*

**3 Is this outcome indicator significant?**

**A** Does this outcome indicator impact positive client change in a way that other service providers, taxpayers, and policy-makers identify as important?

☒ YES ☐ NO

Please explain: *They would be interested to know that my clients are engaging with my program because being able to reach clients is important for program success.*

**B** Can this outcome indicator be linked directly to an aspect of my program that can be controlled?

☒ YES ☐ NO

Please explain: *I can improve my clients' ability to engage with my program by ensuring that my program accounts for sex, gender, demographic, and cultural diversity.*

**4** Is this outcome indicator feasible?

**A** Is this outcome indicator something that can be measured?

☒ YES ☐ NO

Please explain: *I can measure my clients' ability to engage with my program by taking attendance at group sessions, as well as asking them to answer questions about whether they are engaging with the content of my program.*

**B** Would I be able to collect data on this outcome indicator?

☒ YES ☐ NO

Please explain: *Taking group session attendance would be a simple way to collect information on this outcome indicator. I could also develop questions and make a survey, conduct face-to-face interviews with my clients, or even do both!*

**C** Would I have time to collect data on this outcome indicator?

☒ YES ☐ NO

Please explain: *It would not take long to take attendance at the beginning of group sessions. I should also be able to find time to develop questions and conduct interviews, perhaps even while attending to other duties.*

**D** Do I have the resources to collect data on this outcome indicator?

☒ YES ☐ NO

Please explain: *It would be inexpensive to photocopy some surveys or record my clients' responses by hand.*

**5** Is this outcome indicator practical?

**A** Does this outcome indicator assess an aspect of my program that I can control?

☒ YES ☐ NO

Please explain: *I can change some aspects of my program to make it more sensitive to the diverse needs and interests of my clients.*

**B** Will this outcome indicator provide useful feedback to the service providers who will be helping to plan and implement the program evaluation?

☒ YES ☐ NO

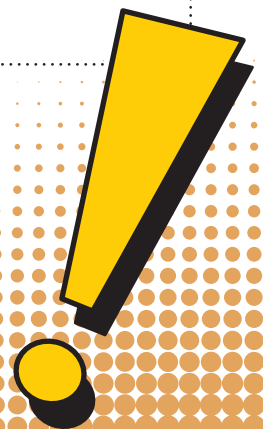
Please explain: *Speaking with my clients will not only help to assess whether they are engaging with my program, but provide specific suggestions for how the program can be improved.*

**C** Will those who will be using the evaluation results be able to use the information to make decisions in a practical way?

☒ YES ☐ NO

Please explain: *It is very likely that the suggestions offered by my clients could be used by others to inform practical changes to my program.*

For further information on outcome indicators, please check out the *Things to Remember When Thinking About Indicators* video, presented by Dr. Marwa Farag from the University of Saskatchewan's Department of Public Health!



Let's work through an activity to define your outcome indicator!

## Chapter Four Activity: Defining an Outcome Indicator

1 What is the name of my outcome indicator?

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2 Why have I proposed this outcome indicator?

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3 Is this outcome indicator significant?

**A** Does this outcome indicator impact positive client change in a way that other service providers, taxpayers, and policy-makers identify as important?

☐ YES

☐ NO

Please explain: \_\_\_\_\_

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**B** Can this outcome indicator be linked directly to an aspect of my program that can be controlled?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

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**4** Is this outcome indicator feasible?

**A** Is this outcome indicator something that can be measured?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

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**B** Would I be able to collect data on this outcome indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

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**C** Would I have time to collect data on this outcome indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

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**D** Do I have the resources to collect data on this outcome indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**5** Is this outcome indicator practical?

**A** Does this outcome indicator assess an aspect of my program that I can control?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**B** Will this outcome indicator provide useful feedback to the service providers who will be helping to plan and implement the program evaluation?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**C** Will those who will be using the evaluation results be able to use the information to make decisions in a practical way?

☐ YES ☐ NO

Please explain: \_\_\_\_\_





NOTES:



# Chapter 5:

## Defining Process Indicators

By the end of this chapter,  
you will be able to answer  
the following questions:



- 1 What is a process indicator?
- 2 What is the difference between a process indicator and an outcome indicator?
- 3 What questions should I ask about my clients when thinking about suitable process indicators?
- 4 Why is it important to clearly and concisely describe how my process indicator influences rates of meaningful client change?
- 5 What are three important questions to ask when I define my process indicators?



**Almost all quality improvement  
comes via simplification of  
design, manufacturing ... layout,  
processes, and procedures.**



Tom Peters



**“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”**



# Introducing Process Indicators

Chapter Four introduced you to **outcome indicators**, which are the meaningful changes that clients experience as a direct result of the treatment or service provided by your program. This chapter introduces **process indicators**, which are used to determine whether the means through which you **provide** services to clients are contributing to positive client changes. Process indicators and outcome indicators differ in terms of the types of things that they aim to assess. It is important to be familiar with the unique ways that each allows you to judge the effectiveness and efficiency of the services you provide your clients.

By the end of this chapter, you will be prepared to begin defining your own process indicator. You will be familiar with the important differences between an outcome indicator and a process indicator, as well as things to be considered when choosing a suitable process indicator. Finally, the activity at the end of this chapter will allow you to define your process indicator while keeping the three important standards of evaluation in mind: **significance**, **feasibility**, and **practicality**.

You will recall that the last chapter outlined three necessary steps toward preparing to assess the effectiveness of your program. Let us take a moment to review what you have learned about indicators up to this point, and what you will learn in this chapter and ones to follow!

## Process Indicator:

An assessment of whether the manner in which services are provided contributes to positive client change.

where  
you are  
now

## STEP 1

What type of **indicator** do you want to use?

➡ **Outcome Indicators** are used to assess how well your program contributes to positive client change. The prior chapter focused on outcome indicators.

➡ **Process Indicators** are used to assess whether your organization operates in a manner that contributes to positive client change. This chapter focuses on process indicators.

## STEP 2

**How** will you develop the indicator?

➡ Once you have defined the indicator to be used, the next step will be to develop a practical means of assessing how the program has contributed to positive client change. **Chapter Six** will focus on how to develop your indicators.

## STEP 3

What **measure** will you use to assess the program's contribution to positive client change?

➡ Once your indicator has been defined and developed, the final step in preparing to conduct a program evaluation will be to choose the measure (or the tool) with which to assess the effectiveness of your program. **Chapters Seven and Eight** will focus on how to choose, or develop, a good measure.

# What is a process indicator?

➡ **Process indicators** are the meaningful changes that clients experience as a direct result of the manner in which services are provided.

➡ You will recall that an **outcome indicator** focuses on the **content** of a program. A **process indicator**, on the other hand, focuses on **how** a program and other services are offered to clients.

**Process indicators** are a fantastic means of assessing how factors *beyond the contents of a program* are influencing rates of meaningful change for your clients. The practice of defining your process indicators will challenge you to think critically about how the manner in which your program is offered might have as much impact on rates of meaningful client change as the content of your program itself.

## Defining Your Process Indicator: Points to Consider

Process indicators typically focus on two broad questions: the process through which clients first come to access your services and the process through which services are offered to your clients over the course of your relationship with them. You may wish to ask yourself the following questions as you begin to think about a suitable process indicator:

### 1 How do my clients access services?

➡ It is important to consider how long it typically takes a client to begin accessing your services once they have requested them.

➡ Clients may be more or less receptive to engaging with your program depending on how long it takes for them to begin participating following their initial request for services.

The intake process itself may even influence a client's receptivity to your services.

➡ Clients who choose to access your services may feel anxious and vulnerable due to the public stigma surrounding mental health and addiction issues. An impersonal or insensitive intake experience could deter clients from engaging with your program or, worse yet, could result in clients deciding not to participate in the program at all.

➡ Clients who are accessing your services as a court order could react unfavorably to intake procedures that they perceive as impersonal or insensitive. Ensuring that intake procedures are respectful of clients – whether they are accessing your services by choice or otherwise – is a crucial element of ensuring meaningful client change.

### 2 How are services offered to my clients?

➡ Sadly, it is a reality that space and resource constraints demand that programs sometimes cater to larger groups of clients than they are designed for. You may wish to investigate, for example, whether the effectiveness of your program is negatively impacted by the number of clients it is forced to serve at one time.

➡ If you have a residential program, issues surrounding over-crowding and the availability of space or even food quality may also be of extreme importance.

At this point, you may be thinking: *“Well, it is obvious that these issues have a negative impact on rates of meaningful client change ... but why should we even consider them when the obvious remedy is additional funding that we are unlikely to receive?”* It is important to remember that process indicators offer a fantastic means of translating your concerns about adequate space and resources into a language that your professional program evaluation consultant (and those who view their report) will understand.

If your evaluation speaks to a clear link between space and resource issues and their negative impacts on the performance of your program, you can incorporate

those findings into future attempts to access additional funding. We will return to the topic of how to use the findings of your program evaluation when writing funding proposals in **Chapter Nine**.

➡ It is also important to consider whether services are being offered in a manner that respects the diversity of your clients and recognizes the potential impact of trauma. You may wish to refer back to **Chapter Two** when considering whether your services are offered

in a manner that is respectful to considerations of your clients' sex, gender, age, cultural background, and other unique characteristics. Feel free to refresh your memory with some of the key definitions from **Chapter Two**.

**Trauma-Informed Services:**

Services which recognize the impact that interpersonal violence and victimization can have on an individual's life and development.

**Intergenerational Trauma:**

The process through which the impact of traumatic experiences can be transmitted throughout generations of the victimized group.

**Cultural Safety:**

The practice of providing programs that incorporate the traditional methods through which members of an ethnic minority learn and share information.

**Cultural Competence:**

The practice of ensuring that policies and programs allow an organization to work effectively in cross-cultural situations.

**Cultural Sensitivity:**

The ability to understand and appreciate the cultural beliefs, values, and world views of a distinct cultural group.

## Linking Processes to Rates of Meaningful Client Change

Professional evaluation researchers generally use process indicators to assess the performance of an entire organization. They often focus on the processes through which clients are extended services without necessarily focusing specifically on how these processes influence the performance of a specific program.

As you are developing a process indicator to contribute to the evaluation of a specific program, it is important to clearly and concisely demonstrate the logic with which you have chosen your process indicator. In other words, *how can the process indicator that you have chosen be linked directly to the performance of the program that you have chosen to evaluate?*

Responding to the following **three questions** will help you demonstrate why, exactly, you have linked your chosen process indicator to the program that you are evaluating. We will revisit these questions during the **Defining a Process Indicator Activity** at the end of this chapter:

➡ *What is the name of my process indicator?*

➡ *Why have I proposed this process indicator?*

➡ *How, specifically, is this process indicator relevant to my program?*

**For example:** While some programs might best cater to small groups of clients at one time, large groups are suitable for others. Selecting size of client group as a process indicator without considering in detail whether group size actually influences the quality of program services could lead you to some evaluation problems down the road.

# Revisiting the Three Important Standards of Evaluation: Significance, Feasibility, and Practicality

It is important to remember to keep the **three standards** of evaluation in mind when defining your process indicators. The following section revisits a few questions that you will want to consider to ensure that your process indicators meet the standards of **significance**, **feasibility**, and **practicality**.

## 1 Is your process indicator **significant**?

When developing a process indicator, it will again be important to ensure that you are focusing on a process consideration that funding agencies, policy-makers, and a professional program evaluation consultant will perceive to be important. While you may want to focus on processes relating to the distribution of staff duties, funding agencies, policy-makers, and consultants may be more concerned with processes relating directly to meaningful client change. Nevertheless, it would be advisable to focus on process considerations that could impact rates of meaningful client change in a way that these organizations and figures will deem important.

It is also important to focus on process considerations that you can control or could alter; should the findings of the program evaluation recommend to do so. For example, if you are working in addiction services and have noted that your facility is located in an area where alcohol or other substances are readily available to outpatient clients, it may be tempting to develop a process indicator regarding facility location. Unfortunately, this might not be taken as a significant process indicator as it would be extremely difficult (and costly!) to combat the availability of alcohol and substances in the area or, for that matter, relocate your facility.

You may wish to consider the following questions when considering the significance of your process indicator:

- ➡ Does this process indicator impact positive client change in a way that other service providers, taxpayers, and policy-makers will identify as important?
- ➡ Can this process indicator be linked directly to an aspect of my program that can be controlled?

## 2 Is your process indicator **feasible**?

When defining your process indicator, it is once again crucial to select a process consideration that you would be able to collect data on. You may wish to consider the following questions to ensure that you are choosing a feasible process indicator:

- ➡ Is this process indicator something that can be measured?

Examples of **things** that can be measured include the length of time between a client's intake and their ability to access services, the actual number of clients you serve and the optimum number of clients your program is designed to cater to, and client satisfaction with the processes through which your services are offered. **Chapter Seven's** discussion of measures will return to this question in greater depth.

- ➡ Would I be able to collect data on this process indicator?
- ➡ Would I have time to collect data on this process indicator?
- ➡ Do I have the resources to collect data on this process indicator?

For more information on the difference between the two types of indicators, please watch Dr. Farag's second companion video, *Process Indicators and Outcome Indicators*.

### 3 Is your process indicator **practical**?

Choosing a practical process indicator means selecting a process that can actively be improved by making practical changes to the manner in which you provide services. It is important to avoid selecting process indicators that could be linked to factors beyond your control. That being said, there is ONE exception to this general rule: you should not necessarily exclude process considerations that you feel cannot be controlled due to budgetary or funding allocation reasons. This is because it may be possible to use the results of your program evaluation to demonstrate a need for additional resources to your funding organizations. We will return to this consideration in **Chapter Nine: Next Steps**.

You may want to consider the following questions when considering the practicality of your process indicator:

- Does this process indicator assess an aspect of my service provision that I can control?
- Will this process indicator provide useful feedback to the service providers who will be helping to plan and implement the program evaluation?

➤ Will those who will be using the evaluation results be able to use the information to make decisions in a practical way?

The activity at the end of this chapter will once again aid you to develop a process indicator that is in line with the evaluation standards of **significance**, **feasibility**, and **practicality**. Please remember not to be discouraged should the practice of developing a suitable process indicator be more difficult than it first appears. Defining a process indicator that you know conforms to these standards of evaluation at the very onset will spare you a great deal of time, resources, and headache throughout the rest of the evaluation process.

Before you continue on to the **Defining a Process Indicator Activity**, you may wish to consider the short list of notable process indicators below. We have divided this list into **quantitative** and **qualitative** process indicators (feel free to skip ahead to **Chapter Six's** discussion of the difference between quantitative and qualitative data). You may wish to again refer to this list when we turn to the final step of preparing to assess the effectiveness of your program with **Chapter Seven** and **Eight's** focus on measures.

#### Quantitative Process Indicators

- Comparison of client intake and service access wait times
- Comparison of number of clients a program is designed to cater to and number of clients a program does cater to
- Comparison of number of clients an in-patient facility is designed to cater to and number of clients a facility does cater to



#### Qualitative Process Indicators

- Client opinions on suitability of intake procedures
- Client opinions on whether services are provided in a manner that recognizes and respects client diversity
- Client opinions on whether services are provided in a culturally competent and culturally safe manner
- Client opinions on whether services are provided in a trauma-informed manner





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# An Example of Defining a Process Indicator: Client Intake and Service Access

## 1 What is the name of my process indicator?

*Amount of time between client intake and access to services.*

## 2 Why have I proposed this process indicator?

*A long wait time between intake and access to services might have a negative impact on my clients' ability to engage with the services that I offer.*

## 3 How, specifically, is this process indicator relevant to my program?

*The amount of time between client intake and client participation with the program could have an influence on my clients' ability to engage with the program, regardless of program content. They may no longer be ready if they have to wait to get into a program.*

## 4 Is this process indicator significant?

**A** Does this process indicator impact positive client change in a way that other service providers, taxpayers, and policy-makers will identify as important?

☒ YES ☐ NO

Please explain: *They would be interested to know that the amount of time between client intake and access to services is influencing the performance of my program.*

**B** Can this process indicator be linked directly to an aspect of my services that can be controlled?

☒ YES ☐ NO

Please explain: *This process consideration can be controlled in the event that intake-service wait times are found to have a considerable effect on rates of meaningful client change.*

## 5 Is this process indicator feasible?

**A** Is this process indicator something that can be measured?

☒ YES ☐ NO

Please explain: *I can measure the length of time between client intake and when clients actually access my services.*

**B** Would I be able to collect data on this process indicator?

☒ YES ☐ NO

Please explain: *I could keep track of client intake dates and the dates that clients actually begin to participate in my program.*

**C** Would I have time to collect data on this process indicator?

☒ YES ☐ NO

Please explain: *I should be able to use existing records. If not, collecting this data should not be very time-consuming.*

**D** Do I have the resources to collect data on this process indicator?

☒ YES ☐ NO

Please explain: *It would be inexpensive to access existing records or begin to keep track of this information if necessary.*

**6** Is this process indicator practical?

**A** Does this process indicator assess an aspect of my service provision that I can control?

☒ YES ☐ NO

Please explain: *If given the proper resources, it is possible to decrease the amount of time between client intake and access to services.*

**B** Will this process indicator provide useful feedback to the service providers who will be helping to plan and implement the program evaluation?

☒ YES ☐ NO

Please explain: *It is important to investigate whether intake-to-access rates are influencing the effectiveness of my program. This information would be very useful over the course of my program evaluation.*

**C** Will those who will be using the evaluation results be able to use the information to make decisions in a practical way?

☒ YES ☐ NO

Please explain: *If this process consideration is having a notable influence on program effectiveness, those who use the evaluation results will be able to use the information in a practical way.*

## Chapter Five Activity:

### Defining a Process Indicator

1 What is the name of my process indicator?

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2 Why have I proposed this process indicator?

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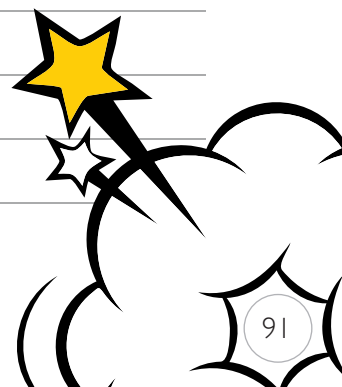
3 How, specifically, is this process indicator relevant to my program?

---

---

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**4** Is this process indicator significant?

**A** Does this process indicator impact positive client change in a way that other service providers, taxpayers, and policy-makers will identify as important?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B** Can this process indicator be linked directly to an aspect of my services that can be controlled?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5** Is this process indicator feasible?

**A** Is this process indicator something that can be measured?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B** Would I be able to collect data on this process indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**C** Would I have time to collect data on this process indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

---

---

**D** Do I have the resources to collect data on this process indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

---

---

**6** Is this process indicator practical?

**A** Does this process indicator assess an aspect of my service provision that I can control?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

---

---

**B** Will this process indicator provide useful feedback to the service providers who will be helping to plan and implement the program evaluation?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

---

---

☐ YES    ☐ NO

Please explain: \_\_\_\_\_

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# Chapter 6:

## Developing Your Indicators

By the end of this chapter,  
you will be able to answer  
the following  
questions:



- 1 What does it mean to develop my indicators?
- 2 What is quantitative data?
- 3 What is qualitative data?
- 4 Why is it important that I be clear and concise while developing my indicators?
- 5 Why is it important that my indicator assessment provides valid information?
- 6 Why is it important that my indicator assessment provides reliable information?



“

**Ambiguous questions lead  
inevitably to ambiguous  
results, or, as computer  
scientists like to state,  
‘garbage in, garbage out.’**

”

Robert Matz



“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”

# Developing Your Indicators: The Next Step

At this point, you have already selected an outcome indicator and a process indicator that you may wish to use to assess the performance of your program. You may wish to refer back to the **Chapter Four** and **Chapter Five** activities and again identify what the names of your indicators are in the spaces provided below.

## 1 What is my outcome indicator?

---



---

## 2 What is my process indicator?

---



---

Keeping your chosen indicators in mind, it is now time to begin *developing* your indicators. As you can see from the diagram below, you have moved on to the second step toward preparing to assess the success of your program: deciding on a means of *actively collecting information* on your chosen indicators.

### **Outcome Indicator:**

The meaningful changes that clients experience as a *direct result* of the treatment services provided by your program.

### **Process Indicator:**

An assessment of whether the manner in which services are provided contributes to positive client change.

## STEP 1

What type of **indicator** do you want to use?

➔ **Outcome Indicators** are used to assess how well your program contributes to positive client change. **Chapter Four** focused on outcome indicators.

➔ **Process Indicators** are used to assess whether your organization operates in a manner that contributes to positive client change. **Chapter Five** focused on process indicators.

## STEP 2

**How** will you develop the indicator?

➔ Once you have defined the indicator to be used, the next step will be to develop a practical means of assessing how the program has contributed to positive client change. This chapter focuses on how to develop your indicators.

## STEP 3

What **measure** will you use to assess the program's contribution to positive client change?

➔ Once your indicator has been defined and developed, the final step in preparing to conduct a program evaluation will be to choose the measure (or the tool) with which to assess the effectiveness of your program. **Chapters Seven and Eight** will focus on how to choose, or develop, a good measure.

➔ The remainder of this chapter covers some important questions that must be kept in mind while you decide what types of information to collect. It will conclude with an activity that will help you develop the indicators that you defined in your **Chapter Four** and **Chapter Five** activities.

# What type of information do I want?

Now that you have identified and defined your indicators, your next task will be to decide what kind of information you wish to collect on them.

➔ **Quantitative data** is information that can be gathered numerically and later analyzed using statistics-based procedures.

- One example of a quantitative outcome indicator of client change would be a program's successful client completion rates. Comparing client rates of premature drop-out to the rates of successful program completion could be used to indicate if your program or service is effective.

- Gathering quantitative information can lead to the development of ratios or percentages, which can then be compared to other data assessments.

➔ **Qualitative data** is non-numerical information that can be gathered through means such as conducting client surveys or interviews.

- One example of a qualitative outcome indicator of client change would be your clients' satisfaction with

the program. The responses that you would collect by conducting surveys or interviews would certainly indicate how effective your clients believe your program or service to be.

## Quantitative Data:

Information that can be gathered numerically and later analyzed using statistics-based procedures.

## Qualitative Data:

Non-numerical information that is gathered by means such as conducting client surveys and interviews.

- Gathering qualitative data is useful because it can be transformed into numerical information (and then analyzed quantitatively). Qualitative data can also be used to dig deeper and illuminate program or service features (or issues!) that a quantitative assessment might overlook on its own.

*Neither quantitative nor qualitative data can tell you as much about the effectiveness of your program alone as they can when combined.* While the quantitative data would detail how many clients completed the program, it could not suggest why they did so. While the qualitative data would offer this information, it is typically more difficult to use to document and report how many clients are successfully completing your program! If at all possible, you should attempt to develop your indicators so as to allow for the collection of both quantitative **and** qualitative information.

# Deciding How to Collect the Information

One of the most important things to consider when developing your indicators is how you plan to collect your information. Ensuring that your chosen indicator is something that you can collect information on and that you have the capacity, time, and resources to collect this information is crucial when developing your indicators.

➔ Luckily – and as you *might* have noticed – you have already responded to these questions while considering the **feasibility** of your indicators. You may wish to refresh your memory by taking a moment to look back to your responses to the **Chapter Four** and **Chapter Five** activities. Pay special attention to your responses regarding how you can collect data on your indicators:

the activity at the end of this chapter will ask you to share this information once again!

Above and beyond having a clear idea as to how to collect information on your indicators, it is equally important to clearly and concisely describe what information you will be collecting.

➔ For example, if **client length of participation with program** is used as a quantitative outcome indicator of program performance, it is crucial that all stakeholders involved in the information-gathering process are aware of how, or in what units, length of participation is being assessed: in terms of days? weeks? months?



➔ It is also important to be clear and concise when defining the terms you will be using as qualitative indicators of meaningful client change and program performance. If **client opinion of intake procedure** is to be used as a qualitative process indicator, you will need to have concise guidelines as to what would be taken as a positive, neutral, or negative opinion.

Before you began this chapter, you already thought through one of the most important steps in developing

your indicators: determining how to collect information on them!

However, this is only half the task of developing your indicators. As the next section demonstrates, it is also important to ask a couple of questions to be sure that you are collecting suitable information! The following section will define and discuss the terms **validity** and **reliability**.

## Assessing the Quality of Your Information: Validity and Reliability

Nope, we couldn't make it through the chapter without throwing just a couple more statistical terms at you – **validity** and **reliability**. Luckily, ensuring that the information that you plan to collect is valid and reliable before you begin collecting it will save you the trouble of needing to start over at square one at a later point. Let us consider each in turn:

### Validity

Ensuring that your information is **valid** means being certain that you will be collecting information that is assessing what you actually wish to assess.

➔ For example, using **number of program sessions missed by client** as a quantitative outcome indicator of program performance has validity issues as clients could miss sessions for any number of reasons that have nothing to do with your program. Other factors that could impact the number of sessions a client misses may include environmental factors (like a lack of adequate transportation to and from the session) or personal factors (such as caring for sick family members).

#### Validity:

Ensuring that you are assessing what you actually wish to assess, as opposed to anything else.

➔ You can help ensure the validity of your indicators by considering whether there are any factors, other than the performance of your program, which could influence your indicator to a greater degree than the performance of your program. This is a particular concern if you are collecting quantitative information.

➔ Simultaneously collecting qualitative information (such as client survey or interview data) on your indicator will often help to explain trends in your quantitative information. Keep in mind, however, that this is a somewhat risky means of ensuring validity after the fact.



Suppose that this banana tree scientist has decided to use **number of bananas on tree** as an indicator of the health of the trees in a given region. He assesses that this tree is not healthy because it only has three bananas growing on it. Is this a valid indicator of tree health? You can find the answer on the next page!

## Reliability

The information that you collect can be said to be **reliable** if it represents consistent, or normal, program trends. To ensure reliability, it will likely be important that you collect information on a number of different cohorts of clients (as opposed to just one or two).

➔ For example, assuming an overall average length of client participation with a program by assessing only one or two cohorts of clients has reliability issues. That specific group of clients might have participated with the program for a greater, or shorter, amount of time than is usual.

A standard rule among researchers is that a total sample group should ideally include a bare **minimum** of 30 people if the averaged results are to be assumed representative of the wider group as a whole.

### Reliability:

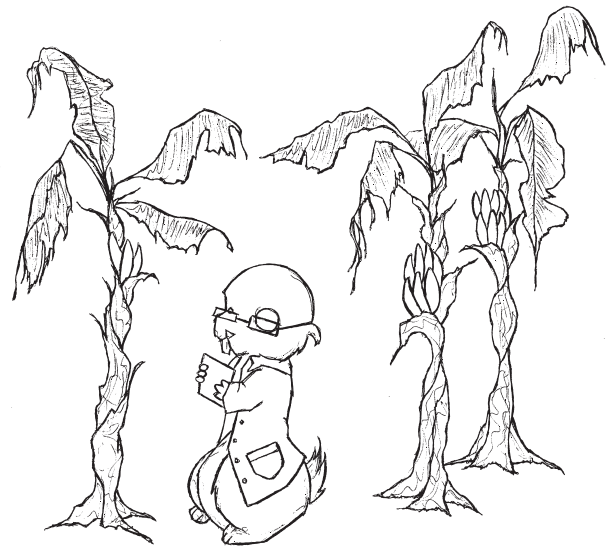
Ensuring that the information that you collect represents consistent or normal trends which are not out of the ordinary.

Measuring the number of bananas on the tree is NOT a valid indicator of tree health. What the scientist is actually assessing is the handiwork of an incredibly sneaky monkey!

➔ Thankfully, this doesn't necessarily mean that you should make separate assessments for 30 different groups of clients (although reliability does improve as the sample group increases)! It will, however, be best to ensure that you conduct enough assessments to ensure that you have collected information on at least 30 different clients.

The best way of ensuring that you collect information that will be deemed reliable is making sure that you have chosen indicators that you have the ability, time, and resources to collect information on for a number of different client groups.

This researcher is once again using **number of bananas on tree** as an indicator of the health of the banana trees in the region. They have decided to use the average number of bananas growing on the first tree they encounter as an assessment of the average number of bananas on all trees. Is this a reliable indicator of tree health? The answer is provided on the next page!



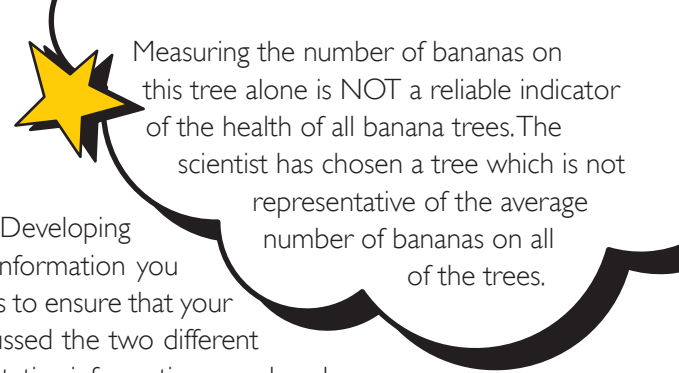
For more information on developing your indicators, check out the **Benefits of Developing Your Indicators** video, presented by the Program Supervisor of Child and Youth Mental Health for the Cypress Health Region, Peggy Cunningham!

Also, check out the conclusion of the Dr. Randy Duncan trilogy, **Reliability and Validity**, if you would like more information on these concepts.

# Concluding Thoughts

This chapter has discussed how you can develop your indicators. Developing your indicators is simply the process of choosing what kind of information you want to collect, deciding how you plan to collect it, and taking steps to ensure that your information will be of a suitable quality. It has identified and discussed the two different kinds of information that you could collect – qualitative and quantitative information – and spoke to the benefit of trying to devise a means of collecting both for each of your indicators. It briefly revisited the importance of devising a suitable means of collecting information on your indicators and – just as importantly – being very clear and concise as to what type of information you are collecting. Finally, it discussed two means of ensuring that you collect information of a desired quality: by taking steps to ensure that it is **valid** (that you are assessing what you want to assess) and **reliable** (that it represents normal trends in your program).

After you have defined and developed your indicators, the third step toward preparing to assess the performance of your program will be that of choosing your measures or the tools that you will use to collect and assess information on your indicators. Before we move on to **Chapter Seven**, we invite you to use the following activity to better develop each of your indicators: the outcome indicator you developed in **Chapter Four** and the process indicator you developed in **Chapter Five**. We first offer a demonstration of how our example outcome indicator from **Chapter Four**, *client engagement with program content*, could be further developed by responding to a few simple questions.



Measuring the number of bananas on this tree alone is NOT a reliable indicator of the health of all banana trees. The scientist has chosen a tree which is not representative of the average number of bananas on all of the trees.

## Chapter Six Activity Example: Developing an Outcome Indicator



### 1 What is my outcome indicator?

*Client engagement with program content.*

### 2 How can I collect information on this outcome indicator?

*I can conduct surveys or interviews with my clients asking them how well they engaged with the program content, as well as use records of program completion rates.*

### 3 What types of information can I collect?

**A** Can I collect quantitative information on this outcome indicator?

☒ YES ☐ NO

Please explain: *Program completion rates are quantitative information. They compare the number of clients who completed the program with the number of clients who did not complete the program.*

If you responded “yes,” in what unit of measurement do you wish to collect information?

(Example: If collecting quantitative information on time, will your unit of measurement be minutes, hours, days, weeks, or months?) *Our units of measurement would be completion and non-completion.*

**B** Can I collect qualitative information on this outcome indicator?

☒ YES ☐ NO

Please explain: *Using interviews or surveys, we could ask clients for their opinion on how well they were able to engage with the content provided by our program in their own words.*

**If you responded “yes,” can you develop clear guidelines with which to classify client responses?**

(Example: If interviewing clients about their opinions of an element of your program, what classifies as a positive, neutral, or negative opinion?) *Yes, we can provide clients the opportunity to describe their opinions as positive, neutral, or negative and allow them to expand on why they chose that response.*

#### **4** Ensuring **Validity** and **Reliability**

**A** What types of factors, aside from factors related to my program, might have an influence on this outcome indicator? List as many as possible:

*Whether a client participated with the program by choice or otherwise and whether other important things occurred in our clients' lives during the program are just two important factors.*

**B** Will the manner in which I plan to collect information allow me to investigate whether any of these factors have more influence on my outcome indicator than elements of my program?

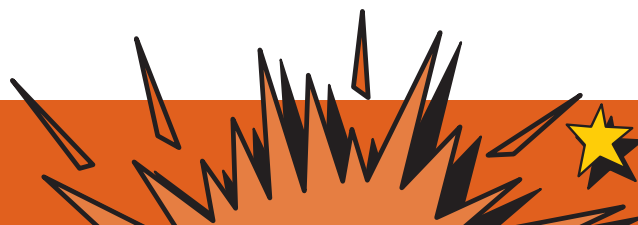
☒ YES ☐ NO

Please explain: *Yes, our surveys or interviews can include questions asking clients if their engagement was impacted by factors outside of the program. Our qualitative information can allow us to make sense of our quantitative information.*

**C** Will I have the time and resources to collect information on a minimum of 30 clients?

☒ YES ☐ NO

Please explain: *We should have time to conduct at least 30 interviews if most of our staff are involved, and it will not cost much to photocopy at least 30 surveys. Taking attendance at the beginning of every session would not take very much time either.*



Let's work through an activity to develop your outcome indicator!

Then we'll move on to developing your process indicator!



## Chapter Six Activity A: Developing Your Outcome Indicator

1 What is my outcome indicator?

---

---

2 How can I collect information on this outcome indicator?

---

---

3 What types of information can I collect?

A Can I collect quantitative information on this outcome indicator?

☐ YES

☐ NO

Please explain: \_\_\_\_\_

---

---

If you responded "yes," in what unit of measurement do you wish to collect information?

(Example: If collecting quantitative information on time, will your unit of measurement be minutes, hours, days, weeks, or months?)

---

---



**B** Can I collect qualitative information on this outcome indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**If you responded “yes,” can you develop clear guidelines with which to classify client responses?**

(Example: If interviewing clients about their opinions of an element of your program, what classifies as a positive, neutral, or negative opinion?)

#### **4** Ensuring **Validity** and **Reliability**

**A** What types of factors, aside from factors related to my program, might have an influence on this outcome indicator? List as many as possible:

**B** Will the manner in which I plan to collect information allow me to investigate whether any of these factors have more influence on my outcome indicator than elements of my program?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**C** Will I have the time and resources to collect information on a minimum of 30 clients?

☐ YES ☐ NO

Please explain: \_\_\_\_\_



## Chapter Six Activity B:

### Developing Your Process Indicator

1 What is my process indicator?

---

---

2 How can I collect information on this process indicator?

---

---

3 What types of information can I collect?

A Can I collect quantitative information on this process indicator?

☐ YES

☐ NO

Please explain: \_\_\_\_\_

---

---

**If you responded “yes,” in what unit of measurement do you wish to collect information?**

(Example: If collecting quantitative information on time, will your unit of measurement be minutes, hours, days, weeks, or months?)

---

---

**B** Can I collect qualitative information on this process indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**If you responded “yes,” can you develop clear guidelines with which to classify client responses?**

(Example: If interviewing clients about their opinions of an element of your service-providing process, what classifies as a positive, neutral, or negative opinion?)

#### **4** Ensuring **Validity** and **Reliability**

**A** What types of factors, aside from factors related to the process through which I provide services, might have an influence on this process indicator? List as many as possible:

**B** Will the manner in which I plan to collect information allow me to investigate whether any of these factors have more influence on my process indicator than elements of the process through which I provide services?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**C** Will I have the time and resources to collect information on a minimum of 30 clients?

☐ YES ☐ NO

Please explain: \_\_\_\_\_

Once you have developed your indicators, it will be a good idea to recall how your indicators relate to your goals, objectives, and program activities. Luckily, Carolyn Camman of Laurence Thompson Strategic Consulting has designed this chart as a way for you to be sure that your indicators reflect the goal(s) and objective(s) of your program! Please feel free to fill this chart in with the assistance of your fellow stakeholders.

PROGRAM NAME				
Mission				
<ul style="list-style-type: none"><li></li></ul>				
Goal(s)				
<ul style="list-style-type: none"><li></li><li></li></ul>				
Objective(s)				
<ul style="list-style-type: none"><li></li><li></li><li></li></ul>				
ACTIVITY(IES)	1	2	3	4
Benefit(s) to Client	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>
Contribution to Objective(s)	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>
During Program Result(s)	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>
After Program Result(s)	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>	<ul style="list-style-type: none"><li></li><li></li><li></li></ul>
	Indicators(s)		Measure(s)	
Process	1		1	
	2		2	
	3		3	
Outcome	1		1	
	2		2	
	3		3	

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# Chapter 7:

## Choosing Standardized Measures

By the end of this chapter,  
you will be able to answer  
the following  
questions:



- 1 What is a measure?
- 2 Why is it important that I use a suitable measure?
- 3 What is a standardized measure?
- 4 Where can I find standardized measures?
- 5 What are some important questions to ask to determine if I have chosen a suitable standardized measure?
- 6 Why is it important to use measures in a standardized way?

“

**We find no sense in talking about something unless we specify how we measure it; a definition by the method of measuring a quantity is the one sure way of avoiding talking nonsense...**

”

Sir Hermann Bondi



“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter! To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”



# Choosing or Developing Your Measures: The Final Step

## STEP 1

What type of **indicator** do you want to use?

➔ You defined an **outcome indicator** to assess how well your program contributes to positive client change. You also defined a **process indicator**, designed to assess whether your organization operates in a manner that contributes to meaningful client change.

## STEP 2

**How** will you develop the indicator?

➔ You developed your indicators by deciding on a practical means of assessing how the program has contributed to positive client change.

➔ You responded to a number of questions to help you determine that you will be able to collect information on your indicators that is **clear, concise, valid, and reliable**.

Congratulations are in order! You have now reached the third and final step toward planning to assess the efficiency and effectiveness of your service or program:

## STEP 3

What **measure** will you use to assess the program's contribution to positive client change?

➔ Once your indicator has been defined and developed, the final step in preparing to conduct a program evaluation will be to choose the measure (or the tool) with which to assess the effectiveness of your program. This chapter focuses on how to choose a good measure. **Chapter 8** focuses on how to develop a good measure.

**Measures** can be defined as the tools that you use to collect information on, and assess the performance of, your service or program.

For example, if you are collecting survey or interview data on your indicator, then the survey or interview questions that you use to collect your information will be your **measure**.

This chapter focuses on **choosing standardized measures**. **Standardized measures** (or standardized instruments) are information collection tools that are commonly used by organizations when performing program evaluations.

➔ Standardized measures help you to make sense of your information by allowing you to collect and analyze your information using methods that have been designed by researchers and evaluation professionals. Standardized measures are most often designed and pre-tested to ensure both reliability and validity. Typically, they can be used in a consistent manner to allow for valid comparisons of data from multiple service providers. They often also provide data that can be combined when considering overall program performance.

### Measures:

The tools that you use to collect information on, and assess the performance of, your service or program.

### Standardized Measures:

Information collection tools that are commonly used by organizations to perform program evaluations.



To this point, you have completed two of the three steps toward preparing to assess the performance of your targeted service or program:

➡ There are a great variety of standardized measures available and a number of important considerations that must be made when choosing the measures that are right for you.

If you cannot find an available standardized measure for your indicator, **Chapter Eight** focuses on how to *develop your own measures*.

➡ Developing your own measures involves using simple statistical procedures (like forming ratios or percentages) or constructing survey or interview questions.

Before we continue on to a further consideration of standardized measures, Randy thinks that it is very important to be clear on the difference between **indicators** and **measures**. He has an example to share that he thinks will help!

## Randy's Example of the Difference Between Indicators and Measures

*Let's go way out on a limb here and say you are working as a service provider in mental health and addictions. Further, let's say you have a program where you are working with troubled youth in the schools who have behavioural problems that are causing issues at school, in the home, and getting them into trouble in the greater community.*

Remembering that an Indicator has something to do with the **Goal(s)** and **Objective(s)** of a program, let's assume that we would define each as follows:

**Goal:** To improve the wellbeing and functioning of our youth clients.

**Objective:** To target services and treatment at getting youth clients back in school, back in their home, and out of trouble.

Following from this goal and objective, a good indicator of how effective the program is would be:

**Indicator:** The number of youth clients who respond to services and treatment and are indeed back in school, back in their home, and out of trouble.

So ... what we have done here is decided to get a sense of how effective our program is by counting the number of clients who are free of behavioural problems after they have had some period of interaction with our services.

I can just see what you're thinking ... don't we still need to figure out how to determine if a client is free of behavioural problems? Thankfully, **standardized measures** offer

a way to collect information and report findings on an indicator in a way that will make sense to evaluation researchers and other health care providers.

Our indicator calls for a standardized way of assessing behavioural functioning in youth. One popular measure that is designed to do just that is the **Child and Adolescent Functional Assessment Scale (CAFAS)**. This measure is designed to assess the behavioural functioning of youth in the areas of School, Home, and Community. The CAFAS uses a system that then classifies a youth's level of behavioural impairment by comparing their assessment to pre-established categories of severe impairment, moderate impairment, mild impairment, or no impairment.

If we use a measure like CAFAS, we could make the following statement regarding how we intend to assess whether a client is responding to services:

**Measure:** Clients rated as free of pervasive behavioural impairment by the CAFAS will be counted as improved (back in school, back in their home, and out of trouble).

So, to answer the question about the difference between an **indicator** and a **measure**, we could say the following: Our indicator was developed by saying that we are going to count the youth clients whose behaviour has improved as a response to our services. Our measure of behavioural improvement will be a rating of free of pervasive behavioural impairment on the CAFAS.



# What are standardized measures?

**Standardized measures** are assessment and evaluation instruments that are developed by researchers. They are designed to allow for the collection and analysis of information with which to either inform the delivery of treatment services or evaluate how a program is performing. Some standardized measures can also be used at the time of client intake to help devise suitable treatment plans for clients.

Understanding *exactly* how standardized measures work requires a good deal of measurement and statistical know-how. In short, most standardized measures provide one of two types of standardized scores against which to compare the scores of your clients once their information has been collected:

➡ **Standardized measures with normed client scores** compare your clients' scores to those of a large group of clients who have previously completed the same instrument. This allows the information that you have collected on your clients to be compared to the average scores of similar client groups.

➡ **Standardized measures with cut-off scores** (or criterion-referenced tests) compare your clients' scores to a pre-determined set of criteria. These scores are then used to determine whether a client falls into a specific category. For example, there are a number of instruments that provide a cut-off score to determine whether a child is either at risk or not at risk of having autism. Assuming the cut-off

score is 50, children scoring 50 or greater on this measure would be considered at risk of having autism, while those scoring 49 or lower would be considered not at risk.

The suitability of using these standardized scores depends on the presence of common criteria between your clients and those for whom the measure is designed. There are often different standardized measures depending on the age, sex, ethnicity, and socio-economic status of your clients. For example, some measures (like the CAFAS) are designed for use with children aged 6 to 17 years. To assess preschoolers, one would be better suited to use the *Preschool and Early Childhood Functional Assessment Scale (PECFAS)*, which has been standardized for children 5 and younger.

➡ Luckily, as long as you are sure that a measure is suitable for use with your clients, most standardized measures have been designed and tested to be sure that they provide valid and reliable information (and those that have not will tell you so!).

Sometimes, a number of different measures are collected and made available together because they are complementary measures and, together, provide improved client information. These **toolkits** provide a number of measures through which you can collect information on different outcome indicators that are related to popular programs.

## Normed Client Scores:

Standardized test scores that assess how your client compares to other people.

## Cut-off Scores:

Standardized test scores that assess whether a client falls into certain categories.

## Toolkit:

A collection of separate measures that can be used to collect and assess information on many aspects of a program.

**Example of a Toolkit: Admission and Discharge Criteria and Assessment Tools (ADAT) mandated for use by all ministry-funded addiction service programs by the Ontario Ministry of Health and Long-Term Care – Addiction Program.**

The ADAT is a comprehensive approach to addiction treatment planning, which identifies long-term care for clients entering and being discharged in Ontario's addictions treatment system. The toolkit is used to identify program strengths and needs by providing **seven different standardized measures**:

**Standardized Measure ①:** A *Psychoactive Drug History Questionnaire (DHQ)* that is designed to obtain detailed history of a client's use of alcohol and other drugs in the past 90 days.

**Standardized Measure ②:** An *Adverse Consequences of Substance Use (AC)* that surveys and measures the severity and range of adverse consequences that clients have experienced due to problematic alcohol and substance use.

**Standardized Measure ③:** The *Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)*, which measures and quantifies a client's readiness for change.

**Standardized Measure ④:** A *Drug-Taking Confidence Questionnaire (DTCQ-8, Alcohol & Drugs)* that provides a profile of the client's perceived ability to resist using drugs or drinking heavily in a variety of situations.

**Standardized Measure ⑤:** A *Treatment Entry Questionnaire (TEQ)*, designed to assess the motivation level of clients entering treatment.

**Standardized Measure ⑥:** The *Behavior and Symptom Identification Scale (BASIS-32)*, which assesses the level of difficulty that clients have experienced in various areas of life functioning within the past week.


**Standardized Measure ⑦:** A *Perceived Social Support (PSS)* test, designed to assess the quality of the relationships that a client has with their friends and family.

## Where can I find standardized measures?

Even though there are a variety of different measures related to evaluating mental health and addictions services and programs, they can be quite difficult to find if a person does not know exactly what type of measure they are looking for! At the end of this chapter, we identify and provide a little bit of information on some of the more commonly used measures in mental health and addiction program evaluation.

A good deal of information on different toolkits and measures, including information on where to find them, can be found online. If you enter the name of any of the measures or toolkits that we suggest below into an internet search engine, you should be able to locate a great deal of information on the toolkit and its measures (including what, if anything, it will cost to use them).

You may also want to contact your Regional Health Authority, local researchers or colleges, or mental health and addictions organizations with which you are familiar that could also have some suggestions for different toolkits and/or measures. You may also wish to consider the *Mental Measurements Yearbook*, which is published by the Buros Institute of Mental Health and provides information on over 3,500 tests. The *Mental Measurements Yearbook* can be previewed online at: <http://www.ebscohost.com/academic/mental-measurements-yearbook>.



When selecting a standardized measure, administrators will be expected to keep some additional considerations in mind. Administrators are invited to consult the **Further Facts for Administrators** section following the activity at the end of this chapter for further information.

# Choosing a Standardized Measure:

## Ten Important Questions

Even though all of the **standardized measures** covered by the above example are made available within the same toolkit, there are some important distinctions between them. Not all of these measures are designed to be applied to clients of all age groups and some of these measures are not designed to provide normed client scores. Thankfully, most standardized measures provide a great deal of information to help you decide whether a measure is suitable for you and your clients. The following **seven questions** will help you keep track of what important information a measure provides:

**Question 1: Is the purpose of this measure provided?** Measures should provide a very clear and concise statement regarding what they are designed to rate or score.

**Question 2: Is the clinical utility of this measure provided?** Good measures will provide an explanation of how the information that they collect can be used in a clinical sense. For example, measures may note that the clinical utility of the information will be to determine a client's suitable level of treatment or will contribute to the treatment planning for a client.

**Question 3: Is the target population age for this measure provided?** The age group for which use of the measure is suitable is often provided. It is **not** recommended that you use a measure that does not provide the age range of the target population.

**Question 4: Does this measure provide normed client scores?** Not all measures provide normed client scores and some only provide normed client scores that are applicable to clients on the basis of their age, sex, gender, ethnicity, or cultural background. It is crucial to ensure that a measure provides information on whether normed client scores are provided and, most importantly, which data can validly be used for comparison.

**Question 5: Does this measure provide its psychometric properties?** Truth be told, psychometric properties is a pretty intimidating term! Thankfully, the psychometric properties of a measure

can be understood as its capacity to provide information that can be found to be **valid** and **reliable**.

**Question 6: Does this measure provide its administration options?** A measure should indicate the form in which it can be administered to your clients (for example, as a survey or a questionnaire).

**Question 7: Does this measure indicate the time required to administer?** Most measures provide an estimation of how long the information gathering process should take. This should assist you with scheduling the administration of the measure into your available time frame.

Complete information on the measures included with the *ADAT Toolkit* can be found at [http://knowledgex.camh.net/amhspecialists/Screening\\_Assessment/assessment/adat/Pages/adat\\_character\\_tools.aspx](http://knowledgex.camh.net/amhspecialists/Screening_Assessment/assessment/adat/Pages/adat_character_tools.aspx). Here, we demonstrate how information on just one of the measures included in the *ADAT Toolkit*, the *Psychoactive Drug History Questionnaire*, is provided:

### Psychoactive Drug History Questionnaire (DHQ)

#### Purpose:

Obtain detailed history of the client's use of alcohol and other drugs in the past 90 days

#### Clinical Utility:

Level of treatment and treatment/goal planning

#### Age of Target Population:

Adults, adolescents

#### Norms Available:

N/A

#### Psychometric Properties:

Test-retest reliability

#### Administration Options:

Semi-structured interview

#### Time to Administer:

20-30 minutes



*From the information provided, can you provide one suggestion as to why you might wish to be very cautious should you choose to use the DHQ?*

Once you have assured that your measure provides this important information, there are *three additional – and very important – questions* that you may wish to consider before choosing to use it. Keeping these three questions in mind will help ensure that you are not only choosing a measure that is suitable for the goals of your program evaluation but that you are choosing a measure that is suitable for your clients.

**Question 8: Is this measure suitable for my chosen indicator?** Standardized measures might not be available for all possible indicators. It is crucial for you to not only investigate whether suitable measures exist but to be certain that they are *specifically* designed to assess the indicators that you have developed. It is best to use measures that provide a great deal of information on the type of program for which the measure was developed.

➡ Though searching out suitable measures can be tedious and time consuming, it is far better to hold out for the most suitable measure than attempt to save time and energy by choosing a measure that sort of seems proper ... and being sent back to the drawing board once the actual evaluation is well underway.

## Randy's Suggestion: Administering Your Measures in a Standardized Way

Without getting too terribly far ahead of ourselves, it is important to bring one further consideration to your attention. Once you have selected a standardized measure or toolkit, found a professional program evaluation consultant with whom to collaborate, and completed all of the other duties leading up to the actual collection of information from your clients, it will be important that you and your fellow stakeholders make sure that your measures are used in a uniform (or standardized) manner. Let us once again turn to Randy for further elaboration.

### Why do we need to standardize how we measure?

We can all get our minds around the problems we would have measuring physical objects if tape measures were

### Question 9: Can I provide all of the information that this measure requires?

Many quantitative, data-based measures are only useful if the data that you have collected meets key standards of **statistical significance**. One common requirement of statistical significance is that stakeholders collect information regarding a certain number of clients. It is very important to ensure that you can collect information on the minimum number of clients that the measure is designed for, as well as whatever other information the measure demands.

**Question 10: Is the measure suitable for my clients?** Not all measures are designed for, or are suitable to be used with, all client populations. Choosing a measure that is not suitable to considerations of the sex, gender, age, or cultural background of your clients could be unsuitable for use. It is always crucially important to note what type of client population the measure was standardized on. For example, a test standardized on urban U.S. adolescents may not be very useful if one wishes to test rural youth in Saskatchewan.



*made out of flexible rubber. The accuracy of a given measurement would become dependent upon how flexible the rubber was and how firmly one pulled on the tape. This would not be a very reliable way to measure and cut lumber to build a house, especially if you had several different carpenters using the tape measure. So, you ask, how does this logic transfer over to measuring clients in mental health and addiction programs?*

*For the same reason tape measures are standardized by being made out of metal for consistent and reliable measurements, health care providers need a tool that helps them minimize measurement error. Like a carpenter who relies on the tape for numerous measurements, health care providers also need to collect information from more than one client. Therefore, common sense would dictate that we need a standardized tool that can be accurate*



when reporting information for multiple clients. Further, a standardized tool is essential to the integrity of client data in mental health and addiction programs because, in many cases, clients receiving similar services and treatment are measured by different health care providers.

If you have a very good measure, but it is not used (i.e., administered) in the same way by all staff, it causes problems when you try to combine client data (which may no longer represent an apples-to-apples comparison) and report overall outcomes. There are **two aspects to standardization** when we are considering standardized measures:

**1 The administration procedures for using a measure.**

Being certain that a measure is being administered in a uniform way by all health care professionals is the responsibility of the organization carrying out the program evaluation. It is essential that standardized use of a measure is ensured in order for your information and findings to be deemed credible by those who will be using your report. Consider that you are making, for example, a **baseline assessment** of client functioning shortly after intake, which is an assessment that you conduct before a client has participated with your program, that you can compare with the assessments you make later. It is critical that all

health care providers clearly understand and follow the procedures for how many clinical sessions are allowed prior to taking this baseline assessment. There needs to be a standardized number of clinical sessions (likely no more than two) agreed upon so that the baseline assessment is not taken after your programming has started to modify client behaviour. Without a standardized way of making a baseline assessment of client functioning at intake, it would be difficult to interpret and report that any client change you perceive later reflects the full effect of services and treatment provided.

**2 The standardization of the tool/measure itself.**

If a tool has been standardized by researchers, there should be information available on how the measure was developed and tested. There should be information available on the groups of people (i.e., relative to age, ethnicity, gender, geographical location, etc.) that the test was piloted on, along with what has been developed for how to score the instrument in terms of rating client functioning (for example, severe, moderate, mild, and/or no behavioural impairment). You should have a level of confidence that the measure has been standardized and provides an objective way to measure multiple clients rated by multiple health care providers.

## Concluding Thoughts

This chapter has introduced the concept of **measures**, which are the tools you can use to collect information on, and assess the performance of, your service or program. Specifically, this chapter focused on **standardized measures**, which are information collection and analysis tools that are designed by evaluation researchers and commonly used for conducting program evaluations. It has also provided an example of a **toolkit**, which is a collection of different measures that can be used to assess various aspects of a program. The chapter, and the following exercise, also considers ten important questions that should be asked when deciding whether a standardized measure is suitable to use (for your

program and for your clients). Further, we provide a list of toolkits and measures that are popular with those conducting mental health and addictions program evaluations and offer a few additional points of consideration for administrators (following the Activity).

It is important to remember that standardized measures do not exist for every indicator. It is quite possible that you and your fellow stakeholders have developed an indicator that you are very interested in exploring but for which you cannot find a suitable measure. **Chapter Eight** will provide a few pointers that will come in useful should you decide to develop your own measures.

For more information, please check out the **Choosing Standardized Measures** video, presented by the Executive Director of the Canadian Youth Solvent Addiction Committee Group, Dr. Debra Dell!

Have you located a  
standardized measure that  
you think will be suitable?



If you have, let's work  
through the activity below!

## Chapter Seven Activity: Choosing a Standardized Measure

**Before you begin this activity, please take some time to locate a standardized measure that you believe may be suitable to use for one of your indicators** (feel free to revisit earlier sections of this chapter for tips on finding a standardized measure). Once you have found one, you may continue on to the following questions. Once you have responded to these ten questions, you and your fellow stakeholders can use the information you have provided below to discuss the merits and drawbacks of using the measure.

1 Is the purpose of this measure provided?

☐ YES ☐ NO

What is it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Is the clinical utility of this measure provided?

☐ YES ☐ NO

What is it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 Is the target population age for this measure provided?

☐ YES ☐ NO

Does this correspond with the age of my clients? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4 Does this measure provide normed client scores?**

Does the measure only provide normed client scores for a particular population?

☐ YES ☐ NO

☐ YES ☐ NO

Please explain: \_\_\_\_\_

**5 Does this measure provide its psychometric properties?**

What are they? \_\_\_\_\_

**6 Does this measure provide its administration options?**

What are they? \_\_\_\_\_

**7 Does this measure indicate the time required to administer?**

What is it? \_\_\_\_\_



**8** Given all of this information, is this measure suitable for my chosen indicator?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9** Can I provide all of the information that this measure requires?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10** Is this measure suitable for my clients?

☐ YES ☐ NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Further Facts for Administrators:

## Additional Considerations in Choosing Measures

Though all stakeholders should participate in the process of judging whether a measure is suitable for use on the basis of the information it provides, there are a few additional considerations that fall under the unique jurisdiction of an administrator:

### 1 How much will it cost to use the measure?

Unfortunately, accessing a good measure might not necessarily be free. It will ultimately be left up to you to decide whether your organization has the available resources to purchase a measure.

### 2 Can you obtain additional data?

Eventually, you may wish to access information on how programs that are similar to yours typically succeed in contributing to positive client change. Might there be any issues around collecting client health care data from your local Regional Health Authority (RHA)? Is it possible to contact your local RHA's Privacy Officer, Health Information Management Coordinator, or equivalent position to discuss what types of information you will eventually need (and whether you can obtain it)? Once again, doing so early on will reduce the risk of needing to backtrack when already in the process of preparing to conduct a program evaluation.

### 3 Are there any issues around using a web-based measure?

As an effective administrator, keeping an eye toward the bigger picture includes being able to

anticipate a number of issues. One such issue, with important implications for a program evaluation, is the potential of recommending a measure that is web-based and, therefore, on a server that is likely hosted outside the Regional Health Authority. This scenario should immediately raise a red flag about protecting the confidentiality of health care data for the RHA's clients.

Client confidentiality and the need for ensuring de-identified data is used with web-based measures requires the involvement of a number of new individuals and/or agencies, likely not included in the initial thoughts about stakeholders relevant to the program of interest. For example, such a process may have to involve outside legal opinions, opinions of Privacy Officers (for provincial programs), opinions of Health Information Management Coordinators (for provincial programs), and input from related agencies such as the Health Information Solutions Centre (HISC). These agencies are in a position to conduct a risk assessment on the web-based application and help satisfy the need to do due diligence with these types of measures. Failure to anticipate the need to involve these types of individuals can lead to serious delays in the implementation of a program evaluation. Potential delays are critical issues, to be avoided if at all possible, because they ultimately affect the rest of the stakeholders through a loss of momentum with the process.



## Popular standardized measures and toolkits used by mental health and addictions program evaluators include:

*Screening tests (that could inform treatment planning) for addiction treatment include:*

- Addiction Severity Index (ASI)
- Adolescent Drug Involvement Scale (ADIS)
- Substance Abuse Subtle Screening Inventory (SASSI)
- Adult Substance Use Survey – Revised (ASUS – R)

*Mental Health Screening Tests (for use in chemical dependency settings) include:*

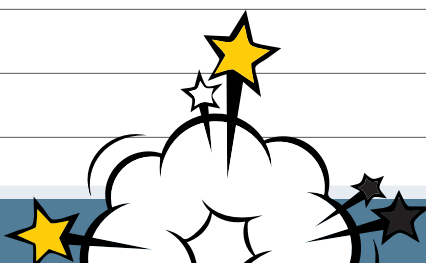
- Modified Mini Screen (MMS)
- Mental Health Screening Form III (MHSF – III)
- K6 Screening Scale
- Beck Depression Inventory (BDI)
- Hospital Anxiety and Depression Scale (HAD)
- Hamilton Depression Scale (HAMD – 29)

*Assessment tests that could assess client change include:*

- Alcohol Outcome Expectancies Scale (AOES)
- Alcohol Treatment Outcome Measure (ATOM)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Client-Directed Outcome-Informed Therapy (CDOI):
  - Outcome Rating Scale (ORS)
  - Session Rating Scale (SRS)
- Behaviour and Symptom Identification Scale (BASIS – 32)
- Global Assessment of Functioning (GAF)
- Ontario Common Assessment of Need (OCAN)



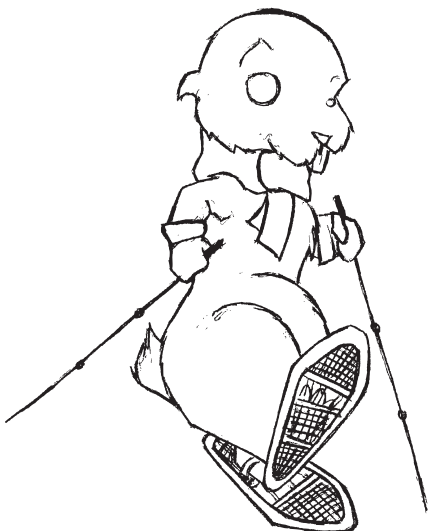
### NOTES:



# Chapter 8:

## Developing Your Own Measures

By the end of this chapter,  
you will be able to answer  
the following questions:



- 1 What are the drawbacks and benefits of developing my own measures?
- 2 What are the parts of a questionnaire or interview?
- 3 What should I consider when deciding how to collect information?
- 4 What are closed-ended and open-ended questions?
- 5 What are some tips to keep in mind when preparing my questions?

“

**A low voter turnout  
is an indication of fewer  
people going to the polls.**

Dan Quayle

”



“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”

## To this point...

You have likely taken some time to find and look over a few standardized measures. You have also likely discussed whether any of them are suitable for collecting information on the indicators that you have developed. As we discussed

### **Measures:**

The tools that you use to collect information on and assess the performance of your service or program.

in **Chapter Seven**, it is quite possible that you may have defined and developed an outcome or process indicator that you feel would be perfect to use to assess **your** program ... only to find a lack of suitable standardized mea-

sures with which to collect information on your indicator. If this is the case, you may want to develop **your own measure**. This would involve designing a tool – such as a **questionnaire** or a set of **interview questions** – with which to collect information on your indicators from your clients. **Once you have either selected a standardized measure or developed**

**your own measure, you will have completed the three steps toward preparing to assess the performance of your service or program (see page 111).**

It is important to note that you will need to contract the services of a professional program evaluation consultant to participate in the development of your own measure. It is best not to begin establishing the standards for analyzing your information until you begin working with a professional program evaluation consultant as they will be best equipped to devise a way of determining how to collect and assess your information in a manner that those outside of your organization will deem credible. At this stage you can begin developing the questions that you would like your measure to collect information on. This chapter discusses a few things that you may wish to keep in mind as you not only decide what types of information you wish to collect but how you wish to collect it.

## The Benefits and Drawbacks of Developing Your Own Measures

Before we turn to some of the things that should be considered when developing your own measures, it may be worthwhile to consider some of the potential benefits and drawbacks of doing so.

### The Drawbacks:

➤ It may be harder to report the findings of your evaluation in a way that will immediately make sense to others. For example, you will not be able to report how your clients' **Child and Adolescent Functional Assessment Scale (CAFAS)** scores differed prior to, and following, their use of your services. You and your professional program consultant may need to be prepared to explain the rationale behind the design of your measure. In other words, you will need to demonstrate that you have designed a measure that provides a trustworthy means of assessing meaningful client change.

➤ It will be necessary for someone within your organization to work with your professional program evaluation consultant to research what types of

measures could be developed to assess your program. It very well also may be necessary to pilot-test the measures that you do develop to ensure that they will provide the type of information that you wish to collect.

➤ You will need to be prepared to explain and justify the rationale guiding your interpretation of the information that you collect. For example, if you used the CAFAS to classify behavioural impairment on the basis of its established test scores, you needn't devote so much attention to explaining why any given score puts a client into any given category. You likely will need to do so, however, if developing your own measures.

➡ Standardized measures allow one to make sense of complex findings in a simplistic way. This is often due to the hard work and fine-tuning of many researchers and experts. It will be important to develop your measure

so that it will produce manageable information. This means, for example, trying to avoid developing measures that would place clients into an unmanageable, or poorly defined, number of categories.

## The Benefits:

➡ Developing your own measures allows you to ask questions that are specifically relevant to the unique qualities of your program. If, for example, you have developed an outcome indicator such as client satisfaction with the features of your program, you would doubtlessly be unable to find a suitable standardized measure to use ... it is, after all, your program! Developing your own measure allows you the ability to address aspects of your program that a standardized measure would possibly fail to take into account.

➡ If you are using the *personal opinions or observations of your clients* as indicators of program effectiveness, developing your **own measures** would be suitable. If you are using indicators requiring that *clients be scored on the basis of a targeted behaviour and placed on a scale*, using a **standardized measure** may be preferable.

➡ Developing your own measures can lead to better staff buy-in when it is time to use your measure to collect information. Allowing your fellow stakeholders

to participate in the creation of a new measure, or providing them with information on your measure as you develop it, will not only decrease the likelihood that stakeholders will be hesitant to use your measure but will also increase the likelihood that they will use your measure to collect information in the intended manner.

➡ Developing your own measures also allows you to take even better account of how the diversity of your clients is reflected in your service or program. While standardized measures typically account for considerations such as the gender, ethnicity, and cultural background of clients, recall **Chapter Two's** discussion of the potential diversity within groups. Developing your own measures will allow you to ask specific questions on features of your program that are informed by the cultural uniqueness of groups within your area.

As you can see, whether or not you choose to use a standardized measure or develop your own largely depends on two things: the nature of your indicators and the key research question(s) that your service or program evaluation seeks to answer.

➡ If you are conducting this program evaluation to get a sense of how effective your program or service is in the opinion of those client populations that you serve, developing your **own measures** is the best way to accomplish this. If this evaluation is being conducted in order to make reports to outside agencies or organizations, it may be preferable to try and use a **standardized measure**. If possible, it is best to use both standardized measures (to provide **quantitative** information) and **qualitative, information-based measures** (to help make sense of your quantitative information).

### Quantitative Data:

Information that can be gathered numerically and later analyzed using statistics-based procedures.

### Qualitative Data:

Non-numerical information that is gathered by means such as conducting client surveys and interviews.

## Deciding How to Collect Information

The first task in developing your own measure will be to decide how you plan to collect information. Demonstrating that you have a plan for collecting information on your indicator will give outside organizations a sense of the time and resources that developing and using your measure will require. Demonstrating that you have a solid game plan for how to collect your information will help outside organizations buy in to your evaluation and perhaps help you to secure funding for your evaluation (as we will consider further in **Chapter Nine**). The following questions will aid you in mapping out a plan for collecting information:

## 1 What kind of information do you wish to collect?

You may briefly wish to refer back to the chapter on developing your indicators (**Chapter Six**) to ensure that you develop your measures in a consistent fashion. Recalling the process through which you developed your indicators will ensure that you develop measures to assess how your program is contributing to meaningful client change. If your indicators are designed to provide **quantitative** information, such as the number of workshops a client has missed due to a lack of interest in the content of the workshops, you will need to develop a measure that also uses quantitative information. If your indicators are designed to collect **qualitative** information, such as client opinions on the quality of services, you will want to develop a qualitative measure of client satisfaction. Of course, as we have discussed earlier, it is likely in your best interest to develop measures designed to collect both quantitative and qualitative information.

## 2 What type of measure do you wish to use to collect information?

If you are developing your own measures, the best means of collecting information from your clients will likely either be through distributing **questionnaires** or conducting **interviews**.

While both questionnaires and interviews are excellent measures, each entail unique **practical considerations**:

➡ If distributing **questionnaires** to clients, it is necessary to have someone on hand should participants need assistance to understand questions or compose their responses. It must be remembered that clients will have varying literacy levels. We will return to this point in the forthcoming section on developing your questions.

➡ If conducting **interviews**, it is advisable – with your clients' permission, of course! – to record the interview session with a cassette or digital sound recorder. Though this is a much more reliable means of documentation than having someone take handwritten notes during an interview, it can also be a bit more time-consuming as someone will be required to type out (or transcribe) the interview sessions.

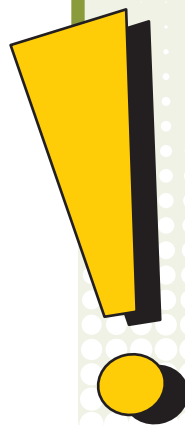
# The Three Sections of a Questionnaire or Interview

**Questionnaires and interview sessions are most often divided into three separate parts:**

1 An **information and permission section** that explains the purpose of the questionnaire or interview to participants, describes exactly what you intend to do with the information they provide, and requests their permission (often expressed by a signature, in the case of questionnaires, or a verbal confirmation) to allow you to use their information for this purpose. *It is crucial that you keep some type of documentation of your participants' agreement to participate and have their information used.*

2 A **demographic information section** where you can request that participants provide some key information about themselves: things such as their age, sex, gender, sexual orientation, ethnic or cultural background, spiritual beliefs, location of residence, employment status, and so on. Those groups or individuals to whom you will later report the findings of your evaluation will expect a documentation of the demographic characteristics of your participant group, and this information is crucial when assessing whether clients react differently to features of your service or program on the basis of such things as their age, sex, cultural background, and so on.

3 Finally, a **question section**. The remainder of this chapter focuses on some things to consider when developing the questions to be included in your measure.





### 3 How much information do you wish to collect?

The amount of information you will need to collect will depend on a number of considerations, including your reason for conducting the program evaluation, the number of clients you wish to collect information from, and the time and budgetary restrictions you can anticipate during your evaluation. Different types of questions are designed to collect different levels of detailed information on your indicators:

**Closed-ended questions** provide respondents with a predetermined number of responses to choose from. For example, a closed-ended question would ask clients to rate an aspect of your program with a set range of options, such as good, moderate, or poor. Closed-ended questions provide information that is easy to organize and report quantitatively. However, closed-ended questions alone fail to suggest why your participants are choosing to describe aspects of your program or service in certain ways.

**Open-ended questions**, on the other hand, provide respondents with the opportunity to elaborate on their responses. Open-ended questions can provide a greater amount of detail than closed-ended questions. However, open-ended questions also provide information that is more difficult to organize and report. You may indeed have 40 participants who describe an aspect of your service or program as poor, but for 40 different reasons!



**It is likely that you may decide to develop questions that have both a closed-ended and an open-ended component. For example, consider the following question:**

**Q:** How relevant to your everyday life are the activities provided by our healthy ways of coping with stress workshop?

☐ Very Relevant    ☐ Somewhat Relevant    ☐ Not Relevant    ☐ I Don't Know

Please explain your response: \_\_\_\_\_

\_\_\_\_\_

The **closed-ended component** of this question allows you to give a **quantitative report** of how your participants rate the relevance of your workshop activity. Let us suppose that, of your first cohort of 10 clients, five clients choose "Very Relevant," one client chooses "Somewhat Relevant," and four clients choose "Not Relevant." If reporting on the information collected from these 10 participants alone, you could state that 50% of clients (5 of 10) find your workshop activities to be "Very Relevant," 10% (1 of 10) as "Somewhat Relevant," and 40% (4 of 10) as "Not Relevant."

The **open-ended component** of this question provides information with which to give a **qualitative report** as to why participants have responded in this manner. Examining the open-ended responses of those who rated your program activities as being "Very Relevant" could reveal that all five chose this option because your activities focus a lot of attention on promoting healthy ways of coping with stress in the workplace. You may find that all four participants who describe your activities as "Not Relevant" have done so due to a lack of activities that promote healthy ways of coping with the stress of parenting. The qualitative component of this question can be taken to suggest that your workshop activities could be made more effective by becoming more gender-sensitive.



# Preparing Your Questions

Preparing the questions to be included in your **questionnaire** or **interview** is perhaps the most important stage in the measure development process. Keeping the following seven tips in mind will help you avoid making some common errors in question composition that could threaten the results of your evaluation.

## Tip 1 Keep your questions clear.

One of the easiest mistakes to be made when forming questions is the use of terms that might be clear for you ... but less clear for your participants. For example, asking clients to rate the cultural competency of your program would attract more confusion over what cultural competency is than useful responses. You would do better to ask a range of questions that touch upon different aspects of a program's cultural competence while using clear and simplistic language. For example, *Were your spiritual or cultural beliefs reflected in our program activities? Did the activity reflect a proper understanding of your cultural beliefs and traditions?*

## Tip 2 Ensure that your questions are sensitive to the needs of your clients.

Clients may differ in terms of the language that they prefer to use when being surveyed or interviewed as well as in their general **rates of literacy**. You should try to compose questions that can easily (and correctly) be translated into **languages** more suitable for your clients and try to ensure that questions can easily be read, and explained, to participants with limited vocabularies or literacy skills.

## Tip 3 Keep your questions short.

As you might have gathered over the course of this workbook, it is much easier to hold someone's attention when faced with questions that are not only simple but *short*! Once you have drawn up a first draft of your questions, it may be useful to consider each in turn while asking yourself, can this question be made shorter?

## Tip 4 Avoid posing questions that force responses.

Participants should always be granted the opportunity to withhold responses for questions that they do not fully understand or feel uncomfortable with. Including an "I Don't Know" or "No Response" option in your closed-ended questions will prevent participants from making false responses due to feelings of obligation and prevent others from feeling as if they are being forced to respond to questions that they are not comfortable with.

## Tip 5 Avoid asking double-barrelled questions.

**Double-barrelled questions** are those that pose two questions at once, such as *Should our program activities focus less on problematic alcohol use and more on problematic substance use?* Not only may participants agree with the first question but not the second (or vice versa), but it is extremely difficult to interpret information you receive due to such double-barrelled questions (after, of course, it is discovered that a question asks two questions at once!).

## Tip 6 Avoid using negative terms in your questions.

In normal conversation, people rarely include negative terms like **not** or **less** when posing a question (Has a waiter ever asked you if you would like to not have more coffee or if you would like less water?). Though survey questions that include negative terms *appear* to ask clear questions (such as *Should our activities focus less attention on promoting positive employment interview skills?*), participants are used to questions including positive terms (such as *more*). *They may, without closely reading over your question, provide a response that is the opposite of what they intended.* Avoiding the use of negative terms in your questions is a simple means of avoiding a great deal of problems later on.

## Tip 7 Avoid including biased questions.

Biased questions are questions that, purposefully or by accident, encourage participants to answer in a certain way based largely on the phrasing or strength of the words included in the question.

Sometimes, the bias of a question can be quite clear. Imagine that you are developing a measure to assess a client's admitted likelihood to use alcohol or substances in response to stressful situations before and after they have begun to access your services. If you were to phrase the question as *How likely are you to get drunk or high in response to a stressful situation?* you may get radically different responses than had you posed the question with less value-laden terms, such as *How likely are you to use alcohol or other substances in response to a stressful situation?*



In other cases, the bias of a question can be subtle. A question asking *How much do you agree that our workshop activities have helped you to develop improved stress management skills?* could attract much different responses than one which simply asks *whether or not you agree that our workshop activities have helped you to develop improved stress management skills.* This is

because the first form of the question implicitly tells participants that they are expected to agree with the statement (at least to some degree). Once again, acting to locate and do away with unintentionally biased questions will allow you to make a more fitting assessment of how effectively your service or program is operating.


## Concluding Thoughts

If you and your fellow stakeholders have developed indicators for which standardized measures do not exist, or indicators that are based on your client's opinions and perspectives of how well your program works, you may wish to develop *your own measures*. This chapter has considered two of the more common types of measures to develop: *questionnaires* and *interviews*. Useful information has been provided on developing these two types of measures, what kinds of questions you wish to include, and some tips to help ensure that you collect accurate and unbiased information from your participating clients.

It is important to remember that coming up with some of the questions to be posed to participating clients is only the very first step in an overall process of developing a valid measure. Once you contract the service

of a professional program evaluation consultant, they will assist you in further developing your measure. Nevertheless, it may save you and your professional consultant some time and energy if you have already developed a few questions that demonstrate how your organization thinks about meaningful client change while using the seven tips provided above.

The final chapter of this workbook will consider some of the next steps that you will wish to consider when moving forward with planning for your program evaluation. Before continuing on, we invite you to try the following activity. This activity is designed to help you through the process of putting together a few of the questions to be included in the measure that you, your fellow stakeholders, and your professional program evaluation consultant will develop.



Want some additional information on developing your own measures? Check out the *Tips for Creating Interview and Survey Questions* video, presented by Dani Robertson-Boersma, Project Coordinator of the University of Saskatchewan Student Binge Drinking Prevention Initiative from 2011 to 2012!

**Try to come up with a question that could be used for your own measure!**

**Once you have a question, ask your fellow stakeholders to help you to improve its clarity.**



## Chapter Eight Activity: Developing Questions for Your Own Measure

For this activity, you and your fellow stakeholders may wish to break up into small groups. Once each group has come up with one potential question, groups can exchange workbooks and apply each of the seven tips for avoiding errors in question composition. Once this activity is complete, you should have a number of questions that may be included as you and your professional program evaluation consultant further develop your measure.

### Part One: Forming a Question

1 What indicator will my question be collecting information on? \_\_\_\_\_

---

---

2 Is this an outcome indicator or a process indicator?

☐ Outcome Indicator

☐ Process Indicator

3 Breaking into groups of 2-3 people, please use the space provided below to form a question that could be used to collect information on your indicator. \_\_\_\_\_

---

---

---

## Part Two: Applying the Seven Tips to Improve Question Clarity

Please exchange your workbooks with another group and respond to the following questions based on the draft question provided on the previous page.

1 Is this question as **clear** as it could possibly be?

☐ YES ☐ NO

If you selected "no," how would you rephrase the question to make it clearer? \_\_\_\_\_

---

---

2 Is this question **sensitive** to the needs of my clients?

☐ YES ☐ NO

If you selected "no," please explain why, and demonstrate how the question could be improved: \_\_\_\_\_

---

---

3 Is this question as **short** as it could possibly be?

☐ YES ☐ NO

If you selected "no," please explain why, and demonstrate how the question could be made shorter: \_\_\_\_\_

---

---

4 Does this question **force** responses from participants?

☐ YES ☐ NO

If you selected "yes," please explain how this question can be altered so that it no longer forces responses from participants: \_\_\_\_\_

---

---

5 Does this question ask a **double-barrelled question**? (In other words, does this question ask two questions at once?)

☐ YES ☐ NO

If you selected "yes," please demonstrate how this question can be broken down into two separate questions:

Question One: \_\_\_\_\_

\_\_\_\_\_

Question Two: \_\_\_\_\_

\_\_\_\_\_

6 Does this question include any **negative terms**?

☐ YES ☐ NO

If you selected "yes," please demonstrate how you would rephrase the question with the negative terms removed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

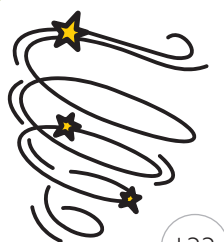
7 Is this question **biased**? (In other words, does this question encourage participants to respond in a certain way?)

☐ YES ☐ NO

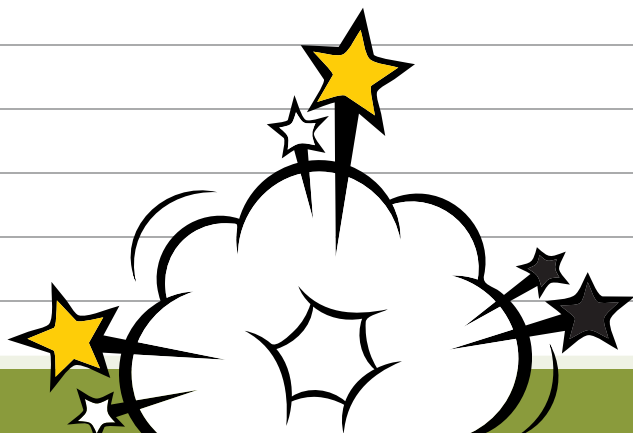
If you selected "yes," please demonstrate how you would rephrase the question so that it does not encourage participants to respond in a certain way: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



NOTES:



# Chapter 9:

## Next Steps

By the end of this chapter,  
you will be able to answer  
the following questions:

- 1 How can I find a professional program evaluation consultant?
- 2 How can I apply for funding for my program evaluation?
- 3 How should I prepare to store information for my program evaluation?



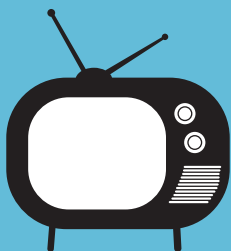


“

**To know that we know what  
we know, and that we do not  
know what we do not know,  
that is true knowledge.**

Confucius

”



**“Be sure to check out STREAMUofS’s YouTube® channel to see the video(s) for this chapter!  
To do so, go to [www.youtube.com/STREAMUofS](https://www.youtube.com/STREAMUofS) and click on the corresponding video(s).”**



**Congratulations!** To this point, you have completed the steps involved in preparing to conduct an evaluation of one of your programs or services:

→ You have identified the **mission statement**, **goal(s)**, and **objective(s)** of your program and, based on this information, developed the **key research question(s)** for your evaluation.

→ You have designed a **program logic model** that not only illustrates how your service or program activities are related to the goal(s) and objective(s) but how these activities are designed to meet the goal(s) and objective(s).

→ You have defined and developed two different **indicators** of how effectively your service or program is performing: one **outcome indicator** of meaningful client change and one **process indicator** to determine how effectively your services are being offered.

→ You have selected, or planned to begin developing, a **measure** with which to collect information on your indicators and assess how effectively the goal(s) and objective(s) of your program are being met.

This final chapter will focus on some of the things that you will want to consider once you have completed the steps of preparing to conduct a program evaluation: **finding a professional program evaluation consultant to work with you through the remainder of the evaluation process** and **composing proposals for program evaluation funding**. Finally, we provide some **pointers to help you prepare to collect and sort the information that you collect on your program**.

#### **Outcome Indicator:**

The meaningful changes that clients experience as a **direct result** of the treatment services provided by your program.

#### **Process Indicator:**

An assessment of whether the manner in which services are provided contributes to positive client change.

#### **Measures:**

The tools that you use to collect information on and assess the performance of your service or program.





# Finding a Professional Program Evaluation Consultant

You may be wondering why it is important to work with a professional program evaluation consultant for the remainder of your service or program evaluation.

→ This workbook is designed to guide you through the early steps of planning to conduct a program evaluation. When it comes time to conduct your evaluation, you will need professional assistance as you design your evaluation, collect your data, and organize your findings for your final report.

→ The assistance of an experienced program evaluation consultant will allow for the most effective and efficient management and organization of your program evaluation process. For example, a program evaluation consultant will be better able to judge the feasibility (see **Chapters Four and Five**) of your proposed indicators and assist you in the process of developing alternative indicators if need be.

While the main consideration when selecting a professional evaluation consultant is whether they have the proper education and experience required to lead a competent evaluation of your service or program, it is also very important to contract with an individual who understands the professional standards for **competency, integrity, honesty, confidentiality, objectivity, public safety, and fairness**. To this end, you will want to work with an individual who is familiar with the following **evaluation standards**:

→ **Utility standards** ensuring that the evaluation will serve the information needs of the intended users

→ **Feasibility standards** ensuring that the evaluation will be realistic, prudent, diplomatic, and cost-effective

→ **Propriety standards** ensuring that the evaluation will be conducted legally, ethically, and with due regard for those participating in the evaluation

→ **Accuracy standards** ensuring that the evaluation will reveal and convey technically adequate information about the targeted program features

For a more detailed overview of these evaluation standards, please visit <http://people.uncw.edu/colemanhl/Program%20Ethics%20&%20Standards%20.ppt>.

## Finding a Program Evaluation Consultant: How do I get started?

According to *The Program Manager's Guide to Evaluation* (2nd edition, 2010), there are **four basic steps** in contracting the services of a professional program evaluation consultant:

① **Develop a job description** listing the types of evaluation activities that you want the person to perform, the timelines involved, and the services and products to be provided.

② **Locate and contact sources** for potential program evaluation consultants. These can include:

→ Other local agencies that have used program evaluators (such as the United Way).

→ Local, provincial, or national evaluation societies (such as the Canadian Evaluation Society).

→ Local colleges and universities. It may serve you best to contact the departments (such as the Departments of Sociology, Psychology, Education, Public Health, or Public Administration) that are most relevant to the content of your programs and the purpose of your evaluation.

→ Research centres (such as the Saskatchewan Educational Leadership Unit at the University of Saskatchewan) and research teams (like the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services [STREAM], University of Saskatchewan).

→ Research institutes and consulting firms (e.g., marketing research).

③ **Advertise your position and solicit applications.**

④ **Review the applications** that you receive and **interview** potential **candidates**.

# The Canadian Evaluation Society (CES) Professional Designations Program

The *Canadian Evaluation Society (CES)* has developed a certification program for Canadian Evaluation Practice called the Professional Designations Program. Defined as a program that is “designed to define, recognize, and promote the practice of ethical, high quality, and competent evaluation in Canada through a program for professional designations,” the CES provides a public registry of Credentialed Evaluators at [http://www.evaluationcanada.ca/site.cgi?s=5&ss=12&\\_lang=EN](http://www.evaluationcanada.ca/site.cgi?s=5&ss=12&_lang=EN).

The program has been developed based upon the following areas of competency:

➡ **Reflective Practice:** Promoting focus on the fundamental norms and values underlying evaluation practice and awareness of one’s evaluation expertise and need for growth.

➡ **Technical Practice:** Promoting focus on the specialized aspects of evaluation, such as design, data collection, analysis, interpretation, and reporting.

➡ **Situational Practice:** Promoting focus on the application of evaluative thinking in analyzing and attending to the unique interests, issues, and contextual circumstances in which evaluation skills are being applied.

➡ **Management Practice:** Promoting focus on the process of managing a project/evaluation, such as budgeting, coordinating resources, and supervising.

➡ **Interpersonal Practice:** Promoting focus on people skills, such as communication, negotiation, conflict resolution, collaboration, and diversity.

## Applying for Funding

Once you have contracted the services of a professional program evaluation consultant, you may wish to begin discussing whether you wish to apply for funds with which to conduct your service or program evaluation. There are a number of organizations – at both the national (like the Canadian Institutes for Health Research) and provincial levels (such as the Saskatchewan Health Research Foundation) – to which you can apply for additional program evaluation funding.

Your professional program evaluation consultant should be familiar with what types of information your application will need to include (and will take a leading role in composing your application). **Funding applications usually require** such information as:

➡ **What your program is designed to achieve** (an overview of the goal(s) and objective(s) of your program or service). This may also include an overview of your program logic model.

➡ **A literature review** of current research on programs, treatments, and services within your specific area. It is important to demonstrate that you are familiar with the most recent studies on how to best provide effective and efficient mental health and addictions services to clients. Your application should demonstrate how your proposed service or program evaluation is influenced by this research.

➡ **A methods** section that explains how you plan to conduct your evaluation. This will include a description of what your indicator(s) is, an overview of what measures you have chosen or developed, and an account of why you have chosen each. Again, your professional program evaluation consultant should be able to compose your methods section in a fashion that the funding agencies to whom you are applying will understand. This is why it is crucially important to have designed and developed your evaluation plan in a manner that your program evaluation consultant can clearly and concisely understand!

➡ An overview of how long you anticipate your program evaluation will take to conduct, including a **timeline** (when you plan to begin each stage of the evaluation and when you anticipate that each will

end) and a **projected budget** outlining how much you anticipate the evaluation will cost.

Even though the task of composing your funding proposals will largely fall to your professional program evaluation consultant, someone within your organization should consider taking on a coordinating role to assist your professional consultant. The **coordinating stakeholder ought to consider:**

**1 What does the most recent literature on services and programs within my specific area suggest?**

If you happen to be the stakeholder who volunteers (or is chosen) to take on the coordinator's role, you would be well served to read up on current trends in research within your area to understand how to best conduct your program evaluation. Though your professional program evaluation consultant should be extremely knowledgeable when it comes to determining how to conduct your program evaluation, it is best not to assume that they are aware of recent research into your specific area (though a good consultant will likely do a bit of homework). Having an in-house coordinator help your consultant get up to speed on research within your area will save time and resources.

**2 Which funding agencies typically fund program evaluations such as ours?**

Many agencies focus on funding different kinds of

health research. It is a good idea for the coordinator to do some research on which organizations are most likely to accept your funding proposal so that they can assist your professional program evaluation consultant in choosing the most suitable agencies to apply to.

**3 What specific types of information does each agency require and what are the specific deadlines for this information?**

Different organizations have unique procedures and deadlines for submitting funding applications. For example, many agencies have annual dates up until which they will accept funding proposals for the following year. Once the person who assumes the coordinating role has selected a few suitable organizations to whom to apply for funding, they should also consider keeping track of the different information requirements and deadlines of each.

**4 How long is it expected to take between applying for funding and receiving notification of whether our proposal has been accepted or declined?**

Unfortunately, few processes move slower than that of applying for funding and waiting to be notified of the results. The person who takes on a coordinating role should also try to keep track of how long it typically takes to hear back from the agencies to which you are applying. Many agencies will note how long they usually require to come to a decision and your professional program evaluation consultant may also have valuable first-hand experience with different organizations.

## An Example: Funding Application Requirements of the Canadian Institutes of Health Research (CIHR)

CIHR is one of the most prominent health research funding agencies in Canada. As of summer 2011, some of the **requirements necessary to apply for CIHR funding** include:

➔ **Setting up a ResearchNet account.** *ResearchNet* is a relatively new computer database that allows funding applicants to store their information in a database. This allows for efficiency when submitting subsequent

funding applications to CIHR.

➔ **Acquiring a CIHR pin.** This can be accomplished through your *ResearchNet* account and will be required when submitting your completed application to CIHR.

➔ **Submitting a Common CV.** Once you have accessed the CIHR website, everyone who is including their name on the funding application will be required

to fill out a **Common CV**. This will include your name, contact information, and details concerning the organization that you are affiliated with.

Once you have accessed the CIHR website, you will be able to peruse a number of different funding opportunities. While each funding opportunity requires different types of information, most request:

↳ **Letter of Intent:** This is a brief outline of why you are applying for funding and what you plan to do with your funding if your application is successful.

↳ **Research Proposal Summary:** Where specified, you may be requested to provide a summary of your research proposal as part of the application process.

↳ **Completed Application:** Each funding opportunity will provide application forms that must be completed

in their entirety, and every funding opportunity should easily direct you to the forms that you require.

↳ **Applicant Signatures:** Everyone whose name appears on the application will need to sign the application before it is submitted.

As you can see, taking on the task of acting as a funding opportunities coordinator can appear to be quite a daunting task! Thankfully, though there is much required information, the CIHR website (as well as those of other agencies) provides very comprehensive step-by-step instructions for every stage of the application process. Feel free to explore the CIHR website at <http://www.cihr.ca> and remember: if you run into a spot of trouble, your professional program evaluation consultant (not to mention your friends at STREAM!) will be happy to lend a hand.

## Data Collection and Ethical Practices: Some Things to Consider

Once you have contracted the services of a professional program evaluation consultant and secured funding for your program evaluation, you will finally move on to the stage of collecting information on your indicators from your clients. At this stage, it will be important to recognize some of the standards that Health Canada (among other organizations) imposes when it comes to ethical research practices when collecting information from your clients. In future, you may wish to consult the Health Canada Research Ethics Board website and read the **Tri-Council Policy Statement for Ethical Conduct for Research Involving Humans** (which can be found at <http://www.hc-sc.gc.ca/sr-sr/pubs/advice-avis/reb-cer/index-eng.php>). For the time being, the following section will briefly highlight some of the most important ways to ensure that you are conducting ethical research with your clients.

### 1 It is often important to ensure participant consent.

It should go without saying that it is **extremely** important to be sure that your clients understand the purpose of your program evaluation and what you intend to do with the information that they provide. In some cases, such as if you are conducting one-time interviews with your clients, you will be expected to secure their written

consent to participate in your evaluation and allow you to use the information that you collect from them (this can best be achieved by preparing consent forms, just as we discussed in **Chapter Eight**, our chapter on developing measures). In cases where government departments or health regions are conducting an evaluation of one of their programs, however, written consent is often not necessary as long as participants are made aware of what the information will be used for (and that this information is secure).

Your program evaluation consultant should know whether or not the written consent of your clients is necessary. If so, they should also be able to help you prepare proper consent forms. If you do use consent forms, it is very important that you keep them on record, even though you will likely be



According to the Health Canada Ethics Board website, the guiding ethical principles of the **Tri-Council Policy Statement** include “respect for human dignity, respect for free and informed consent, respect for vulnerable persons, respect for privacy and confidentiality, respect for justice and inclusiveness, minimizing harm and maximizing benefit.” Visit the link provided to the left for more information.



collecting information in a manner that protects the identity of your participating clients.

## 2 It is important to ensure privacy and confidentiality.

When your clients provide information for your program evaluation, they are doing so under the understanding that their information will be kept private and confidential. This means that the number of people with access to their information should be limited to those with whom your clients have consented to have their information shared.

→ When collecting and compiling information, it is important to do so in a manner that protects the identities of your participating clients. Aside from key demographic information that may be useful for your evaluation (such as sex, age, and ethnicity), steps should be taken to remove any sensitive information that could lead to the identification of your participants (such as their names). Your program evaluation consultant should be able to guide you through the process of protecting the identity of your participants.

→ It is also important to keep all information stored

in a secure location that prohibits access from unpermitted parties. Regardless of whether this information is stored on a public or private computer, it may be useful to store your information in password-encrypted computer files. Your computer system should provide tutorials demonstrating how to password encrypt your files.

Remember, these are just some of the important points that should be considered to ensure that you are collecting information from your participants in an ethical manner. Everyone who will be involved in the collection and storage of information should be familiar with the *Tri-Council Policy Statement for Research Involving Humans*. This will help to protect the rights of your participants and the credibility of your program evaluation.

Finally, it is important to note that different health regions and funding agencies quite often demand that different ethical considerations are being met before you begin collecting data from your clients. While your program evaluation consultant will likely be familiar with the types of ethics requirements that you will be responsible for, you can also collect this information by contacting your Health Region or potential funding agency directly.


## Concluding Thoughts

This chapter has highlighted some of the things that you will wish to consider as you begin to seek out a professional program evaluation consultant. It has provided suggestions that you may wish to keep in mind as you prepare to submit applications to secure funding for your program evaluation and offered some pointers to ensure that you collect and store information from your participating clients in an ethical manner. In the activity section to follow, we also provide a funding application checklist to help you keep track of which agencies you have chosen to apply for funding from and to make sure you are aware of all of the different requirements and deadlines. Once you have secured the services of a professional program evaluation consultant, you will finally be ready to begin your service or program evaluation.

This workbook set out to familiarize you with many of the concepts and processes that are important when preparing to evaluate one of your services or programs. Before you and your fellow stakeholders began using

the workbook, chances are that you had never been asked to undertake tasks such as building a program logic model, developing an indicator, or choosing a measure. We suspect that the information and activities that we have shared throughout this workbook have given you a better sense of what conducting a program evaluation will entail.

This workbook has demonstrated that you can prepare to conduct a service or program evaluation in a manner that recognizes and respects Community-Based Participatory Research principles – or, put another way, the principle that the administrators, supervisors, and



You may wish to check out our final companion video, *The Importance of Ethics in Research*, presented by STREAM Research Team Member and First Nations University of Canada Assistant Professor, Sharon Acoose!

▶ Until we hear from you, congratulations on having completed the program evaluation workbook and best of luck with your program evaluation!

NOTES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Use this checklist to keep track of different parts of your funding application(s) ...

and when they need to be submitted!



## Chapter Nine Activity: Funding Application Checklist

Name of agency:

---



---

Does this agency require ...		Have we prepared ...
<input type="checkbox"/> YES	1 A Common CV for all applicants?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	2 A letter of intent?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	3 A summary of our research proposal?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	4 A completed application form?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	5 The signatures of all applicants?	<input type="checkbox"/> YES

When is this agency's deadline for receiving applications?

---



---

When did I send in our application?

---



---

Does this agency state how long applicants should wait for a reply?  
If so, when should we receive their decision?

☐ YES ☐ NO

---



---

Name of agency:

---

---

Does this agency require ...		Have we prepared ...
<input type="checkbox"/> YES	1 A Common CV for all applicants?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	2 A letter of intent?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	3 A summary of our research proposal?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	4 A completed application form?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	5 The signatures of all applicants?	<input type="checkbox"/> YES

When is this agency's deadline for receiving applications?

---

---

When did I send in our application?

---

---

Does this agency state how long applicants should wait for a reply?  
If so, when should we receive their decision?

☐ YES ☐ NO

---

---

Name of agency:

---

---

Does this agency require ...		Have we prepared ...
<input type="checkbox"/> YES	1 A Common CV for all applicants?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	2 A letter of intent?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	3 A summary of our research proposal?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	4 A completed application form?	<input type="checkbox"/> YES
<input type="checkbox"/> YES	5 The signatures of all applicants?	<input type="checkbox"/> YES

When is this agency's deadline for receiving applications?

---

---

When did I send in our application?

---

---

Does this agency state how long applicants should wait for a reply?

☐ YES ☐ NO

If so, when should we receive their decision?

---

---



**First Steps First: A Community-Based Workbook for Evaluating Substance Abuse and Mental Health Programs in Saskatchewan** was written and prepared by Mitch Daschuk (MA), Colleen Anne Dell (PhD), and C. Randy Duncan (PhD) of the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services (STREAM). Illustrations were done by Sagan Haller. Project Coordination was provided by Elisabeth Bartlett (MA) of STREAM.

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Pilot testing of the draft version of this workbook by seven groups across Saskatchewan and facilitation of pilot testing by Laurence Thompson Strategic Consulting.

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