

**ECIA(VC) Consultative Forums 2004 / 2005**

***Developing Outcomes in Early Childhood Intervention  
Part 3: Measuring and evaluating service outcomes***

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**EVALUATING SERVICE OUTCOMES:  
HOW DO WE KNOW IF OUR SERVICES ARE EFFECTIVE?**

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## **INTRODUCTION AND RECAPITULATION**

This forum is the third in a series conducted by Early Childhood Intervention Australia (Victorian Chapter). These forums are designed to address three key questions:

- What outcomes for children and families are early childhood intervention services seeking to achieve?
- What methods of service delivery are most effective in achieving these outcomes?, and
- How do we know if we are achieving the desired outcomes?

The first forum in the series (held in 2004) focused on identifying the outcomes that early childhood intervention services are seeking, while the second (held in September) explored the question of what we know about the most effective methods of achieving these outcomes. This third forum addresses the question of how we evaluate whether or not early childhood intervention services are achieving the outcomes we have identified.

The rationale for evaluating outcomes is clear. If we do not evaluate the outcomes our services produce, then we will be unable to judge the efficacy of the service we provide, and are likely to persist with approaches and goals that are not achieving anything. When outcomes are not evaluated, we are likely to base our intervention methodology on factors such as habit or custom (this is how we have always done it), unproven assumptions, or community expectations (assumptions regarding the nature of professional expertise and the consequent demand for 'hands on' therapies).

## **TYPES OF EVALUATIONS**

Posavac and Carey (1992) propose that evaluations can be classified into four types according to the type of question asked about the program:

- ***The evaluation of need*** addresses questions such as what the incidence of disability is, what services are available, and what the community's unmet service needs are.

- **The evaluation of process** addresses questions such the extent to which the program was implemented as designed, serves the targeted population, and operates as expected.
- **The evaluation of outcome** addresses questions about whether the program is achieving the outcomes it was designed to achieve, whether there is support for the program model, and whether the program could be replicated elsewhere.
- **The evaluation of efficiency** addresses questions about whether the funding is being spent as intended, whether the program achieves its outcomes at a reasonable cost, and whether the program is more or less cost efficient than other comparable programs.

These evaluation questions follow a logical sequence:

‘Without measuring need, programs cannot be planned rationally; without effective implementation, successful outcomes cannot result from the program; and without valued outcomes, there is no reason to worry about cost-effectiveness’ (p. 11).

The two types of evaluations that are of most concern to early childhood intervention services are process evaluations and outcomes evaluations:

- **Process evaluations** address the question of whether the program was delivered as intended. This involves several questions, including whether the child and family received the level of service necessary to achieve the desired outcomes, and whether the service was delivered in the manner required to have the desired effect. (The manner of service delivery covers both its technical quality and the nature of the relationship between the service providers and the child / family.)
- **Outcomes evaluations** address the question of whether the desired outcomes were achieved. For outcomes to be evaluated, they need to be defined in such a way as to be measurable.

In considering the evaluation of outcomes, we need to distinguish between efficacy and effectiveness evaluations:

- **Efficacy evaluations.** A program is said to be 'efficacious' if it can be shown to result in positive outcomes under highly controlled experimental conditions (eg, randomised control trials). Efficacy studies can show that it was the program, rather than other factors (such as child maturation) that was responsible for any changes observed. However, programs that have been shown to be efficacious under controlled conditions can be difficult to replicate in general conditions. To demonstrate their usefulness in such conditions, we need to conduct effectiveness studies.
- **Effectiveness evaluations.** A program is said to be 'effective' when it was actually delivered in the field under natural conditions and produced positive outcomes. Effectiveness studies usually involve measuring the parent's and/or child's behaviour before and after the program, and comparing these measurements.

Another distinction that needs to be made is between long-term and short-term outcomes:

- **Long-term outcomes** refer to functional and behavioural outcomes later in life (eg. in adulthood). These might include broad quality of life outcomes, as well as social, academic and life skills. Such outcomes are the ultimate test of the efficacy of a program, although there are many intervening factors that will have had an impact as well.
- **Short-term outcomes** are indicators at an earlier point in time (eg. when the child leaves the program or commences the next service) that the child is on target to achieve positive long-term outcomes. In an early childhood context, short-term outcomes might include measures of developmental and functional skills taken when the child commences school.

## EVALUATION METHODOLOGY

How we currently evaluate our programs will be one of the main questions addressed at today's forum. Methods used can be broadly characterised as formal, semi-formal or informal:

- **Formal methods** include standardised tests (of child development and functioning) and questionnaires
- **Semi-formal methods** include non-standardised check lists and questionnaires (eg. parent satisfaction questionnaires)
- **Informal methods** include service providers' observation of changes, and informal feedback from parents and others

Some published methods of both process and outcomes evaluation are listed in the accompanying document.

## EVALUATING OUTCOMES IN EARLY CHILDHOOD INTERVENTION: AN EXAMPLE

Conn-Powers and Dixon (2003) report preliminary results from a statewide attempt to evaluate the outcomes of Indiana's *First Steps* Early Intervention System which serves thousands of children and families each year.

There are several notable features of this project:

- First, the focus is on the *outcomes* of First Steps for children, families and communities, not on services or procedures (ie. *outputs*).
- Second, data collection procedures are embedded into ongoing service routines (to minimise, as much as possible, its intrusiveness and time consumption) and are locally implemented by service providers (no independent/outside investigators collecting data).
- Third, data analyses and findings are intended to be understandable, accessible, and useable in guiding local and state quality improvement efforts.

- Finally, the evaluation system was developed with considerable input from all major stakeholders of *First Steps*: families, providers, local decision makers, and state policy makers. At each step in the development process, from identifying key program outcomes, to piloting various data collection instruments and surveys, to implementing the system statewide, input from program consumers, providers, and decision makers was sought.

The outcomes identified through this process were as follows:

### ***First Steps Outcomes***

1. Children attain essential and important developmental skills.
2. Children participate in inclusive community activities, settings, and routines.
3. Children (and families) are safe, healthy, and well nourished.
4. Families participate as members of the early intervention team and carry out recommendations that help them to help their child.
5. Families are connected to other families, associations, and organizations for emotional support.
6. Families advocate by exercising their rights in requesting and choosing goals, services, and supports.
7. Communities are informed and promptly refer families to First Steps.
8. Communities welcome and fully include children with disabilities and their families (e.g., child care, transportation, retail, housing, employment).
9. Communities provide all families access to health care services.

Data is collected on children and families entering *First Steps* from three sources: at intake via a standardised enrollment form, during the initial evaluation through a family interview, and at the initial IFSP meeting. Data is also collected on children and families exiting *First Steps* through an exit interview with the family, and include developmental data from the other members of the team. (The forms that are used to collect information from entering and exiting children and families are available on the *First Steps* web site: [http://www.state.in.us/fssa/first\\_step/outcomeseval.html](http://www.state.in.us/fssa/first_step/outcomeseval.html).)

Results of analyses of this data can be found on the same website.

## **REFERENCES AND RESOURCES**

- Axford, N., Little, M., Morpeth, L. and Weyts, A. (2005). Evaluating children's services: Recent conceptual and methodological developments. **British Journal of Social Work**, **35** (1), 73-88.
- Bruner, C. (2004). Rethinking the evaluation of family strengthening strategies: Beyond traditional program evaluation models. **The Evaluation Exchange**, **10** (2). <http://www.gse.harvard.edu/hfrp/eval/issue26/spotlight4.html>

- Bryant, D. and Ponder, K. (2004). North Carolina's Smart Start Initiative: A decade of evaluation lessons. **The Evaluation Exchange**, 10 (2).  
<http://www.gse.harvard.edu/hfrp/eval/issue26/pp2.html>
- Chinman, M., Imm, P. and Wandersman, A. (2004). **Getting To Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation**. Santa Monica, California: Rand Corporation. <http://www.rand.org/publications/TR/TR101/>
- Conn-Powers, M. and Dixon, S.D. (2003). **Evaluation of Indiana's First Steps Early Intervention System**. Bloomington, Indiana: Early Childhood Centre, Indiana Institute on Disability and Community, Indiana University-Bloomington.  
<http://www.iidc.indiana.edu/ecc/downloads/November2003FSReport.pdf>
- Erickson, M.F. and Kurz-Riemer, K. (1999). **Infants, Toddlers, and Families: A Framework for Support and Intervention**. New York: The Guilford Press.
- Posavac, E.J. and Carey, R.G. (1992). **Program Evaluation: Methods and Case Studies (4th Ed.)**. Englewood Cliffs, New Jersey: Prentice Hall.
- Reynolds, A.J. (1998). Confirmatory program evaluation: A method for strengthening causal inference. **American Journal of Evaluation**, 19 (2), 203-221.
- Rossi, P., Freeman, H. and Lipsey, M. (1999). **Evaluation: A Systematic Approach (6<sup>th</sup> Ed.)**. Thousand Oaks, California: Sage Publications.
- Schalock, R.L. (1995). **Outcome-Based Evaluation**. New York: Plenum Press.
- Schorr, L. (1994). **The Case for Shifting to Results-Based Accountability**. Washington, D.C.: Center for the Study of Social Policy. [www.cssp.org](http://www.cssp.org)
- Schutte, K., Jivanjee, P., & Robinson, A. (2003). **Web-based resource list for evaluators and family evaluators**. Portland, Oregon: Research and Training Center on Family Support and Children's Mental Health, Portland State University. <http://www.rtc.pdx.edu/pgPubsScript.php>
- Sheehan, R. and Snyder, S. (1996). Recent trends and issues in program evaluation in early intervention. In M. Brambring, H. Rauh, and A. Beelmann Eds.). **Early Childhood Intervention: Theory, Evaluation and Practice**. Berlin and New York: de Gruyter.