by Gai Wilson and Maria Wright

evaluation framework

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evaluation

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framework

for women's Health Services and Centres Against Sexual Assault

Centre for Development and Innovation in Health

Gai Wilson and Maria Wright

1993

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In 1990/91 Victoria received funding from the National Women's Health Program to evaluate their Women's Health and Sexual Assault services and programs. In consultation with the Women's Health Services and Centres Against Sexual Assault it was decided to develop mechanisms which would allow for the evaluation of the services' programs, projects and services.

It was considered that this was a more constructive and long term approach to evaluation of the Victorian Women's Health Program.

Consequently, the Victorian Women's Health Services and Centres Against Sexual Assault Evaluation Framework is both the tool and the strategy by which the Victorian Program has enabled the development of a "culture of evaluation" with in al Ii ts services.
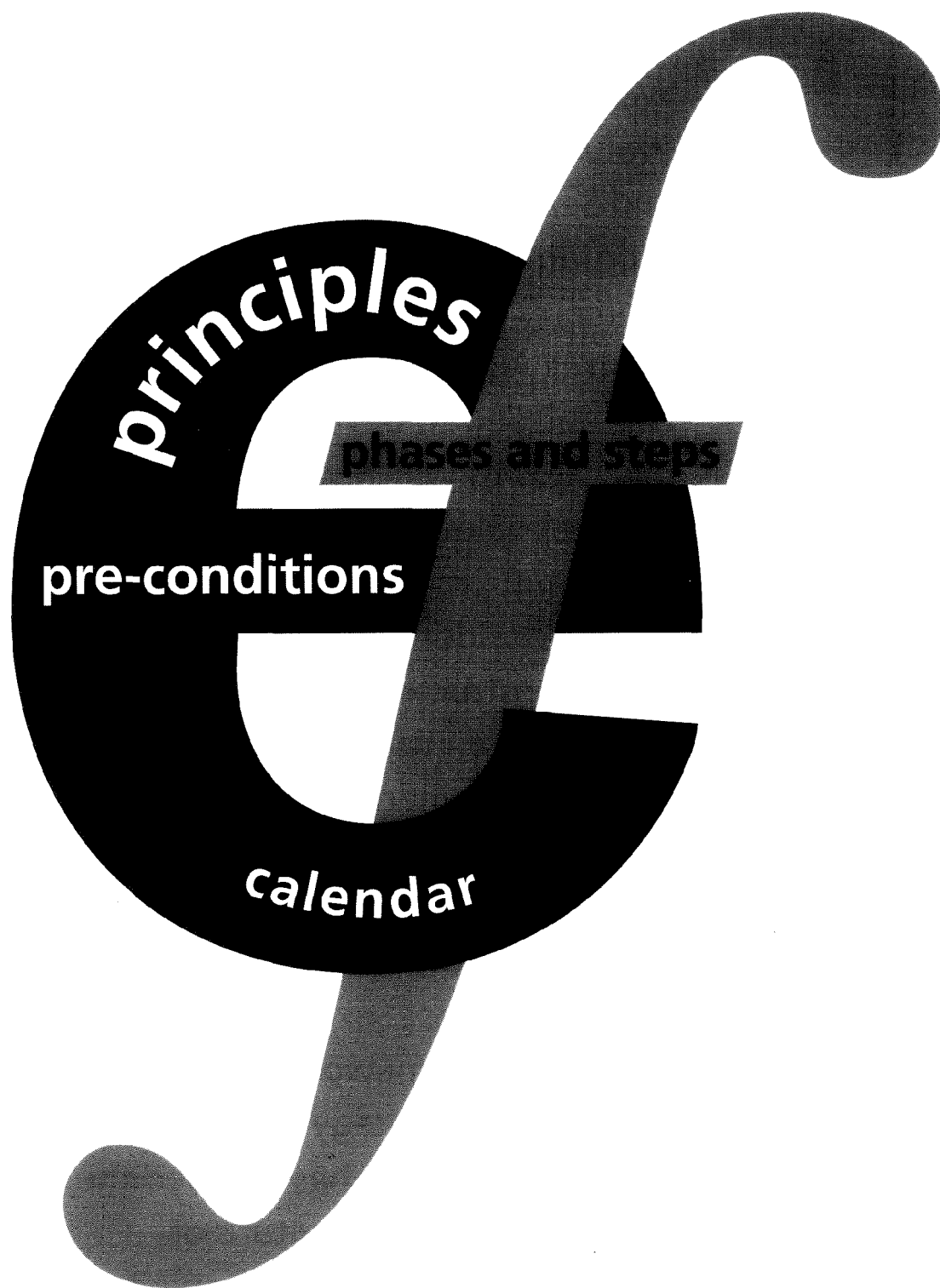
principles

phases and steps

pre-conditions

calendar

contents

1 before you begin

2 the evaluation framework

3 case studies

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The Evaluation Framework outlined in this manual was developed during the Women's Health Services and Centres Against Sexual Assault Evaluation Framework Project. The project grew out of the services' increasing need to evaluate and the absence of relevant resources, skills and experience related to evaluation. The project phases included extensive consultation, development and piloting of a draft Evaluation Framework and the production of this manual.

The approach and content of this manual is based on the services' particular contexts, purposes, requirements and practices. Consequently, the manual is not meant to be a general evaluation text. Rather it is intended that the Evaluation Framework and the manual will be used by women in the services to enhance, develop and systematise their evaluative activities.
The Evaluation Framework consists of:
, a set of principles
* pre-conditions
phases and steps
(an evaluation calendar.

how to read this manual

This manual has been designed for workers interested in evaluation and who want to know more. It can be read in the following order:

, before beginning an evaluation read Section 1: Before you begin to get an overview;
; then read Section 2.1: The Evaluation Framework at a **Glance. This** is a simple **and** brief outline of the Framework;
* you can now read all of Section 2: The Evaluation Framework. This section includes a practical, step by step guide to evaluation;
* you can read about the application of the steps in Section 3: **Case Studies.**

You will probably dip into the text again and again as you proceed with an evaluation. Don't try to read it all in one go!!!

f1nding your way...

To make it easier for you to find your way around the text we have:

:, colour coded and numbered each section;
>< listed key words in evaluation on p viii and a detailed glossary on p 79. Key words are also marked in the text with a symbol.
:, put examples of the evaluation steps in italics.

criteria

*the values, objectives or other information
you use to make decisions about the value
of your program, project or service*

evaluation

*making decisions about the value of
something by comparing it to some sort of
criteria*

evaluating the process

*evaluating all the processes involved in
delivering a service, program or project*

evaluating for impact

*evaluating the short term impact or effects
of a service, program or project*

evaluating for outcome

*evaluating the long term effects of a
program, say, a few years after it was
conducted*

stakeholders

*people who have an interest in what is being
evaluated - funding providers, committee of
management, service users*

indicators

*a sign of something, for example, women
setting their own expectations in a group is
a sign of good group processes*

unit of analysis

*the part of your service, project or program
that you have decided to evaluate*

principle

*an expression of the values and philosophy
which inform your actions*

pre-conditions

*things that need to be in place to support
evaluation*

background

THE VICTORIAN WOMEN'S HEALTH PROGRAM

Centres Against Sexual Assault (CASAs) and Women's Health Services (WHS) were established in response to many thousands of women's requests for appropriate and sensitive services which would recognise the impact of sex and gender issues on women, their health and their use of health and related services.

The report *Why Women's Health? Victorian Women Respond* (1987) identified and documented these requests and recommended a comprehensive Victorian Women's Health Program. In 1989, as a result of widespread community action around Australia, the National Women's Health Policy and Program was funded.

This funding provided additional support to the previously established services and facilitated the establishment of new WHSs and CASAs.

In all there are now twelve publicly funded WHSs and fourteen CASAs including a statewide telephone service against sexual assault. These services are involved in implementing programs and services aimed at fulfilling the "Dual Strategy". This involves demonstrating appropriate ways of responding to women's health concerns and advocating for change within the mainstream health, community and legal systems.

The CASAs provide both crisis care and counselling support to victims/survivors of sexual assault. In addition they work with existing health and community services to assist them in responding appropriately to issues concerning sexual assault. The centres also play an important role in advocating for legal, social and political reform related to sexual assault issues.

WHS, managed by and for women, provide health information, referral, professional development, training and research, a range of health promotion activities, community health education and direct counselling and clinical services. Further, they represent women's interests at a range of health planning, policy, service and professional education forums.

X

THE EVALUATION FRAMEWORK'S METHODOLOGY

The nature of the work of women's health servies creates particular challenges for traditional and conventional approaches to evaluation. The Dual Strategy, requires that programs developed by WHSs and CASAs attempt to meet multiple objectives: increased responsiveness to women's expressed needs in the planning of programs, delivering direct services in ways which do not further compromise women's autonomy in matters of their own health, and working to change mainstream services, both by example and by advocacy.

Further, women's health programs change as they are being implemented, occur within the complex reality of the participants' lives, have a wide focus of interest and address the dynamics of social change.

MEfflQ.i)Ql,OGY

Methodology, in evaluation terms, refers to the theories and principles which underpin tile selection of methods for evaiuatiQns: It i sometiin«s tn?""n'ilsttle eva luation appr.Qa(ftefi'patadigmiThe majof'l-thodologies whichfo tlyu1tdeqJm ev.jtuation a.•ifhe traditional experimental model and the naturalistic interpretive model. They result in different emphases being placed on:

* what information ist.eq ;r to sm1ke clecisiens as to the
* Wt>rth of a program:
  whatmeifhockare usedtecolledth.e information;
> how the information is understo..:>d:

What follows is a very brief reference to these two methodologies as they relate to the evaluation of programs run by WHSs and CASAS.

TRADITIONAL EVALUATION APPROACHES

Traditional program evaluation is modelled on the controlled experiment. Most elements in the program design are held constant while the element of interest is tested. This frequently occurs in a laboratory setting where variables are able to be controlled. The key purpose of such research is to relate causes to specific effects. The methods used include standardised data collection and large samples.

Evaluators have addressed the limitations of the traditional experimental evaluation approach for programs similar to women's health, and concluded that naturalistic interpretive methodologies are often more appropriate (Patton, 1990, Guba and Lincoln, 1989, Wadsworth, 1990, Baum, 1992).

NATURALISTIC INTERPRETIVE APPROACH

The aim of naturalistic interpretive methodologies is to understand the meaning of a program from a variety of view points. Social reality is thought of as complex and multi-layered and only understood if considered from a holistic perspective. Programs are recognised as dynamic and ever-changing and embedded in, and influenced by, complex political and social relationships and networks. (Baum 1992, Patton 1990, Guba and Lincoln 1989, Stecher and Davis 1987).

The methods most frequently used in naturalistic, interpretive methodologies are, direct and indirect observation, unstructured and semi-structured interviews and descriptive case studies.

APPLICATION OF NATURALISTIC INTERPRETIVE APPROACH TO THE EVALUATION FRAMEWORK FOR WHSs AND CASAs

This approach required further refining in order to be applied specifically to the work of the WHSs and CASAs as these services are also influenced by feminist, community development and participatory action research theory. The essential features of these three theories were integrated to form the characteristics of a more specific evaluation methodology.

The characteristics of the methodology may be summarised as:

1. women centred - taking into account the particular perspective and life experiences of those with whom the services are concerned, the service users and service providers;

2. collaborative and participatory - identifying stakeholders, enabling them to participate and become more visible;

3. context bound - recognizing the complexity of social reality and therefore the need to engage with that complexity in order to make sense of it;

4. reflective - reflecting critically on what is emerging or becoming known: this includes the worker/ evaluator reflecting critically on their own involvement given their previous experiences and values;
5. change oriented - recognizing the need for, and allowing, change to occur;
6. process focussed - acknowledging that the process is as important as, and part of, the final outcome.

These key aspects of the methodology have been integrated into the Evaluation Framework as Evaluation Principles.

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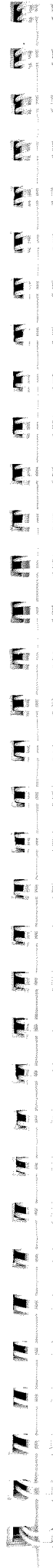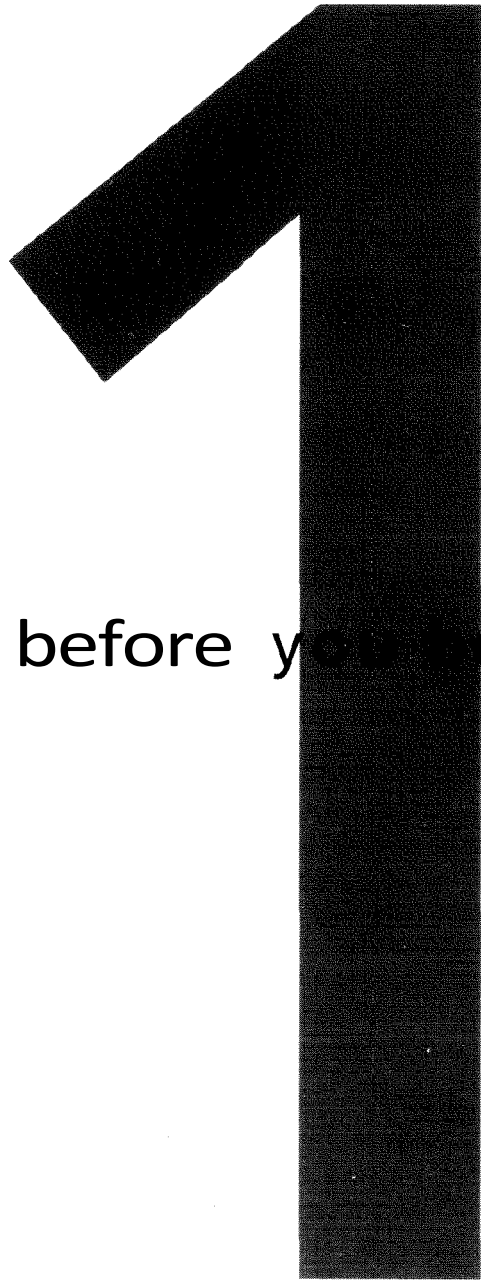
before you begin

1.1

This section introduces some key aspects of evaluation that should be considered before commencing evaluation. It includes the following.

1.1   What is Evaluation?

1.2   Why Evaluate?

1.3   Who is it for?

1.4   Who conducts the Evaluation?

1.5   What are the types of Evaluation?

1.1   WHAT IS EVA1UATION?

Evaluation, in its simplest form, involves making judgements about the value of something. Everyday we make judgements or decisions about almost all aspects of our lives. These decisions are always based on values, even though we may not be consciously aware of this.

In program evaluation, judgements about the worth of a program are made on value based criteria (see pg 21). When evaluating you will need to be clear about and identify whose values are used to make judgements about a program, project or service. Furthermore it is important to recognize the political nature of evaluation. Any conclusions will be able to be used for a range of purposes. Therefore, conclusions will have to be reported carefully and in context. It is also important to ensure that the data or information gathering methods have been conducted systematically thereby maximising the credibility of the service, the program and the evaluation.

Essentially the process of evaluation involves:

* reflecting and planning;
* gathering information;
* analysing and interpreting;
* judging the findings;
* reaching conclusions;
* improving, modifying, implementing change.

The emphasis in program evaluation is on reaching conclusions that will inform further action. For example, "should we continue to offer this program?" or "how will we do it differently next time?"

A "good" evaluation is appropriate, ethical, practical to implement, achievable and useful to the evaluator and the participants.

1.2 WHY EVALUATE?

Essentially evaluation occurs in response to questions such as:
- ;, what did we do?
- ◈ have we got the program rationale right? - was it likely to work?
- ;, what were the effects and how do they compare to what we had intended?
-);, who did and who didn't participate?
-)◈ how could we do it better?
-);, given the effects and the costs, is it a good use of resources?

Evaluation has several purposes.

EVALUATION AS INPUT FOR PLANNING PROGRAMS AND SERVICES
Evaluating what we have already accomplished is an important aspect of planning. Planning should be based on an informed understanding about progress to date.

EVALUATION AS A TOOL FOR LEARNING
Program development can benefit from ongoing evaluation practices. By reflecting on what was done and what could be modified, workers and service users can refine and improve programs and services. Other services will also want to learn about what works and what doesn't.

EVALUATION FOR MONITORING PURPOSES
The direction of the program should remain true to the aims and objectives that have been developed and negotiated and that are considered to be relevant.

EVALUATION FOR ACCOUNTABILITY
Accountability obligations require that services report to both funding bodies and the community. It is important that evaluation efforts are not only focussed on "upwards accountability" but recognise the significance of being accountable to the women who use the service and to women in the community.

Services and funding agencies will undertake evaluations for a variety of reasons.
It is, however, not:
- ✳ a mechanism for individual performance appraisal;
- ✳ only about reporting the positive aspects of a program;
- ✳ in itself a needs study for future programs;
- ✳ by itself, protection from funding cuts.

1.3

1.3 WHO IS IT FOR?

When you decide on the purpose of an evaluation it is important to consider who should be involved, the stakeholders.

Stakeholders, due to their various interests and responsibilities, will seek different information from an evaluation. You will need to prioriti.ze the various stakeholders so you can decide on tre main focus for the evaluation. For most CA5As and WHSs the criticatinterests to be c<)l;lsidered will be those of the women who use the services.

It may be useful to categorise the stakeholders into the following groups in order to clarify who will want to be involved and what might be the implications of their involvement.

Diagram 1: Potential Stakeholders

SERVICES' MEMBERS	WOMEN IN THE COMMUNITY	SERVICE USERS
GOVERNMENT OFFICIALS	**SERVICES AND AGENCIES**	**FUNDERS**
Policy makers Regional officers	The health system Medical and allied health Schools and colleges Hospitals Others services and agencies Staff	Trusts Government departments Local government
POLITICIANS		
Local, state and federal members		
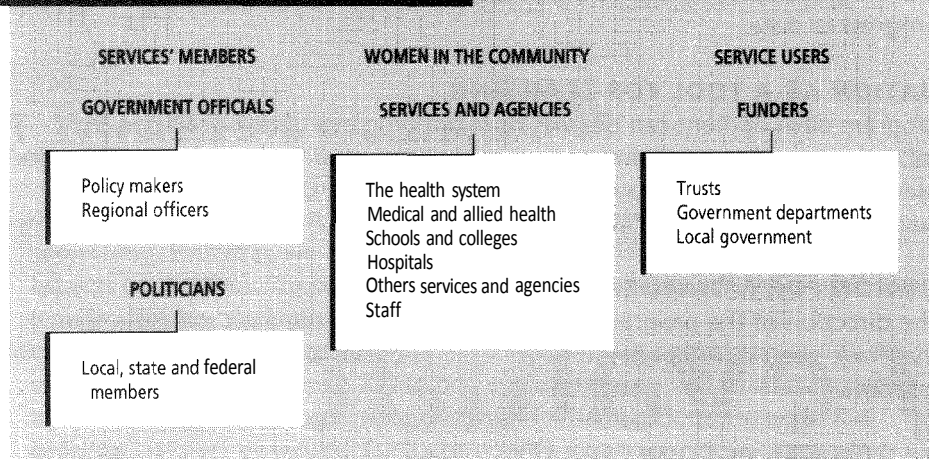
1.4 WHO CONDUCTS THE EVALUATION?

INSIDER EVALUATION

Insider evaluation, or self evaluation, refers to a service conducting and controlling its own evaluations. This approach is the one taken in The Evaluation Framework outlined in Section Two. Insider evaluation has the following features:

* reflects women's and workers' intimate knowledge and understanding about a program and its context;
* can encourage critical reflection;
* facilitates data collection and evaluation;
* assists in creating a skilled workforce and a culture of evaluation;
* the findings and recommendations of the evaluation are more readily accepted and acted upon by key workers;
* can be viewed as biased and invalid;
* may be less rigorous.

OUTSIDER EVALUATION

When a person or group who is not connected with a service conducts an evaluation of that service's programs it is known as an outsider evaluation. These outsider evaluations are generally considered to be:

* more credible;
* conducted by skilled specialists;
* not dependent on approval from, or influenced by, service managers or staff;
* costly;
* more suited to a larger program review.

COMBINING INSIDER AND OUTSIDER EVALUATION.

Both insider and outsider evaluations have advantages and disadvantages. The purpose of the evaluation will determine which approach is most useful. Employing an outside evaluator to assist with an insider evaluation can maximise the advantages of both approaches. For example, an outside evaluator could:

* be a critical questioner in the planning phase;
* monitor the data collection phase;
* provide independent insight in the interpreting phase;
* assist in designing the final report;
* provide impetus for implementing the recommendations.

Decisions about insider or outsider evaluations, or a combination of both, will depend on the evaluation purposes and available resources. The Evaluation Framework, although designed primarily for insider evaluations can be used in association with an outside evaluator.

1.5

1.5 WHAT ARE THE TYPES OF EVALUATION?

The types of evaluation discussed below are generally conducted in the order in which they are listed, as each builds on the former.

Evaluation of the process: emphasises looking at all the processes involved in the delivery of a service, program or project as well as the immediate effects. It may include the following aspects:

* how the program was experienced by the women participating, what actually happened, what the immediate effects were;
* who the participants were and how well they represented the target group;
* the participants' level of satisfaction with the program or service;
* what additional activities were undertaken in response to the needs of the women participating;
* how good the materials were, given the available resources.

Evaluation for impact: focusses only on the short term impact of a program and is usually related to program objectives but also includes unanticipated effects. (See glossary for definition of aims, objectives and strategies.) Before evaluating for impact it is important to assess the readiness of your program for evaluation. An assessment involves checking:

* the rationale informing the program's design. Will the objectives and strategies achieve the goals?
* the appropriateness of the strategies given the program's aims and objectives;
* the design and sequence of the activities;
* the implementation of the program;
* if the program has been implemented long enough to have had an effect.

Evaluating for impact concentrates on the following:

* the appropriateness of the objectives for addressing the identified women's health issue.
* the range of impact on the participants and others;
* the intended and unintended effects including both positive and negative;
* the signs or indicators of success.

Evaluation for outcomes: identifies the long term outcomes of a program which are frequently related to the aims of the program.

Economic evaluation: assesses all the costs of a program against the outcomes of a program. The costs are considered in terms of foregone opportunities and negative consequences and the benefits as the accrued opportunities.

6

the evaluation framework

2

2.1

2.1 THE EVALUATION FRAMEWORK AT A GlANCE

Principles for Evaluation

The Principles emphasise:
* listening to women's voices;
* collaborative and participatory processes;
* recognising the complexity of social reality;
* allowing for reflective and reflexive practises;
* allowing and planning for change;
* the process is a part of the impact;

Pre-conditions for Evaluation

Evaluations will be facilitated by the following:
* knowledge of context;
* attitudes conducive to an evaluation culture;
* processes and structures supportive of evaluative activities;
* skills and resources.

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2.1 II

Phases and their Steps

PHASE 1
Reflecting and Planning — 6 steps

pHASE2
Collecting Information — 3 steps

PHASE3
Analysing and Interpreting — 4 steps

PHASE 4
Feedback and Reporting — 4 steps

PHASES
Follow Through Action — 3 steps

The Evaluation Calendar

The Calendar facilitates:
* systematising and organising the evaluation phases;
* systematising information gathering;
* linking information to strategic planning;
* development of an evaluation culture

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2.2

2.2 PRINCIPLES FOR EVALUATION

In this section some principles upon which the Evaluation Framework is based are outlined.

The principles arise out of the evaluation methodology which is a combination of feminist research, community development and participatory action research theories.

PRINCIPLE 1

That evaluation practices, "listen to women's voices", hearing their particular views and recognising that their experiences are valid.

PRINCIPLE 2

That evaluation processes produce processes which ensure that participation and th.. are actively involved.

PRINCIPLE 3

That evaluative practices recognise the social context and the need to make sense of it in order to understand what is happening.

PRINCIPLE 4

That evaluative practices allow for critical reflection.

PRINCIPLE 5

That evaluation practices will allow for and result in change.

PRINCIPLE 6

That evaluative practices are based on the recognition that process is as important as, and part of, the final impact.

2.3 EVALUATION PRE-CONDITIONS

Evaluation activities will benefit from certain pre- conditions such as: a service culture which encourages, validates and supports evaluation activities; structures and processes which support evaluations; individuals who have skills and understanding of evaluation and a knowledge of the service's context.

KNOWLEDGE OF CONTEXT

Before evaluating it is essenfial thatl OU, ftfeefWa of i.e' dtffer,nt contexts irtwhichyour ,ervke o,ertttes. fijiis;iwould int::Ude knowledge of:

' national and state policy and initiatives and program aims and
∗ objectives;

regional directives;

local context
- other services and programs,
- demographic data,
- epidemiological data;

) the service's
- principles,
- aims and objectives,
- budget and staff,
- other;

∴ relevant literature
- consultation and needs studies,
– other women's health program evaluation reports,
- media reports,
- research articles,
- evaluation texts.

ATTITUDES FOR AN EVALUATION CULTURE

Evaluation is more likely to be supported if:

tc the questioning of assumptions and skeptical thinking is encouraged;

) inquiry and reflection are valued and accepted;

;·, different views are heard, valued and accounted for;

,(participation by a range of people is encouraged;

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* anxieties and fear associated with evaluation are recognised and strategies are developed to deal with them;
* there is recognition that everything changes and that evaluation efforts will result in positive change;
* there is an understanding that evaluation takes time and adequate time is made available.

PROCESSES AND STRUCTURES

Certain processes and structures need to be in place to support evaluation efforts. For example:

* it is important not to overlook the significant role played by a service's administration and management;
* every funding submission should include a budget allocation for evaluation;
* evaluation should appear regularly as an item on the agendas of committee of management and staff meetings;
* evaluation and planning sub-committees are essential; yearly planning and review days should include planning for program and project evaluations;
* a designated "evaluation worker" to be shared between 2 or 3 services;
* evaluation to be an agenda item on statewide meetings such as Women's Health Around Victoria and Centres Against Sexual Assault Co-ordinator's Forum;
* organisation of a range of forums to report evaluation findings, for example, Regional forums.

SKILLS AND RESOURCES

Good evaluation will require a commitment by the service to staff development and the allocation of adequate resources. Therefore it is important to:

* allocate time to evaluation;
* provide an evaluation training budget;
* encourage study leave for staff to acquire skills in this area;
* specify an understanding of evaluation in job specifications;
* ensure access to evaluation literature.

2.4

phases andsteps

2.4

2.4 THE EVALUATION PHASES AND STEPS

Evaluation consists of the following five phases

1. Reflecting and Planning
2. Collecting Information
3. Analysing and Interpreting
4. Feedback and Reporting
5. Follow Through Action

Each phase produces an outcome which is d veloped f. rtf,er in the succeeding phijs,s a nil leads"toia series of conclusions and action plans.

Within ea h phase there a @ arnumber of sequential steps. In reality you may find that you move backwards and forwards between the steps, as the outcomes of each one often have implications for another. The extent to which these are followed will depend on the evaluation purposes and resources.

Diagram 2, on the facing page, illustrates all the evaluation phases and steps.

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2.4

Diagram 2: Phases and Steps

PHASE ONE: REFLECTING AND PLANNING

| What Identify what it be e | Why Clarify evaluation purposes & questions | Which Establish which criteria | Who Identify stakeholders | How Identify sources, methods, resources | When Develop timeline, identify tasks | Evaluation Plan |

PHASE TWO: COLLECTING INFORMATION

| Design and plan implementation of methods | Test and refine methods | Implement and monitor methods | Raw Data |

PHASE THREE: ANALYSIS AND INTERPRETING

| Review and order data | Analyse for themes and patterns | Interpret the themes and issues | Develop conclusions | |

PHASE FOUR: FEEDBACK AND REPORTING

| Discuss findings and negotiate | awlllsions, develop re, da'lions | Finalise report | Promote the evaluation | |

PHASE FIVE: FOLLOW THROUGH ACTION

| Implement recemmenda'tlons or develop stl'.ateglc ditec!lohs | Identify feSOUr(ef regl1 eil fo{.<ha | Finalise plans for change | |

2.4

2.4.1 PHASE ONE: Reflecting and Planning

Evaluation occurs on an everyday basis when women individually or collectively reflect on what they have achieved. Reflection may then become the first step of a more systematic process, such as evaluating the processes or impact of your program, project or service. Such evaluation requires careful planning.

The rminb'p otesllitt 'ff   iA lvij a,,   n u m b Ef6f-ps/- lift:
> *nt, P 1. WHAT: identifying what o evallate;*
> *S'l, 'EP- Jflff: clarifying the, osè   ana e. lua#f!rm   q sti ;*
> *STEP 3. WHICH: establishing which criteria to use;*
- *STEP 4. WHO: identifying the stakeholders;*
- *STEP S. HOW: identifying how to answer the evaluation questions;*
- *STEP 6. WHEN: developing a timeline and allocating tasks.*

Diagram 3 represents the steps in the planning phase and shows how they result in an evaluation plan.

Diagram 3: PHASE ONE Reflecting and Planning

THE EVALUATION QUESTIONS
Service Principles

WHAT: Focus and context
|
WHO: Stakeholders
|
WHY: Purposes
|
HOW: Requirements
|
WHEN: Calendar
|
WHICH: Criteria
|

THE EVALUATION PLAN

16
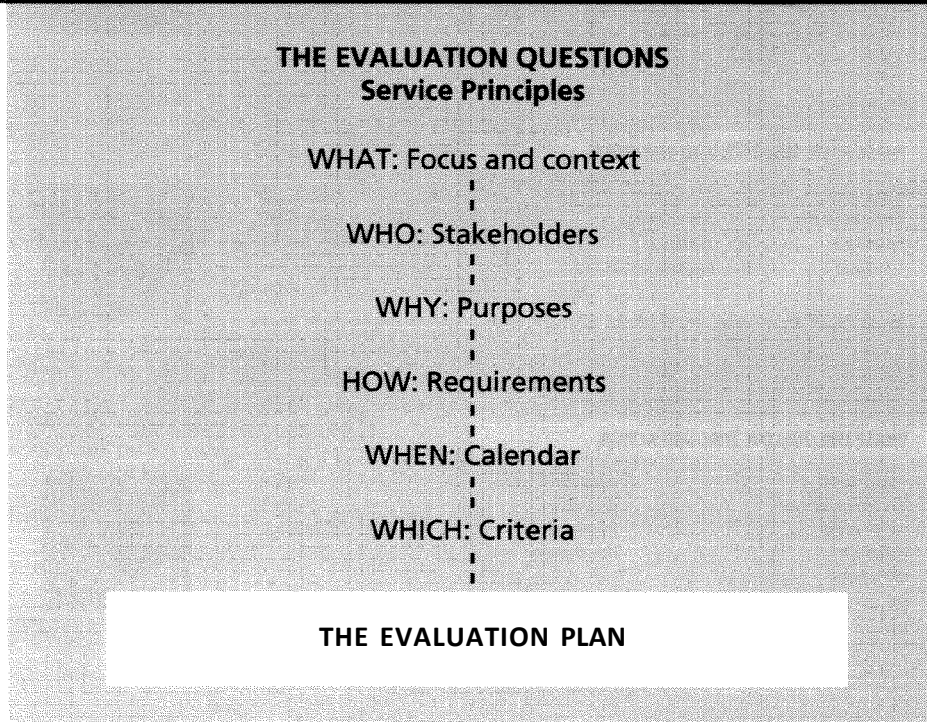
STEP 1. WHAT: Identifying What Is To Be Evaluated

This first step involves identifying what program or part of a program, project or service you wish to evaluate. This is often known as the unit of analysis. It may be:
* a women's information program;
* a sexual assault survivors' group;
* a newsletter;
* training workshops;
* an advocacy campaign;
* a referral component of the information service;
  the protocols for the crisis care unit;
* the counselling service.

Whatever you choose to evaluate, you will need to check the logic of it's aims, objectives and strategies. For example, can the strategies achieve the objectives? Are the objectives the right ones given the needs the program is addressing?
To do this you will need to identify the characteristics of your program.

CHARACTERISTICS OF A PROGRAM

It may be useful to think about the program, project or service in the following way:

Context
* identifying the context in which the program, project or service operates, such as the National policy, state guidelines, regional directives, local needs and demographics, other agencies, service philosophy and aims and objectives, staff levels, budget etc.;

Participants
* identifying the participants in the program, including the service users and their characteristics;

Program Aims, Objectives, Strategies
* identifying the program's aims, objectives, and strategies;
* checking the rationale of the program. Will the strategies lead to the achievment of the objectives?

Costs
* identifying the overall costs of the program;

Intended Impact
* identifying the intended impact.

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2.4

STEP 2. WHY: Clarifying The **Purpose And The Evaluation Questions**

This step is concerned with:
;, clarifying and prioritising the purposes of the evaluation;
;c identifying and deciding on the evaluation questions.

Identifying your particular reasons for undertaking an evaluation will assist you to decide the direction, scope and focus of the evaluation. It will also help you to decide whom you should involve and the products, if any, it could produce. This would include consideration of the ways you want to report the evaluation.

For example, if program improvement is the main purpose, an evaluation of the processes may be appropriate. You may only require a modest effort and a small report.

Alternatively, if the evaluation purpose is to identify program effects in order to meet a funding agreement then an evaluation for impact will be necessary. This may call for a more extensive evaluation, the involvement of a range of key people, and result in a more detailed evaluation report. Having clarified your particular evaluation purposes and aims you can now develop the evaluation questions.

DEVELOPING **THE EVALUATION** QUESTIONS

The evaluation questions are developed in the light of your evaluation purposes and together they assist in focussing the evaluation effort.

Consequently it is useful to tease out the questions until you identify exactly what it is you really need and want to know.

For example, an initial question may have been: what are the short term effects or impact of the women's health information forums? More focussed questions would be:
;c what is the range of effects?
;c how do we know what effects occur?
):(when did the effects occur?
);, does it happen to all the women who participate?
)c what aspect of the program do the particular effects relate to?
):, how do these effects compare to what we had intended?
)C how do the effects compare with other programs we have run?
):, how do the effects compare to other similar programs?
):, given the effects and the costs should we continue to run the program?

An example of questions for evaluating the process are on pg 19.

The evaluation questions will be refined during the planning phase as each aspect of evaluation is considered. The nature and number of the questions will have implications for the size or scope of the evaluation. It may be necessary to limit the questions to keep it all manageable and within your budget.

It is also useful at this stage to think about what criteria you will use to make judgements about the findings of your evaluation.

2.4

reflecting and planning

phase one

Most of the examples illustrating phase one and two are based on an evaluation of the processes of West CASA's Crisis Care Unit conducted during the development of this manual.

WEST CASA CRISIS CARE UNIT (CCU) EVALUATION
Some evaluation questions related to process were:
* *have we implemented all aspects of the model?*
* *do we provide a quality service? Does the CCU service reflect West CASA's principles and understanding of the nature of sexual assault?*
* *are the protocols adequate?*
* *who uses the service?*
* *how accessible is the service?*
* *what do victims/survivors feel about the service re:*
  - *the way they were treated?*
  - *the information they received?*
  - *their access to other services?*

example

19

2.4
II

» STEP 3. WHICH: *Establishing Which Criteria You Will Use For The Evaluation*

Evaluation involves making decisions about the worth or value of your program, project or service. Therefore you will need to develop criteria to enable you to do this.

CRITERIA

Depending on the evaluation purpose the criteria you develop might be:
- a list of key principles;
- a list of anticipated program effects;
- a set of indicators based on key principles and/or anticipated effects;
  a set of specific standards relevant to your field or profession, for example, Community Health Accreditation Standards Program for Women's Health Standards and CASA Standards for Practice;
- selected goals, targets and guidelines set by government officials and other key stakeholders, for example, *Health Goals And Targets For Australian Women* (1993) and *Working with* People *from Non-English Speaking Backgrounds* (1992);
- especially developed criteria to assist you to judge performance.

The criteria for assessing the program and answering the evaluation questions may be informed by:
- the values, views and experiences of service users;
- the principles or philosophy of the service and workers;
  workers' knowledge and understandings;
- agreed on views within the field about what is considered to be good practice, process and desired effects;
- information about similar work conducted elsewhere;
- relevant evaluation literature, reports and case studies;
- demographic base line data (number of non-English speaking background [NESB] women in your locality);
- national and state programs, as well as the service's aims, objectives and target groups;
- objectives of the particular project or program;
- goals and targets identified by funding bodies or key stakeholders;
- policy guidelines;
- other relevant material.

2.4 II

INDICATORS

You may have decided that your evaluation criteria will include a set of indicators. An indicator is a sign of your program's anticipated processes and impact. Indicators are used to provide a comparison to assist with decisions about the extent to which your criteria have been met.

You can develop indicators by asking "What would be the sign of this?" The signs or indicators will reflect program principles, objectives and strategies. The Principle Objective Indicators Grid is a method for developing indicators based on principles and objectives. An example is on pg 22.

Indicators are not useful if:

* the evaluation purpose is to answer more open questions like, "What do women like about this program?", or, "Why do women react this way?";

:, the evaluation is primarily focussed on identifying the unknown or unexpected impact of a program, service or project.

2.4

example

WEST CASA CCU EVALUATION
Principle Objective Indicator Grid

OBJECTIVES		
ONE	*TWO*	*THREE*
To develop a progressive after hours staffing model based on developmental principles and employing women who live or work in the West	*To provide a service that is accessible and appropriate or victim/ survivors 16 years and over.*	*To provide a unique quality service provision model.*

INDICATORS		
Worker:	*Involuement of victim/ survivor in service activities*	*Women:*
-improved understanding and knowledge	*- suh-cnmmittees*	*- make choices*
	- reclaim the night activitie.	*- aware of ability to choose*
	- newsletter	*- hear options*
	- committee of management	*Change in victim/ surviunr appearance:*
		– less stressed to more relaxed
		- Worker protocols followed
Worker:	*Accessed by diuerse range of women*	*Victim(Surviuor:*
- increased knowledge	*-NESB*	*- decision to respond without pressure*
- change in practice	*- low socio-economic group*	*- understand process and role of police*
	-age range	*- comments like "I want to report because he had no right to do it"*
	- appropriate reflection of demographic data	*- requests specific advocacy from counsellor/advocate*
		- follow up, ring back, request more information

PRINCIPLES

Power disparity

Empowerment

Crime against people across class age race

2.4

phase one *reflecting and planning*

STEP 4. WHO: Identifying the Stakeholders

This step requires consideration of:

          who will have an interest in your evaluation (stakeholders);

          whom it is strategic to involve, who you want to influence.

Having identified the key stakeholders it is useful to negotiate the purpose, focus, scope and reporting requirements of the evaluation with them. This will encourage commitment to the evaluation effort and increase the likelihood of their support for the findings and the actions that follow.

Participants in your program, service or project could be included in this planning phase. Involving them and other key stakeholders will help you to develop appropriate evaluation questions and information gathering methods.

For example, if evaluating the effects of a support group, the women participants may have valuable suggestions about the interview questions and ways to contact the women to be interviewed.

Involving others at this stage will also result in a further refining of the evaluation questions.

example

> *WEST CASA CCU EVALUATION*
> *List of Key Stakeholders*
> * *West CASA committee of management and staff*
> * *Other services in region*
>   - *hospital*
>   - *community policing squad*
>   - *sessional staff and their agencies*
>   - *CASA House*
>   - *Royal Children's Hospital Sexual Assault Service*
>   - *Telsasa*
>   - *service users*
>   - *outside evaluator*
> * *Department of Health and Community Services*

2.4

STEP 5. HOW: Identifying How To Answer The Evaluation Questions

By now you will have clarified the evaluation purposes, what you wish to evaluate, the stakeholders to be involved, refined your evaluation questions and given some thought to how you might judge the findings of the evaluation.

The next step will involve:

* identifying the information needed to address the evaluation questions;
  identifying information sources and collection methods;
* identifying the resources available and those required.

IDENTIFYING THE INFORMATION NEEDED

To identify the information required to answer your evaluation questions you will need to:

* review the evaluation questions, criteria and/or indicators;
* think about what you want to be able to report on;
* consider what type of information you require, for example numbers and/or descriptions;
* decide on the level of detail the information will have to provide;
* think about what kinds of events, activities or groups of people you need to investigate;
* think about the time period over which you will collect the information.

IDENTIFYING SOURCES

When selecting sources of information it is useful to:

* reflect on how you already know things and use what you know;
  think broadly and creatively about the range of sources of information;
* identify all current and potential sources of information;
* if looking for program effects, identify where you would most likely find them;
* the cost of collecting different kinds of information.

IDENTIFYING METHODS

Identifying suitable methods involves:

* reviewing the evaluation literature;
* identifying the range of methods (see pg 26);
* reviewing the evaluation questions and purposes to decide which methods would provide the information you need;
* thinking about the rigour, validity or reliability required, for example, will you need to collect information from a number of sources to maximize its validity and increase the crE:dibility and accuracy of the evaluation?

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2.4

Diagram 4: Sources of Information

PEOPLE "Who"	ACTIVITIES AND EVENTS "What"	PROGRAM RECORDS "Which"

KEY INFORMANTS:
Participants
Facilitators
Committee members
Other agencies
Staff
 	
OTHERS:
Government officials
Policy makers
Funders
Local government
Staff
Politicians
Experts
	Program activities
	Workshops
	Group interactions
	Participants' actions
	Community actions
	Day events
	Use of facilities
	Visitors' actions
	Staff and service user
	  interaction
	Other providers' service
	  users interaction
		Program aims and
		  objectives
		Performance indicators
		Case notes
		Statistical records
		Financial records
		Minutes
		Feedback sheets
		Group brainstorms
		Group rounds
		Participant diaries
		Thank you letters
		Follow up interviews
		Attendance records
		Worker diaries
		Debriefing notes
		Session notes
		Reports to planning and
		  evaluation committees
		Annual reports
		Case studies
		Photos
		Videos
		Newspaper articles
		Transcripts of radio
		  interviews
		Policy documents
		Demographic data
		Relevant statistics
		Services goal statement

)　considering the scope, depth or breadth of the evaluation (would fewer interviews with more detail be better than lots of interviews with little detail?, for how many evaluation questions can you realistically collect information);

)(　thinking ahead, how do you plan to analyse and interpret the information (manually or with computer program) or will you require the assistance of an outside evaluator?

;;,　matching your evaluation questions, sources of information and methods;

);　negotiate the selected methods with the stakeholders.

It's a complicated balancing act! After considering a method and in the light of the available resources, you may wish to think again about the scope of the evaluation. If it has become unmanageable you could decide to refine further the evaluation questions and refocus on what will be evaluated. For example, do you need to focus on all of the program or project, or just one part of it?

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2.4

Diagram 5: Methods for gathering information

PRIMARY		SECONDARY
Interviews/ Questionnaires	Observations	Analysis of Records
Individual discussion Focus groups Face-to-face interview or questionnaire Telephone interview Mail questionnaire	Participant Overt Covert	Scan all Thematic search Select certain records
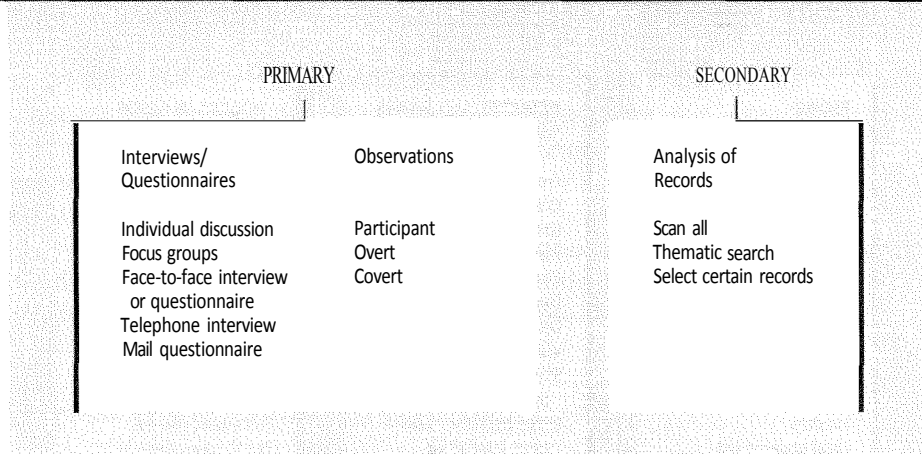
EXAMPLES OF INFORMATION COLLECTION METHODS UTILISED IN EVALUATIONS

One WHS decided to use the following methods to evaluate the processes and impact of a women's information group program. The methods were:

* special diaries which the women participants were asked to keep;
an evaluative discussion at the beginning of each session about the last session;
,c worker's review of session notes;
)c observing the interactions among women at some of the sessions;
* observing for interactions between women outside sessions;
a mid-way review which asked participants to comment on aspects of the program;
):: a final session evaluation;
)t three month follow up interviews.

IDENTIFYING THE RESOURCES AVAILABLE AND THOSE REQUIRED

You will need to decide:
)t what length of time do you have for the evaluation?
,c how many hours of staff time can we spare?
,c how many dollars, if any, do we have?
* what evaluation experience and skills are available in house?
,; are other women available to assist us?
,t do we need to access some evaluation literature?

These decisions will assist in keeping the evaluation manageable.

2.4

phase one

reflecting and planning

STEP 6. WHEN: *Developing a **Time-line and** Allocating Tasks*

Now that the resources available, evaluation criteria and information sources have
        been identified, the next step is to:
    ‡t develop a realistic evaluation timeline;
    tt allow for unanticipated delays;
    ‚t establish an ongoing evaluation working group;
    ‚t allocate tasks.
The timeline and tasks could be charted on an Evaluation Calendar.

example

WEST CASA CCU EVALUATION
TIME LINE AND TASKS FOR EVALUATION OF PROCESS
PHASE TWO

Week Ending	Action		**Who**
9 October	*Draft*	*Letter to HD V*	*Jean*
	Plan	*Focus Group*	*Leah S*
	Develop	*Rationale*	*Jean E*
		for program	*Ronnie*
		Description of	*jean*
		Model	*Jean*
		Statistics	*Jean*
16 October	*Draft*	*Letter to be sent*	
		to possible	
		interviewes	*Jean*
	Design	*Questionnaire*	*Lorraine/Fran*
	Allocate	*Tasks*	*Staff Meeting*
23 October	*Conduct*	*Focus Group*	
		Monitoring	
		current program	*Leah*
	Conduct	*5 interviews*	
30 October	*Conduct*	*Focus Group (Staff & Committee)*	
	Conduct	*5 Interviews*	
6 November	*Conduct*	*Focus Group*	
		(Support Meeting)	
	Conduct	*5 Interviews*	
13 November	*Conduct*	*5 Interviews*	
		Catch up on any work not done	

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2.4

WEST CASA CCU EVALUATION
Outline of Proposed Report
The evaluation report will include:
- *brief history of CCU and WEST CASA;*
- *a rationale for CCU and the WEST CASA model;*
- *statistical and budget information;*
- *outline of process evaluation, including methods used:*
  - *process indicators;*
  - *interviews;*
  - *focus groups;*
- *summary and conclusions;*
- *conclusions and recommendations.*

PRODUCTS OF THE PLANNING PHASE: AN EVALUATION PLAN

The planning phase should result in an evaluation plan consisting of!
* a brief statement of what is being. evaluated and the evaluation questions;
}, bad<ground information about the program, project or service being evaluated,
  - origin and rationale
  - aims and objectives
  – characteristics of the participants and related issues
  - key program activities
  - staff involved
  - materials and costs;
⚡ description of the evaluation,
  - the aims of the evaluation (evaluation purposes}
  - the evaluation questions
  - the stakeholders involved
  - the methodology or evaluation principles
  - the criteria or indicators for the evaluation
  - the methods to be used (including sources of information);
) preliminary timeline and evaluation calendar;
⚡ dedicated resources, including committed working group.

The evaluation plan can also be used to foreshadow the final evaluation report.
For example see pg 44.

2.4.2 PHASE TWO: Co 11ecting Information

There are no rigid rules that can be provided for making data collection and methods decisions in evaluation. The art of evaluation involves creating a design and gathering information that is appropriate for a specific situation and particular policy making context (Patton 1987 p9).

Phase two begins with a plan to collect the required information and concludes when the raw data have been collected. These data are the basis for your analysis, interpretations and evaluation conclusions.

Diagram 6: PHASE TWO Collecting Information

DESIGN AND PLAN IMPLEMENTATION OF METHODS

TEST AND REFINE METHODS

IMPLEMEf·NTAND MONITOR METHODS

RAW DATA

29
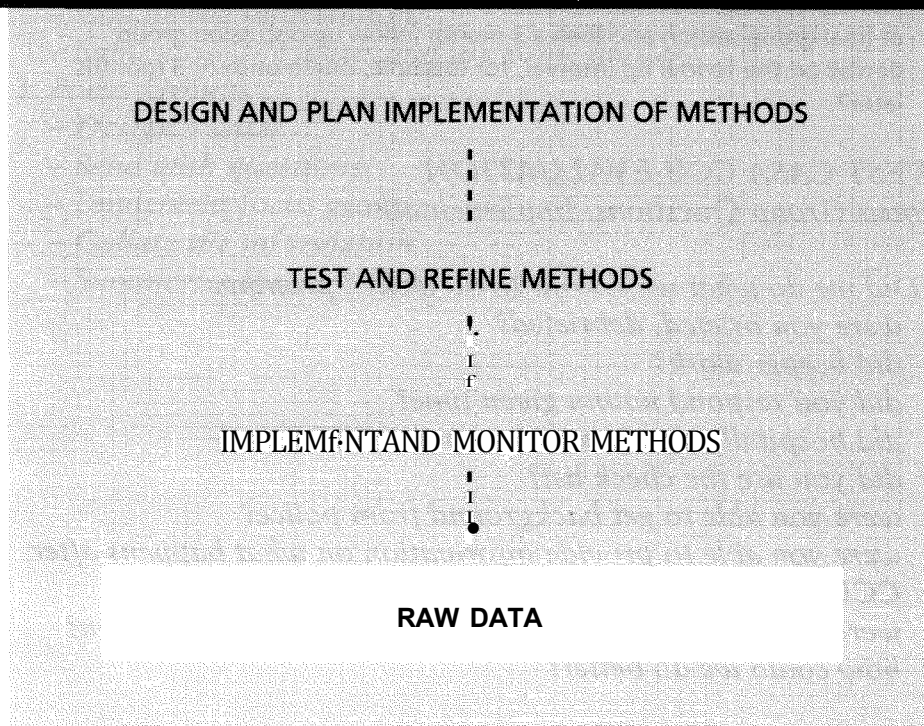
2.4

);.> *STEP 1. Design and Plan Implementation of Methods*

Having developed an evaluation plan which identified the information sources and methods, the next step is to design the content of these methods and plan for their implementation.

For example, if you have decided to interview women who participated in a group, you and some of those women, can write the questions you wish to ask them.

DESIGN CONTENT OF METHODS

Whatever your selected methods are you will need to consider the following:

- ;c remind yourself of the kind of information you are seeking in order to answer your evaluation questions;
- give some thought to how to analyse the data and the time it will take;
- check the evaluation literature for details about techniques related to your selected methods. For example: how to conduct focus groups or interviews; design questionnaires; choose samples; implement participant observations; analyse program records; and do statistical tests;
- design the details of your methods, for example, categories, questions for interview or participant feedback sheet, theme list for worker's diary;
- decide on sample, that is, how many discussion groups or records do you need?
- identify the sequence for implementing the methods, for example, discussion at final group session and then a 3 month follow up discussion group;
- ;, decide on the follow up interval, for example, one month or 3 months later?

WEST CASA CCU EVALUATION
Focus Group Questions: Implementation

"Did we do what we set out to do well?" prompts
- *were you briefed, debriefed?*
- *did beeper work?*
- *did you respond within given time?*
- *did hospital/police/you follow protocols?*
- *did yuu use the check list?*
- *were you able to get background from police?*
- *were you able to provide information on what happens after CCU?*
- *were there any problems with completing documentation?*
- *how could we do better?*

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2.4

PLAN IMPLEMENTATION OF DATA COLLECTION

When planning to put the collection methods into practice it is useful to:

* identify ways to inform people of the evaluation and request their involvement;
* allocate tasks, such as, roles and responsibilities for collection and recording. For example, someone to review documents, observers, interviewers, facilitators of focus groups, translators, transcribers, childcare staff, and so on;
* identify, locate and check the equipment you may need, for example, a tape recorder;
* develop time schedules, notification and booking procedures for all interviews, focus groups and so on;
* think about ways to report back.

WEST CASA EVALUATION

Action Plan: Implementation

1. Write letter to Department outlining the report

2. Interviews

– Design letter to stakeholders, then send with rationale, description and questions
- Make appointments
- Interview
- Collate the information
- Summarise the issues and use some quotes

3. Focus Groups

- Design a letter
- Send with questions
- Implement focus group
- Collate the information
- Summarise the issues and use quotes

phase two

collecting information

example

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2.4

➤ STEP 2. Test and Refine Methods

Having designed the methods needed to gather information, it is worth testing if the methods and the way you have implemented them, will give you what you need.

Testing consists of:

- ᴄ trying out the questions on other women in the service. Are they clearly understandable to a range of people?
- ✳ testing out an interview, group discussion, observations, new data collection forms, or whatever, on a small but representative group. For example, is it sufficiently detailed or specific? Were the questions understood? Are they in the right order? How much time did it take?
- ⟨ thinking about how you will analyse the data and ensure that it meets the requirements of your chosen methods of analysis;
- ᴄ doing a test run of analysing the results, thinking about the quality of the information;
- ⟩ thinking about what else you might need to add or change;
- ✳ refining the methods and questions as necessary.

⥿STEP 3. Implement and Monitor Methods

The selected methods are now ready to be put into action. During the implementation stage it is advisable to:

- ⥂ check that all methods are understood by the women implementing or facilitating them, as well as those participating in the evaluation;
- ⟩ monitor the material received for its usefulness. Is it providing the information and the level of detail that you require?
- ⟨ ensure that all information is recorded carefully and accurately, as well as labelled, filed and/or entered on computer;
- ∴ deal with problems as they emerge
  - is the interpreter able to translate rapidly enough for a group discussion?
  - are the participants filling in their diaries?
  - – is the sample sufficiently representative?
  - are the categories filling up fast enough?
  - do your methods of analysis work on the data collected?
- ∴ keep workers and stakeholders informed.

2.4

PRODUCTS OF THE INFORMATION COLLECTION PHASE

At the end ftt'lisfhase y taWiH h :

* a ord of tt'le dale col n adivities e \en and a e or Mo ribing how you wentil>outit
* example cf)a ant bad(:tl,eet5 in iew sche e;
* notes fftmiinte , gr rl""CJUP distU$ andSQ.un;
* all returned questionnaires, participant feedback sheets;
* notes with the observations made;
  program documents, for example, workers diaries, minutes from meetings, registration sheets, demographic details of participants;
* and other relevant "raw data".

All of this material is likely to be used in the analysis phase and some of it could be incorporated into the evaluation report.

phase two

2.4

2.4.3 PHASE THREE: Analysis and Interpreting

This phase of the evaluation process requires you to analyse and interpret the information you have gathered in order to develop conclusions.

Given the methodology which informs this Framework, (see pg xi) the aim of the analysing and interpreting pt:Ocessts to understand the meanings attributed to aspects of your prpgram project or service by those partkipattrtgand involved init.

With this aim in mind itis importa t to rem berthat:

* there is no one true meaning, but rather many different perspectives, about whatever is being evaluated;
* the information will reflect the range of perspectives; these perspectives can be categorised;
,·, the emerging patterns and themes will identify the overall meanings attributed to the program, project or service;
) these meanings will assist you to draw conclusions about the program, project or service.

Diagram 7: PHASE THREE Analysis and Interpreting

REVIEW AND ORDER DATA

ANALYSE FOR THEMES AND PATTERNS

INTERPRETTHE THEMES AND ISSUES

DEVEJ..oP·coNCLUSIONS

FINDINGS AND DRAFT CONCLUSIONS
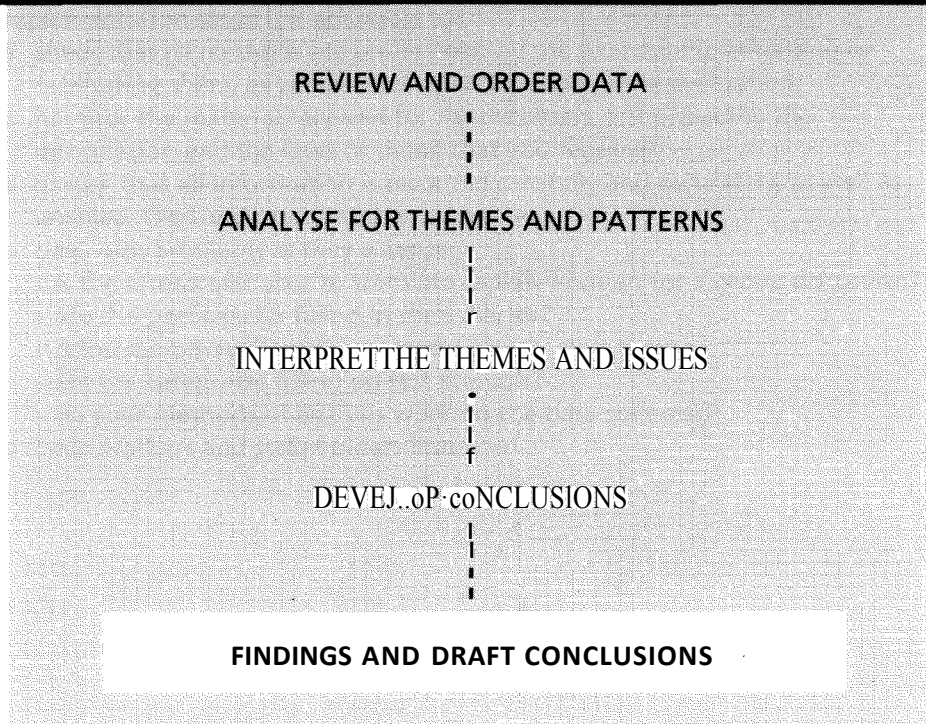
);— *STEP 1. Review and Order the Data*

The information gathering phase will have produced a great quantity of material such as transcripts, participant feedback sheets, workers' notes, program documents and so on. This is the raw data of your evaluation and it now needs to be gathered together and processed.

This step includes:

-)� locating the data;
-)c sorting the data according to the sources, the evaluation questions and/or indicators, and unintended outcomes;
-)� creating a "key copy" as a basic reference source;
-)� creating several other copies for cut and paste;
- /� putting aside the interesting but not directly relevant information;
- ;c checking the usefulness of your raw data, for example, noting any unusual elements in the particular timing of the evaluative activities, such as a focus group in the school holidays.

THE ARABIC MUSLIM WOMEN'S HEALTH INFORMATION PROGRAM

The following example illustrates key steps in phase three. It concerns an impact evaluation of a twelve week Women's Health Information Program and is based on work conducted by the Women's Health Service for the West (WHSFTW).

Raw Data

Information was gathered from interviews and focus groups. It was coded and sorted.

The following comments are related to one of the evaluation questions, namely: "What were the effects of the information sessions on the women participants?":

- *some women said that there was not enough time to talk about their private lives and others said that they did not feel safe disclosing personal experiences;*
- *"I didn't think domestic violence existed, I also realised that I wasn't ready to talk about it. Now the centre has tapes on domestic violence and we talk about it";*
- *one participant who was interviewed by the media, said "being involved in this program has changed my life";*
- *one woman was observed discussing her embarrassment in dealing with a cyst in her breast;*
- *a worker stated that she did not observe women speaking about intimate heahh issues;*

2.4

- *another worker thought that the information received was useful but developing confidence to deal with difficult health issues would take longer;*
- *a key community participant said that she had gained confidence to deal with domestic violence and recognized the need for a women's refuge.*
- *another participant had initiated discussions about domestic violence within her community.*

2.4

);..> *STEP 2. Analyse For Themes And Patterns*

Having brought order to the data the next step is to analyse them. The focus of the analysis will be shaped by the initial evaluation questions, criteria and/or indicators.

Analysing for themes and issues requires both creativity and rigour. This means using intuition and creativity to recognize patterns and themes as well as being systematic. This will contribute to the credibility and validity of the evaluation conclusions.

Analysis of the information incorporates:

- ::, scanning for emerging patterns, descriptive examples and descriptive quotations;
- ,c identifying emerging patterns or themes and coding them by colour or by number;
- ✷ sorting them according to your codes;
  developing a coding index if required;
- ✷ merging some of the categories later in the analysis, if necessary;
  identifying descriptive examples and quotations.

For example: when analysing information in relation to a program's processes, you may be looking at the various levels of women's participation. The pattern of involvement may relate to their economic or non-English speaking background. You would then look for an example or quotation which would demonstrate this pattern.

The themes, patterns, categories, descriptive examples and quotations identified by your analysis of the raw data, become the basis of your evaluation findings.

WHSFTW ARABIC WOMEN'S PROGRAM EVALUATION
Analysis
The raw data were analysed for themes and patterns according to one of the indicators developed for an evaluation question. This indicator was:

- *"the women will talk about diffzcult or intimate health issues".*

The themes and patterns identified in relation to this indicator u;ere:

- *trust*
- *time*
- *confidence*
- *intimate discussions*
- *no reference to domestic violence in group sessions*
- *some out of group sharing of information*
- *differences between older, younger, and recently arrived women*
- *leadership.*

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2.4

STEP 3. *Interpreting The Data*

The findings from the analysis step are still largely descriptive at this stage and will now need to be explained. Offering explanations and identifying possible connections is one of the challenges of this step. When seeking explanations it is essential to draw on all your knowledge of the program, project or service, the participants, the context, and the relevant literature.

The process of imputing effects to particular actions or causes is complex, as there are often no clear links between cause and effect and the relationships are generally not direct. It may be useful to remember that your interpretations are not meant to be definitive, causal statements.

It is helpful sometimes to look at your findings from the point of view of your critics. How would they interpret this same information? Could this interpretation be equally supported by your data.If not why not?

The process of interpreting the findings involves:

- searching for connections and interpreting these to draw some conclusions;
- looking for the best fit between your interpretation and the raw data;
- looking at the patterns and themes from different angles to check that your interpretations make sense;
- checking that any causal connections you make can be supported by the data;
- double checking the accuracy of your data, (particularly if the themes, trends or interpretations seem unusual, surprising or controversial to your informants);
- interpreting unexpected themes and trends and considering what they indicate in terms of your project, program or service;
- acknowledging the negative interpretations and explanations (this will frequently provide more insight into your program than any positive finding);
- involving the various key stakeholders in finalizing the interpretations.

WHSFTW ARABIC WOMEN'S *PROGRAM EVALUATION*
Interpreting
The themes and patterns (the findings) identified in the analysis step were interpreted. The following example deals with the finding of lack of trust within the group:

- *the women in the group represented a range of ages;*
- *the younger women were mindful of the older women's traditional values;*
- *some women had only recently arrived in Australia and were still coming to terms with cultural differences;*
- *some women were Muslim whilst others had a Christian background (this seemed to inhibit the discussion of controversial issues);*
- *two new members joined the group during the program.*

2.4

STEP 4. Draw Conclusions

The conclus;ons to your evaluafon quest,ons can now be drawn. Th;s will ;nvolve comparing your interpretation of the findings with the evaluation criteria and making judgements about the degree to which the criteria or indicators were met.

The process of drawing conclusions will involve:

) reviewing the original evaluation questions;

) reviewing the evaluation criteria and/or indicators;

) comparing the criteria with the interpretation of the findings;

    , reaching an answer to the evaluation questions;

    * finalising a draft conclusion.

WHSFTW ARABIC WOMEN'S PROGRAM EVALUATION

Conclusions

One of the conclusions drawn was that the indicator, "the women will talk about difficult health issues" was only partly met.

This, it was considered, was due to a lack of trust within the group. However, the women who did discuss difficult issues benefited. This is shown by the fact that one of them is now a key spokeswoman for the group.

There were a number of unexpected effects which relate to the above indicators:

• one of the key participants recognised the need for a Turkish women's refuge and is working towards this;

• another woman increased her confidence and spoke to the media about women's health issues;

• workers at the community health centre had bought resources such as books and videos dealing with domestic violence and AIDS.

Overall it was concluded that the program had been effective. A number of recommendations were developed for further programs.

case three

2.4

PRODUCTS OF THE ANALYSING AND INTERPRETING PHASE

Tnis phase condudes with writing a draft of your evaluation findings and conclusions so ttiat th:ey can be discussed with a wider audienc.e,

2.4

2.4.4 **PHASE FOUR: Feedback and Reporting**

In this phase the findings and draft conclusions are discussed with the key stakeholders and finalised. If necessary, recommendations based on the conclusions may be formulated. The evaluation is then ready to be reported to the intended users and other audiences.

phase four

Diagram 8: PHASE FOUR Feedback and Reporting

DISCUSS FINDINGS AND NEGOTIATE CONCLUSIONS

ANALISE CONCLUSIONS ANO DEVELOP RECOMMENDATIONS

FINAUSE REPORT

PROMOTE THE EVALUATION

FORUMS   PUBLICATIONS   REPORTS
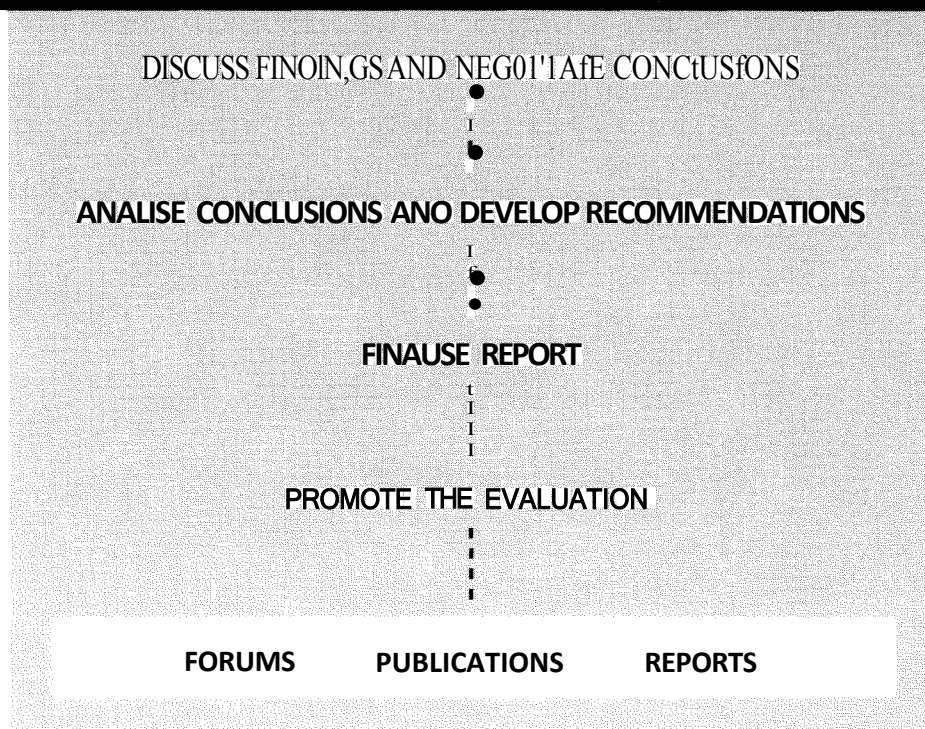
2.4

STEP 1. Discuss Findings and **Negotiate** Conclusions

The findings and draft conclusions may now be discussed and negotiated with the relevant stakeholders. This will facilitate:

- the recognition that stakeholders' views are valued;
- the sharing of relevant information;
- a range of views informing final conclusions;
- the resolution of contentious issues;
- testing the draft conclusions;
- drafting appropriate recommendations;
- increased support for the conclusions, recommer.dations and necessary changes.

Discussion and negotiation may incorporate:

- identifying what needs to be discussed and negotiated with each key stakeholder;
- developing focussed presentations of relevant findings and draft conclusions for each stakeholder or group of stakeholders. For example:
  - choosing appropriate data to support draft conclusions;
  - including positive, negative and unexpected conclusions;
  - selecting suitable presentation format (oral, visual, written, graphic);
- documenting your discussions and conclusions.

2.4

STEP 2. *Finalise Conclusions **and Develop** Recommendations*

Your discussions and negotiations with the key stakeholders may have resulted in acceptance and/or refinement of the draft conclusions. It is at this stage that you finalise your conclusions, decide how to report them and, if required, generate recommendations. Frequently recommendations are the most visible aspect of the evaluation; accordingly it is often worth spending some time to develop them.

A useful recommendation is:

- based on the findings;
- realistic, (not a wish list);
- grouped and prioritised according to issues and immediate and long term actions;
- action oriented;
- politically aware and strategic;
- clearly and concisely expressed.

The recommendations may be developed for the following purposes:

- to create awareness of issues related to a program;
- to improve the program's processes;
- to influence policy within and beyond the service;
- to contribute to accumulated knowledge about particular programs;
- to provide strategic directions.

phase four

2.4

)⸬> *STEP 3. Finalise the Report*

The evaluation findings, conclusions and recommendations may now be reported. In most instances the form and purpose of the evaluation and the report will have been discussed with key stakeholders in the planning phase. Materials will have been developed during the evaluation which may form almost all of your report. It is now a matter of reviewing and selecting the relevant material and writing the text and preparing an executive summary. Therefore it may be useful to clarify:

* the purpose of the report;
* the best style for the intended users and audiences;
   the level of detail needed (for example, evidence of systematic and rigorous data collection methods and analysis);
* the number of different reports or presentations;
   the languages it may need to be reported in.

Overall it is important to allocate sufficient time for:

* writing;
   involving others in proof reading;
* generating tables and charts, gathering photos, and illustrations;
* compiling appendices;
* lay out and design.

Note: it always takes longer than expected!
A possible report proforma follows.

Section One:	*Summary*
Section Two:	*A brief outline of the program characteristics*
	• *the context*
	• *the participants*
	• *the program*
	• *the anticipated outcomes*
	• *the costs*
Section Three:	*A brief description of the Evaluation*
	• *the questions and purposes*
	• *the criteria or indicators*
	• *the methodology and methods*
Section Four:	*The Findings*
Section Five:	*Discussion of the Findings*
Final Section:	*Conclusions and, if appropriate, Recommendations*

2.4

phase four

feedback and reporting

STEP 4. *Promote the Evaluation*

There may be a number of strategic reasons for promoting your evaluation, especially as WHSs and CASAs are often developing new models for service delivery and health promotion.

Promotion of the evaluation conclusions to a wider audience will be influenced by:
- the nature of the program, project or service being evaluated;
- the evaluation conclusions and recommendations;
- the stakeholders involved;
- the relevant strategic issues;
- the context within which the program operates.

These factors will in turn affect the way in which the evaluation's conclusions and report are promoted. Possibilities include:
- articles in local papers;
- talks on radio or other media;
- presentations at workers' forums;
- presentations to policy makers;
- presentations to funding bodies;
- articles in journals, professional newsletters or other reports.

It is worth noting that concise reports are usually preferable. As Patton notes the "agony of omitting" for the evaluator has to be balanced against the "agony of reading" for the reader.

PRODUCTS OF THE FEEDBACK AND REPORTING PHASE

The final report, whatever its shape or form, is the key product of this phase. In addition, plans for promoting the evaluation findings, conclusions and recommendations will have been prepared. You are now in a position to implement those plans.

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2.4

2.4.s PHASE FIVE: Follow Through Action

During the evaluation, you no doubt thought about the implications
of your conclusions for further action.

Some of your conclusions may have been formulated into specific
recommendations and included in the evaluation report. It is
now time to address and act upon these.

Diagram 9: PHASE FIVE Follow Through Action

IMPLEMENT RECOMMENDATIONS
OR DEVELOP STRATEGIC DIRECTIONS

IDENTIFY RESOURCES REQUIRED FOR CHANGE

FINALISE PLANS FOR CHANGE

NEW ACTION

2.4
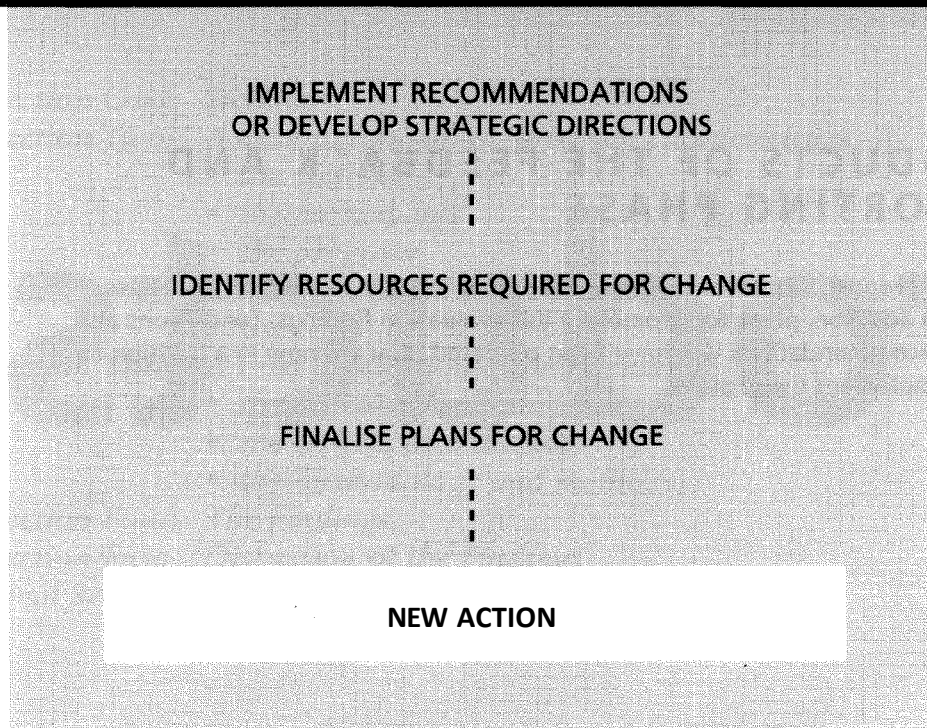
> ### STEP 1. Implement Recommendations or Develop New Strategic Directions

In order to put your recommendations into action or to use them as the basis for generating other strategic directions, you might need to initiate some of the following tasks:

* review the commitment of staff and committee of management to implement the recommendations - is there energy for this now?
* review the Service's annual plan or health service agreement - is it appropriate to address recommendations or develop new projects?
* delegate the implementation of the recommendations to the relevant committee. For example, the program development and planning sub-committee;

The committee can then:

* make decisions as to what:
  - requires more careful thought,
  - can be rationalised into current practice, program, or service delivery or administrative processes,
  - could be the springboard for new projects,
  - requires implementation by other agencies, or government departments;
* reach agreement on key recommendations and prioritise them
  - what is it strategic to focus on given the current context?
* brainstorm ideas for other related strategic activity;
* generate realistic and appropriate implementation plans.

> ### STEP 2. Identify Resources Required for Change

New plans for action could require a range of resources.
You might decide to:

* re-allocate existing resources;
* undertake joint ventures and share resourcing costs;
* apply for specific project funding from various trusts or government departments;
* suggest other agencies resource new work, with your service providing an advisory role.

phase five: highlight action

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2.4

➢ STEP 3. New Action

New action consequent upon the evaluation report and recommendations will vary enormously depending on the particular findings and the imagination and creativity of those involved.

Some possibilities might be:

* redefining or redeveloping new target groups;
* special staff development sessions;
* exploring different documentation processes;
* developing or revising protocols;
* developing an improved sub-committee structure;
* planning models for service delivery;
* establishing networks;
* undertaking research;
* developing new resource priorities;
* participating in consultations or joint campaigns;
* lobbying other agencies.

The relevant tasks would need to be identified, allocated and a timeline may be established.

PRODUCTS OF THE FOLLOW THROUGH ACTIONS PHASE

Plans for a range of new activities will be the main outcomes of this final phase. **Some of these may already have been implemented during the course of the** evaluation as findings and com:lusiens infl nced ongoing pr09ram development.

2.5

2.5 THE EVA1UATION CA LEN DAR

The Evaluation Calendar is the final component of the Evaluation Framework
outlined in this manual. The Calendar is a timeline, and represents graphically
all of the evaluation processes and structures that exist within a service.
The Calendar charts a service's key planning, reviewing and reporting
requirements and events.

The Calendar is a model that can be adapted to the evaluation needs of individual
services for the purposes of:

* systematizing and organising the evaluation phases and their steps and
  developing a timeline for evaluations;
* building upon the information gathered from evaluations over time;
* linking this information to planning, reviewing and accountability
  activities; and
* encouraging a culture of evaluation.

Diagram 10 illustrates how information gathered on a daily, weekly, monthly and
quarterly basis can be used to meet the range of a service's evaluation needs.
This is detailed further below.

DAILY AND WEEKLY SLICE

* On a daily or weekly, basis information from a range of activities can be used
  for evaluation purposes. For example, workers' notes, diaries and daily intake
  sheets. This information can be discussed at weekly worker's meetings or
  caseload review sessions and used to modify programs or services as necessary.

MONTHLY SLICE

* Information from evaluative activities such as debriefing discussions and
  final session feedback can be selected and compiled on a monthly basis.
  Emerging issues could be identified and relevant strategies developed and
  tested. The direction and progress of evaluations could be monitored and
  adjusted and interim progress reports may be presented to relevant
  committees and groups.

THREE MONTHLY SLICE

* Findings, conclusions and/or recommendations from all evaluations could
  be discussed, reviewed and acted on at Quarterly Review Sessions. Program
  and service directions could be monitored, refocussed or changed and new
  programs planned. Evaluations could be planned and timed to conclude
  prior to the Annual Planning Day. Monthly statistics can be aggregated
  and sent to the Department of Health and Community Services. Completed
  evaluation reports may be presented at forums and used in journal articles.

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2.5

Diagram 10: Calendar of Evaluation

		PROCESSES	STRUCTURES
JAN		Daily Slice	Reporting mechanisms
FEB		Informal peer discussion Reflections on practice Morning tea kitchen chats Data collection:	
MAR	Planning HSA	- daily intake sheet - recording statistics - recording important observations	
APR		– recording telephone calls Activity description: - files, records, lists Personal diaries	
MAY		Referral sheets	
JUNE		Weekly Slice Supervisor Worker reports Staff meeting and evaluation of meetings	Case load reviews meetings Debrief meetings Staff meetings
JULY		Weekly program recording Individual and peer reflections Meetings, agendas and procedures	
AUG	Auditors Report	P.C. WHIRS and SARS Workshop registration Sheets Case conference	
SEPT	Finalising Annual Report	"To do" lists	
OCT		Monthly Slice Participant feedback sheets collated Issues noted strategies identified	Project steering committee meeting Evaluation and planning sub-committee

NOV		Reflection on recorded observations
		Compilation of daily stats for
		  committees
		Document information for
		  case study
			Committee of management

DEC		Planning proformas finalised	
YIH		Three-monthly Slice Financial report Program impact evaluation	Planning day Regular quarterly review session

YR 2		Statistical returns for H&CS
		  (trends identified for committee
		  of management)
			Financial review at committee of management

YU	3 year plans CHASP	Questionnaires, feedback sheets,
		  consumer evaluation compiled
		  and analysed
		Three-monthly review of an aspect
		  of the service	

YIU		Review of research findings Review of policies	
YR 5			

2.5

YEARIY SLICE

◆ Information consequent on all evaluations over the year could be synthesized and presented for review at an Annual Planning Day. Using this information as a basis, the achievements of the previous year could be assessed, new directions, targets, projects and campaigns identified, Health Service Agreements drafted and annual reports finalized.

THREE YEAIUY SLICE

>◆All evaluative information could be used for major reviews, such as a refocussing of the service's substantive directions. This could include quality assurance reviews, such as Community Health Accreditation Standards Program for WHS or CASA Standards for Practice.

It can be seen that information from the range of daily, weekly and monthly evaluative activities is collated and analysed to inform decisions about program and/or service development. A number of processes and structures within a service are needed to support evaluation. They include:
* individual worker's time for reflection;
)(workers' debriefing meetings;
i, weekly staff meetings;
)◆ caseload review sessions;
:::, planning and evaluation sub-committee meetings;
tc evaluation as an agenda item at staff meetings and committee of management meetings;
-◆ quarterly review sessions;
):, program, project or service budgets, financial reports and costing details;
ic statistical proformas (intake sheets, registration sheets);
◆ project proformas including section on evaluation plans.

By using the Evaluation Calendar, a service as a whole and individual workers will be able to:
;, plan on an informed basis;
;, set realistic, achievable and appropriate aims and targets;
◆ monitor the implementation of programs and services and adjust them as necessary;
;(respond to changes at local, regional and state levels;
):, promote the success of programs.

Further, by having an Evaluation Calendar, the service will increase awareness about: what constitutes evaluative practice; the interconnectedness of activities with program development and service accountability requirements; and thereby encourage an evaluation culture.

3
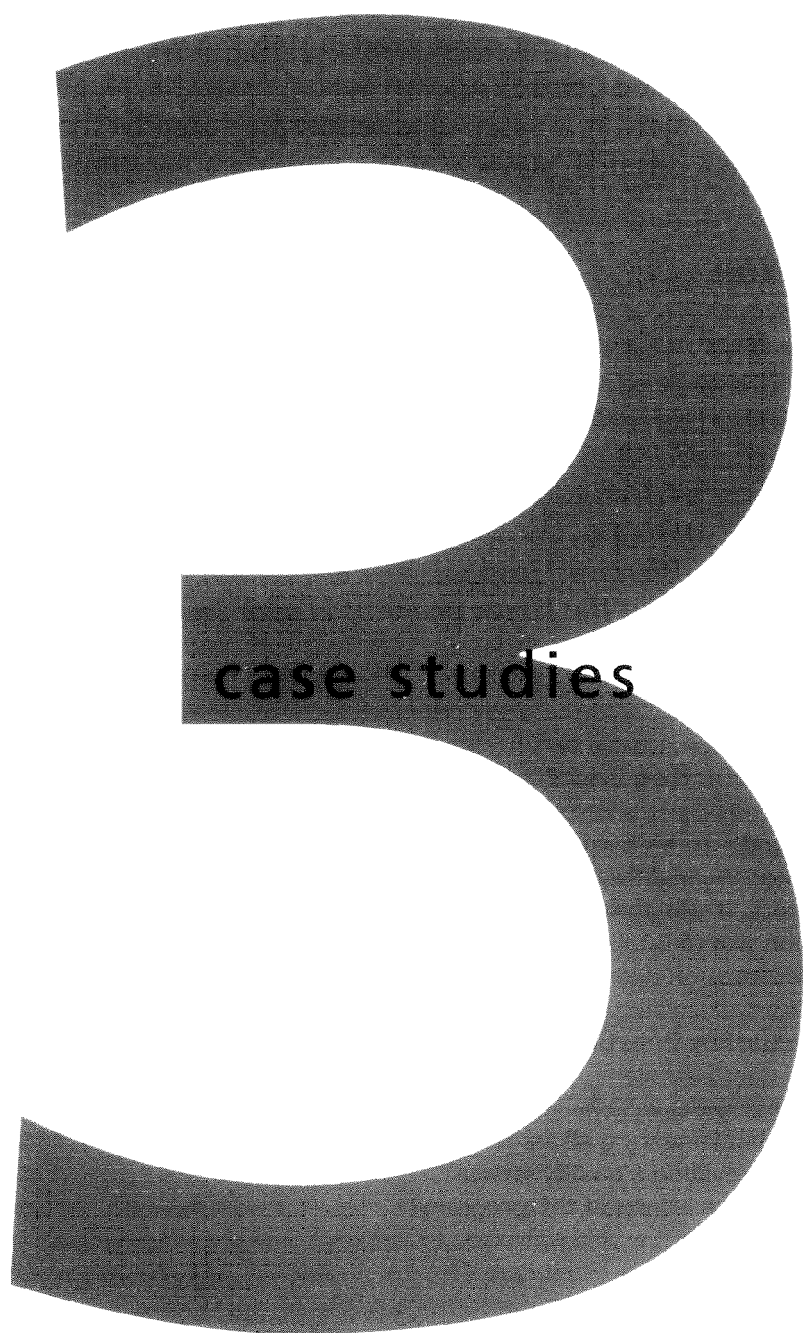
case studies

3.1

3.1 EVALUATING THE PROCESS: A CASE STUDY

This case study describes an evaluation of the processes of the West CASA Crisis Care Unit conducted during the Women's Health Services and Centres Against Sexual Assault Evaluation Framework Project. It is based on a report produced by the staff of West CASA entitled "Review of the Crisis Care Pilot Project".

Introduction

The Western Region Crisis Care Pilot Project was initiated by West CASA. It was funded by the Western Metropolitan Region, Depctrtme1,p or,Health and Com#tunity Services (formally HD V) fotfa,period of tW(l)ve 111,onths. The purpose of the funding tJI,ls to deterlllillie the viability of a 24 bour Crisis Care Unit (CCU) staffed by sessional counsellors/advocates and located in the Western Hospital. The evaluation was initiated by the service to meet the Department of Health and Community Services' funding requirements.

PHASE ONE: Reflecting and Planning

The Program to be Evaluated

Initial discussions revealed that the staff were keen to evaluate many aspects of their service. It was agreed, however, that the major purpose of the evaluation was to establish the effectiveness of the CCU processes with a particular focus on the quality of the service and its unique staffing model.

The Evaluation Questions

The evaluation questions were:
, does the model work?
, are we implementing all aspects of the program?
, are we providing a quality service?
, what are the effects of this program?

Program Description

The CCU Pilot Project involved:
,. a 24 hour crisis care service for victims/survivors of sexual assault, including telephone counselling, support, medical treatment, forensic examinations if requested, advocacy, and follow-up information on legal and counselling services;

,t a sessional staff training program for workers in other agencies, consisting of initial training followed by monthly meetings.

Program Rationale, Objectives and Strategies

It was known that forty percent of women presenting at a city based CCU were from the Western Metropolitan Region. Agencies in the area, including West CASA, had received requests from women for a service to be located more centrally in the region. Furthermore there was evidence that victims/survivors of sexual assault were not always prepared to seek out a CASA. It was considered that training workers from other agencies to staff the CCU would result in a pool of women workers able to support victims/survivors of sexual assault at a range of services.

The objectives and strategies of the CCU were discussed and clarified with the workers, representatives of the committee of management and sessional workers. The objectives were:

,t to develop an after hours staffing model which employs women who live or work in the Western Metropolitan Region and is based on community development principles;

i, to provide a service that is accessible and appropriate for victims/survivors of sexual assault who are aged sixteen years and over;

tc to provide a high quality after hours service;

)t(to collaborate with other local agencies to coordinate action against sexual assault in the region.

The strategies utilized to meet these objectives included:

ic recruitment of women workers from the West;

,c training by West CASA's staff for sessional staff on issues relating to sexual assault, crisis intervention and other relevant matters;

* utilization of both permanent and sessional workers to staff a 24 hour service;

;c briefing and debriefing meetings for the sessional counsellors/advocates;

:t follow-up counselling, advocacy or referral action provided by West CASA permanent staff during business hours;

,c monthly support meetings for CCU staff;

:c monthly monitoring meetings with regional Community Policing Squad members, Western Hospital Accident and Emergency nursing staff and a Telephone SASA representative.

The complexity of the context within which the program existed was established during a brainstorming session.

Assesment for Evaluation

As a result of discussing the rationale, objectives and strategies and that the CCU had been operating for only five months, it became clear that only an evaluation of the processes would be appropriate. It was decided to note any short term effects. The evaluation questions were refined to:

)c whom are we reaching?

:c are we implementing the strategies?

- are the sessional workers satisfied with the training, support and debriefing procedures?
- are the support personnel in other agencies, such as, the police, hospital and Telephone SASA satisfied with our service?
- are we providing a quality service?
  what, if any, are the effects of the CCU project?

Criteria

Criteria that related to the above questions and aspects of the CCU's processes were then developed.

Key Stakeholders

The key stakeholders were identified and included:
- regional office staff;
- service users and their families;
- counsellor/advocates;
- West CASA workers and committee members;
- representatives from police, nurses, doctors;
- representatives of other CASAs;
- staff of Department of Health and Community Services.

Evaluation Design

It was considered that the following would be required:
- information from a range of stakeholders particularly hospital staff and police;
- feedback from women using the service;
- information from sessional workers;
- baseline data re users, that is, age, ethnicity;
- financial information.

The evaluation design included the following sources and methods:
- interviews with fifteen key stakeholders;
- focus groups with
  - sessional staff
  - permanent staff
  - Crisis Care monitoring group;
  review of relevant documentation including
  - briefing/debriefing proformas
  - notes of monthly support and monitoring meetings
  - records of contacts with Police, TelSASA and Western Hospital
  - statistical demographic data in relation to service usage;
  analysis of financial records.

Current and potential information sources were then identified and designed.
They included:
- a debriefing proforma;
- a checklist for presentations at the unit based on protocols;
- an adapted intake sheet;
- a proforma requesting follow-up.

3.1

The Evaluation Plan

An evaluation plan was designed, a timeline developed and tasks allocated. The Regional Office was consulted about and informed of the Evaluation Plan.

Issues

Two critical issues emerged at the planning stage.

Firstly, it was known that gaining feedback from CCU service users was problematic. The relevant literature and workers at other CASA's indicated that few women presenting at a CCU would access follow-up services. In addition, it was agreed that the CCU presentation session was not appropriate for requesting feedback. This was stressed by one worker who, as a survivor, indicated that she would not have wanted this to be imposed on her. Consequently, feedback from the women would be limited.

However it was decided that observations of the women presenting could be made by staff. Comments made by the women about the service could also be recorded. In addition a protocol was designed requesting permission for feedback at the first or second follow-up sessions.

The second issue that emerged related to ways of gathering credible responses from informants working at other agencies. It was decided that a consultant would interview these key stakeholders to ensure a more open discussion. This also reduced the West CASA staff time needed for the evaluation.

PHASE TWO: Collecting the Information

Interview schedules for the key stakeholders were designed. They were tested within the service and with a worker from another agency. The information received from the trialled interviews was analysed and interpreted to see if it was adequate to answer the evaluation questions. Some adjustments were made.

Letters to the interviewees were then written, describing the program and the evaluation, and requesting an interview. The consultant engaged for the interview process was briefed.

Literature about running focus groups was sought and read. Questions and probes for the focus groups were then designed and documents were identified for analysis. The information was gathered over a period of six weeks.

PHASE THREE: Analysis and Interpreting

The consultant who conducted the 15 interviews, ordered, analysed and interpreted the data and then also documented the findings and conclusions in a report. All the findings were reported according to the categories of reach, satisfaction, quality and implementation.

The findings were discussed with a number of key stakeholders and it was noted that certain issues should be considered when interpreting the findings. Some of these were:

ic that many of the issues raised were specifically identified as "teething problems" by respondents;

3.1 II

* the provision of crisis care services to victims/survivors involves a number of agencies and individuals, often with different professional cultures, values and expectations;
;., the experience of crisis care services operating throughout Victoria has been that these differences may sometimes result in tensions between the parties concerned;
;., some of the issues emerging from the evaluation needed to be seen in this general context, rather than as a particular concern of the Western CCU Project.

The findings were interpreted and were then checked against the initial criteria to form conclusions. The main conclusions were:

;⟡ that the Crisis Care Pilot Project has increased the region's capacity to respond to reports of sexual assault;
;., that service users to date reflect the demographic profile of the region and usage of the unit has increased throughout the pilot period;
⟡ that the public profile of West CASA throughout the region need⟡ to be further developed, in order to increase access to the available service;
;.c that working relationships between all participants involved have been effective and co-operative;
;., proformas and protocols need to be refined and simplified.

Recommendations were developed to address the conclusions and the issue of further funding.

PHASE FOUR: Feedback and Reporting

A report was written and sent to the Regional Office. The Regional Office then funded the CCU and the sessional workers for a further seven months on the basis of the evaluation report.

PHASE FIVE: Follow Through Action

The CCU continued to operate for the next seven months. During this period many of the issues identified during the evaluation were addressed.

CONCLUSION

The process of evaluation was experienced as a positive one that has continued to influence those involved.

3.2

3.2 EVALUATING PROCESSES AND IMPACT: A CASE STUDY

This Case Study aims to provide a brief overview of the key aspects of the Evaluation Framework's phases and steps as applied to a program initiated by the Loddon Campaspe Women's Health Service. The Case Study is based on the Mental and Emotional Health Project, an evaluation report by Robyn Jones, Loddon Campaspe Women's Health Service and Julianne Fogarty, Bendigo Community Health Centre. In the interests of brevity some detail has been excluded.

Introduction

The Loddon Campaspe Women's Health Service had identified the mental and emotional health of women as a priority area for its 1991/2 Health Service Agreement. The service was aware of an increasing demand from women and agencies in rural towns for stress management and relaxation programs as well as counselling services. The service determined to maximise the effective use of available resources by initiating a Mental and Emotional Health Project consisting of:

• *a 12 week program focussed on the needs of older rural women and conducted jointly with a local Community Health Centre;*

• *a Train the Trainer Program to teach the facilitation of the Mental and Emotional Health Program to a range of workers throughout the region.*

A previous program provided a model for the new program and therefore increased the likelihood of its application to a Train the Trainer Program. The staff and committee of management at the service decided to evaluate the program to ascertain if it was suitable for older women, well implemented, effective and appropriate for a Train the Trainer Program.

A regional officer at the Department of Health and Community Services (formerly HD V) was informed of the planned evaluation and consulted on its design and progress.

3.2

PHASE ONE: Reflecting and Planning

The planning phase resulted in the following Evaluation Plan.

The Evaluation Focus
The program to be evaluated:
- A twelve week Women's Mental and Emotional Health Group Program for older rural women consisting of a 2 hour session once a week.

The evaluation questions were:
- was the program implemented appropriately?
- ✱ were the strategies capable of fulfilling the objectives?
  was the program effective?
- how did the reported effects compare with the intended impact?
- given the effects of the program is it suitable for a Train the Trainer Program?

Program Origin and Rationale
The National Women's Health Policy identified women's mental and emotional health as a key health issue and ample evidence at the local level indicated the need for such a program. Women's health research and previous programs revealed that appropriate health prevention strategies, such as stress management and participation in support groups, could reduce womens' use of expensive medical services and pharmaceutical products.

Program Aim
To effect a change in the well-being of women.

Program Objectives
1. To develop an understanding of the stress/relaxation responses and its effect on health.
2. To create an awareness of the social and political context of women's experiences, particularly related to the causes of stress including stereotyping and women's various roles.
3. To enable women to identify and process causes of stress and restraints that may be inhibiting their growth and development.
4. To empower women by communication of strategies and specific relaxation techniques.
5. To facilitate a cohesive, trusting group from which may develop a network of on-going support.
6. To provide a knowledge of options to conventional drug therapy.

Program Participants
Older rural women, some from farms and provincial towns. Particular details - some had histories of depression, reliance on medication, difficult life situations.

Key Program Activities
- clarification of women's expectations;
- group discussions re knowledge of effects of stress on our health and causes of stress - roles, status, stereotyping, values, beliefs;
- identification of coping mechanisms and alternatives, guided visualisations, goal setting, yoga, time-management, massage, healing wheel;
- group work - consultation, discussions, respecting differences, listening, self expression.

Description of the Evaluation

Evaluation Aim: To identify if the program was effective and suitable for a Train the Trainer Program.

Methodology: To determine the effectiveness of the program a naturalistic interpretive methodology was used. This facilitated the collection of detailed information about how the program was viewed by the participants and the faci litators.

Evaluation Criteria: Given the evaluation questions a set of indicators were generated. Some examples follow.

Process indicators based on the service's principles and the program objectives included:
- women participate in group discussions and activities willingly, with enthusiasm and offer their own stories and anecdotes;
- women talk to each other more and the facilitor less;
- women take on leadership or facilitation roles during sessions;
- women request further information.

Key impact indicators included:
- women's language will change from "I" to "We";
- women's self-esteem will be improved;
- women will use the new techniques during and after the program;
- women will experience an improvement in their ability to deal with stress.

Methods

Multiple methods were used including:
- discussions with participants during program;
- journals
  - participant journals
  - facilitator journals;
- workers debriefing meetings;
- participant feedback forms
  - mid program
  - fi na l session;
- 3 Interviews;
- follow-up group discussion some months after the last session;
- program attendance records;
- documented requests for referrals.

A timeline and the resources available for the evaluation were identified.

3.2

PHASE TWO: Collecting Information

The methods for collecting information were designed by the program facilitators, with the participants providing input into how they would prefer to use their Journals. The facilitators piloted the group discussions and a format which suited everyone was agreed on.

Initially the facilitators planned to organise their Journal entries under headings related to the process and impact indicators. However they found that approach too artificial and difficult to document a narrative about the group session which commented on successful and unsuccessful strategies. The debriefing meeting provided the opportunity to record their comments. The facilitators noted that not all group participants returned their feedback sheets at the mid program evaluation, but the women did write in their journals, contributed to "evaluative" discussions during the sessions and provided informal feedback after sessions.

PHASE THREE: Analysing and Interpreting

As there were quite a few methods for collecting information the facilitators found themselves with a large quantity of raw data. The task of sorting and ordering was made easier by the few evaluation questions and indicators. Coloured pens and lots of discussion assisted them to analyse themes and patterns. Although their interpretations and conclusions were related to the initial indicators developed for the evaluation (which in turn were based on the evaluation questions) they also identified unexpected outcomes.

Their interpretations and conclusions were organised according to the two aspects of the evaluation, the processes and impact of the program.

PHASE FOUR: feedback and Reporting

Conclusions About the Processes and the Impact

The results of the evaluation enabled the women associated with the program to determine that the strategies did fulfil the objectives. However it was apparent that some of them were unnecessary and the program should be modified accordingly.

They concluded that the women's interest was maintained by using a variety of presentation methods, and that the use of a discussion-based, participatory model was an essential strategy. The model encouraged women to determine their own directions and acknowledged the way women learn with the result that they did join in group discussions, offer anecdotes and stories, take on leadership and facilitation roles and request further information.

They decided that the duration and length of the program seemed to be appropriate and that two facilitators were necessary for each session. In addition they found that the program benefited from highly skilled facilitators who were capable of responding to the women's particular needs, expectations and requirements. This led them to recommend that a set of

3.2

criteria for the selection of facilitators should be added to the Train the
Trainer Program.

In relation to the impact or effects of the program the facilitators concluded that all
of the indicators had been met but to varying degrees, for example :

* the indicator related to Objective One, was not really met by the program
as the women already knew about the relationship between the stress/
relaxation response and its effect on health;

* the second indicator related to Objective Two, was met quite satisfactorily.
For example, although "initially the primary concern was individuals' own
problems, but there was a shift to the broader context of women's issues
which was reflected in a change of language away from T to the more
generalised 'women' and 'we' e.g. 'Women have plenty of courage and
strength, given the chance' ";

* the sixth indicator and objective was met to a far greater degree than was
originally envisaged. This was evident in many comments made by all the
women in the final session and follow-up discussion. For example,
"I haven't had any tablets for over 2 weeks. The talks we've had have
helped all of us". One woman was able to come off medication after many
years, and 5 months later had not felt the need to resume taking anti-
depressants or tranquillisers.

Some unintended effects included:

* a shift from absorption in their own problems to a constructive focus on
other's issues, from blaming-mode to self-responsibility;

* unexpected improvements in relationships and communication patterns;

* a general lifting of mood away from the depressive to something much
lighter and more positive;

* a program participant wrote to a politician advocating ongoing funding
for the Women's Health Program.

PHASE FIVE: Follow Through Action

The Evaluation Report concluded that the program was effective and therefore
successfully provided an alternative for women who would otherwise have
been channelled into expensive mainstream medical or counselling services.
The report recommended that, in the light of the evaluation conclusions, the
Train the Trainer Program be implemented. Planning to implement the
Program has begun.

3.3

3.3 ECONOMIC EVALUATION: A THEORETICAL CASE STUDY

This section will introduce economic evaluation, provide a simplified overview and application of economic evaluation in the form of a theoretical case study, outline cost-effectiveness and cost-benefit analysis and suggest a few ways to use this information.

Introduction to Economic Evaluation

WHSs and CASAs may be required #J cQ uct   K>me kind of economic evaluation of programs, projects or &, rvices.   This will challenge you to explain in ee,otl,omi1t,terms th(!;.different styles of programs offered by your services.

Should you decide to do this, the first step in the process requires you to have already conducted evaluations of the program's, processes and impact. In this way you will have translated your service's philosophy and objectives into identifiable impact, by using, for example, the Principle Objective Indicator Grid (See pg 22). The next step is to carefully attribute the cost of your service to the different kinds of impact you have identified.

This is economic evaluation at its most simple level, that is, cost efficiency. Other more complex aspects of economic evaluation include: cost-effectiveness, cost-benefit analysis and cost utility. In what follows, cost-effectiveness and cost-benefit analysis will be discussed in some detail, and a simplified overview and application of cost efficiency will be outlined.

COST EFFICIENCY AND THE MELBA WOMEN'S HEALTH SERVICE

The following theoretical case study provides a simplified overview of cost efficiency as applied to a service. This example should enable you to apply a cost efficiency analysis to your service and will give you a minimum of information should you wish, or need, to pursue further economic analysis.

Cost **efficiency**

The simplest (and often most simplistic) form of economic evaluation, that is, cost efficiency, involves identifying the total cost of a service or program and dividing it by the total number of service user contacts, however these are counted.

3.3

Diagram 11

MELBA WOMEN'S HEALTH SERVICE Simplified Program Structure

1. Direct Services
   Phone information; walk-in information and counselling

2. Professional and Community Education
   Older Women's Health Group; Indonesian-Muslim Women's Health Group
   Hospital inservice

3. Participation and Advocacy
   Ongoing

Diagram 12

MELBA WOMEN'S HEALTH SERVICE Simplified Budget

Salaries	$ 175,000
On Costs	17,500
Accommodation	12,000
Cars	12,000
Staff Development	3,000
Administration	20,000
Miscellaneous	10,500
TOTAL	**$ 250,000**

Diagram 13

MELBA WOMEN'S HEALTH SERVICE Simplified Costing

$$\frac{\$250,000}{4,000 \text{ Services}} = \frac{\$62.50}{\text{per Service}}$$

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3.3

At a minimum, WHSs and CASAs will probably need to keep their accounts in such a way that they can respond to challenges about their efficiency with cost information.

Let's start with a simplified example of how a service might analyse its budget to do this. The (fictional) Melba WH5 has three major program areas, see Diagram 11. Their budget is $250,000 per year, see Diagram 12 for a breakdown of how they spend grant money. When their Regional Office wanted to estimate how much the service cost, they did the simple calculation of dividing Melba's annual budget by the 4,000 individual and group contacts the service provided last year, see Diagram 13. The Regional Office compared this figure with what it would cost for a doctor in private practice to see these women, see Diagram 14.

Now we know that this calculation is flawed. It doesn't take into account the quality of the service provided, nor the complexity of problems and issues with which services deal, nor with the public advocacy work that services do. But with no other information available, services are vulnerable to this sort of crude comparison.

Real economic evaluation tries to take into account all of these aspects, and in the longer term, it would serve Melba well to sponsor a complete cost-effectiveness or cost-benefit study - the proactive approach. In the shorter term, however, there are steps which can be taken to more accurately reflect service costs.

The first step for Melba would be to allocate their budget across program areas, see Diagram 15.

This is likely to be a bit rough and ready as not all costs can be clearly assigned to any one program area. But you can, for example, estimate the percentage of a worker's time between two areas; or allocate administration costs on the basis of the number of staff hours under each program area. When judgement is required about these allocations, you might think about which services are the most vulnerable to outside criticism, and minimise costs allocated to those areas.

By allocating items such as the co-ordinator's salary to a particular program, you get a better picture of how administrative services support the main work of the service, but also avoid creating categories, like "administration", which are considered wasteful.

The next step is to work out a unit cost. This might be the cost per woman per phone service, see Diagram 16. At the very least, what this calculation allows you to do is to show the cost of your service against comparable services. This is what is most often thought of as "efficiency".

Some of the comparisons may be highly inappropriate, but may be made by others, despite your views. For many of the things you do there will be no appropriate comparator. This is because WHSs and CASAs aren't just substituting for existing services, but are to do new things in new ways.

The most likely inappropriate comparison will be to measure the cost of what a health service does against the cost of a consultation with a doctor, under Medicare. But if you can demonstrate that your service achieves at least what could be achieved in a medical consultation, for a lower unit price, your service looks good.

3.3

Diagram 14

MEDICAL BENEFITS SCHEDULE REBATES (85% of Fee)

	VR	Non-VR	Length of consultation
Limited consultation	$9.50	$9.35	< 5 mins
Standard consultation	$20.00	$17.85	5 – 25 mins
Long consultation	$36.15	$32.30	25 – 45 mins
Prolonged consultation	$52.70	$51.85	> 45 mins

Diagram 15

ALLOCATING MELBA'S BUDGET ACROSS PROGRAM AREAS

	Direct Services			Older Women's Services	Indonesian Women's Group	Participation & Advocacy
	Phone	Walk-ins	Follow-up			
Salaries ($175,000)						
– Rosa	1,000	1,000	1,000	1,000	1,000	33,000
– Joan	4,000	4,000	8,000	8,000	4,000	4,000
– Yasmin	4,000	4,000	8,000	–	14,000	2,000
– Pearl (0.8)	3,000	3,000	3,000	11,000	–	5,000
– Gulay	4,000	4,000	8,000	–	–	16,000
– Melanie (0.5)	5,000	5,000	6,000	–	–	–
On Costs ($17,500)	2,200	2,200	4,400	900	900	6,900
Accommodation ($12,000)	2,000	2,000	2,000	1,200	1,200	3,600
Cars ($12,000)		–	2,000	2,000	2,000	6,000
Staff Development ($3,000)	500	500	500	500	500	500
Supplies ($20,000)	4,000	4,000	4,000	4,000	1,000	3,000
Miscellaneous ($10,500)	2,000	2,000	6,000	100	200	200
Total ($250,000)	29,700	29,700	46,900	28,700	24,600	80,000

Diagram 16

UNIT COST – PHONE SERVICE

$$\frac{\$29,700}{1,000 \text{ Services}} = \frac{\$29.70}{\text{per Service}}$$

3.3

The challenge of demonstrating value for money is to find comparable services. Where would a woman go for the sort of service we provide if we weren't here and what would it cost, and what would the service consist of? Comparing the cost of this service might in itself show yours to be value for money, but even if it doesn't you will be better placed to argue for the value of the additional benefits your service provides, that is, putting the cost difference into some perspective.

Actually proving that there are additional benefits of your service, however, requires at least process and/or impact evaluation, linked to more sophisticated tools of economic evaluation. Benefits of these services may only be apparent when all the benefits of the services are counted. These benefits could be:

- ,(adult survivors no longer requiring support from a range of health services to deal with unresolved anger and grief;
-); non-English speaking women accessing mainstream services at an earlier point, thus avoiding unnecessary illness and cost;
-); the increased effectiveness of mainstream health workers provided with inservice training in dealing with women's issues.

Evidence of the impact of your programs or services is the starting point and fundamental information required for an economic evaluation.

Doing this sort of sophisticated research is, of course, expensive and time-consuming. You will probably need outside help or advice. For this reason, you would not do this level of evaluation on every exploratory project. It may be strategic, however, to do cost-effectiveness or cost-benefit analysis of ongoing services, or important programs which are run regularly and for which you have already evaluated the processes and impact.

COST-EFFECTIVENESS AND COST-BENEFIT ANALYSIS

It is highly unlikely that you will conduct cost-effectiveness and cost-benefit analysis without employing a consultant. However it is useful to have a basic knowledge of these aspects of economic evaluation should you decide to do so.

What follows is an excerpt from a working paper entitled *An Approach to Economic Evaluation of Community Health Centres* 1992 (pp13-30) produced by L. Segal and T. Jackson of the National Centre for Health Program Evaluation for the Northcote Community Health Centre. Although this paper was developed for Community Health Centres, the sections quoted below describe cost-effectiveness and cost-benefit analysis in general terms. The strengths and orientation of these approaches are highlighted.

3.3

COST-EFFECTIVENESS ANALYSIS

Cost-effectiveness analysis is a commonly used approach to economic evaluation which is particularly applicable to the review of government-sector programs and policy. The essential feature of cost-effectiveness analysis is that outputs are described in natural units and no attempt is made to place a dollar value on outcome. The performance description becomes one of comparing the cost of achieving the assessed outcome.

For this approach to have policy relevance some comparison needs to be made with other similar services or other services designed to achieve the same outcomes. This is necessary to establish whether the assessed performance, in terms of cost-effectiveness, is good or poor. Relevant comparisons are not always easy to undertake. for this reason, cost-effectiveness analysis l-nay involve substantial data-collection and analysis in order that robust conclusions can be developed about program performance.

Cost-effectiveness analysis can be used as an internal evaluation tool to address the efficiency question of whether the outcome of the program is being achieved in the most cost-effective fashion. Depending on how outcomes are defined and opportunities for comparisons, cost-effectiveness analysis can also be used for broader performance assessment and in the allocation of resources between program areas.

Cost-effectiveness analysis involves the fol/oi,uing set of activities:

1. Describe program under review

A full description of the program is required covering program history, objectives, implementation arrangement, target group etc.

2. Describe and measure output

The description and measurement of output is a crucial part of cost-effectiveness analysis. This description can at its simplest level be expressed in the units of service delivery, such as patient throughput (with/without adjustment for quality of service); or in other intermediate outcome measures such as number achieving a resolution to the presenting problem; or in ultimate outcome measures, such as assessed effect on quality of life, morbidity or mortality. Output should include both intended and unintended consequences, which may need to be specified in probabilistic terms.

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*The appropriate outcome unit will depend on the purpose of the
evaluation, nature of the program, and possible comparisons.
Where accepted approaches to measurement of output have
been developed for a particular type of service, these can form
the basis for effectiveness measurement.*

3. Estimate cost of service delivery

*The cost of service delivery should reflect only those resources allocated to
achievement of the program under review as identified in task one.
This will often require the attribution of staff time between several
activities, to ascertain that which is attributable to the program under
review. It will also require decisions about the attribution of
overheads. It is particularly important that where cost-effectiveness
calculations for different programs are to be compared, that the costs
as well as outputs be defined in a consistent fashion.*

*It is possible for costs to be shifted between different groups in the
community, for instance between, clients, the Community
Health Centre, local Government, the state, or the
Commonwealth, other service providers. It is necessary to
ensure costs are adequately specified, so that if cost differences
reflect differences in funding arrangements, this is recognised.*

4. Prepare cost-effectiveness estimate

*The third task is to relate costs (from task 3) to output (from task 2) to
calculate a cost per unit of output. This may for instance be in the
form of $X per client seen by the particular service, or dollars
may be related to an alternative measure of health outcome
which is believed to more closely relate to community benefit.*

5. Consider performance implied by cost-effectiveness estimate

*There are a number of possible approaches to assessing performance.
This can proceed either via a comparison with accepted
standards of performance. There may be accepted or at least
common measures of efficiency, in terms of costs per unit of
output (such as is provided by schedule fees or published
professional charges) which could be used. Alternatively, or in
addition, it will be necessary to make direct comparisons with
cost-effectiveness estimates for other similar programs, or with
quite different programs which are directed at the same ultimate
health outcome. Assessment of performance thus requires some
information on suitable comparison programs to be found. If
such information is not readily available it must be generated.*

6. Develop recommendations about on-going program resourcing

Depending on the result of the per(ormance assessment, it should be possible to draw conclusions about whether the program *njpnollisiu* an efficient way of delivery the particular outcome, which is a basic requirement for justifying ongoing funding.

A *cost-effectiu...iu..u* assessment can be used for internal management purposes. Knowledge about the efficiency of service delivery, can assist assessment of whether a service could potentially be re-organised to increase output at the same cost, or deliver the same output at lower cost. Alternative resourcing arrangements may, as a consequence, be suggested to increase productivity.

Overview

With the delivery of services by the government sector, definition of output is rarely simple. Even with direct delivery of patient seruices, there can be issues related to quality of care, patient characteristics and scope of service. Definition of the ultimate benefit delivered by patient services is rarely attempted. The need for suitable comparator data can also present problems, particularly if equivalent services are not provided elsewhere.

This does not suggest that cost-effectiveness analysis should not be attempted, but that some pragmatism in its application is required. Fur instance, if output is to be described in simple throughput terms, then issues of quality will need to be explicitly incorporated into the analysis, even though this may only be possible in descriptive terms.

COST-BENEFIT ANALYSIS

Cost-benefit analysis is at a conceptual level quite simple. It involves, for the program under review, comparison between program benefits and costs, in order to establish whether costs exceed benefits or vice-versa.

Taken in isolation or commonly as part of a review of a set of program options, cost-benefit analysis is used to establish which programs represent an appropriate use of the community's resources (in that they contribute to welfare maximisation). Cost-benefit analysis involves, as far as possible, the process of translating costs and benefits into a common unit of rneasurement of dollars.

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It is the form of economic evaluation most commonly used in the evaluation of major infrastructure projects in the public and private sector, to decide whether projects should be funded.

Many administrators and service deliverers within the public sector are wary of cost-benefit analysis and doubt its capacity to validly assess costs and benefits of public sector programs where outputs are often said to be non-quantifiable. However it is important to recognise that every time resources are allocated to a particular program, the implication is that benefits are greater than costs otherwise the resource allocation decision is irrational. Thus every day administrators and others make decisions which imply a cost-benefit assessment.

This is not to deny that in practice political imperatives may have a substantial influence on decisions, but that it is still expected that administrators seek to allocate resources so as to maximise benefits to the community. The political process is one way of obtaining feedback on costs and benefits. A rigorous cost-benefit analysis is another way, which should enable a more comprehensive assessment of impact. Of course a cost-benefit analysis can and generally should be sensitive to the policy context and the role of pressure groups.

The role of formal cost-benefit analysis when applied to public sector programs is to inject some rigour into the decision making process, to assist policy-makers with the ongoing task of allocating resources, of choosing between programs. The process of conducting a cost benefit analysis invariably provides additional insights into program benefits and program costs even if, ultimately, it proves not to be possible to develop precise estimates of benefit.

Perhaps when describing cost-benefit analysis of public sector programs, where outcomes do not lend themselves to quantification and where the analysis will incorporate many uncertainties and judgements, it is advisable to use a different term. We therefore refer to cost-benefit analysis of this type of public sector program (where outcomes are difficult to quantify), as "pragmatic" cost- benefit analysis, emphasising the more creative nature of this type of evaluation.

A pragmatic cost-benefit analysis involves the following steps:

1. Describe the program under review

A full description of the program is required for any economic evaluation activity. It is not possible to evaluate a program

which is not understood by the analyst. Program description may need to include program history, stated objectives, means of implementation, target group, etc.

2. Describe all program impacts

All program impacts, not just financial flows or impact readily translatable into dollars, need to be described. This description should cover all resources allocated to the program and key outcomes. There may be both immediate and longer term impact, projected and actual, which need to be described. It may also be useful to distinguish impact by community group on which they impinge, which should include any negative or unintended consequences. Description of program impact is an important exercise in itself and can provide decision 1nakers with useful information.

3. Measure costs and program outcomes

All resources allocated to the program need to be measured, initially in the basic units of input (eg person hours/equivalent fulltime positions, materials and other inputs at cost). Discussion of appropriate treatment of administrative and other overheads costs will be necessary.

Program outcomes need also to be measured in basic units such as patient throughput, health outcome (if it can be established), number of participants, other.

4. Value costs and program outcomes where possible in dollars

Generally it will be a relatively simple matter to value costs (resource inputs) in dollars. In relation to program outcomes this is far more of a challenge. The types of approaches that can be used include survey of participants regarding willingness to pay for the service, or compensation needed to be persuaded to do without. Where a similar service is provided by the private sector, willingness to pay as demonstrated by fees, can be used as an estimate of value. This can, at the least, be used as a preliminary estimate of value, which may be modified to take account of quality issues or client profile or other pertinent matters.

lt is almost inevitable that some outcome measures be left in their original units and not be translated into dollars. Outcomes then appear as a hybrid of dollar valuations and descriptive measures.

3.3

5. Compare costs and benefits to establish performance

The final and most important task in cost-benefit analysis of public program is the comparison between benefits and costs to draw conclusions about program performance. As there will rarely be certainty in the estimated benefits of health programs or even of costs, creative approaches need to be applied to draw powerful conclusions from the analysis.

Even where it is not possible to track through all potential benefits or place a dollar value on them, it still is often possible, with the available information, to draw conclusions concerning the likelihood that benefits will exceed costs. Invariably sufficient information can be gained to determine whether or not the program does, or does not represent an appropriate allocation of the community's resources, evaluated as a single program or in comparison with other programs.

A useful approach is to specify those assumptions or judgements that will support a favourable program performance and that set of assumptions that will not, and consider the plausibility of the alternative sets of assumptions.

Creativity in the process of comparison between costs and benefits is perhaps the key distinguishing feature between what we are calling a pragmatic cost-benefit analysis and traditional cost-benefit analysis. In traditional cost-benefit analysis costs and benefits are expected to be able to be specified with more certainty and performance will often be a simple benefit-cost ratio (or internal rate of return estimate).

It is this ability to draw conclusions about program performance even where costs and benefits cannot be precisely specified, that makes cost-benefit analysis a more useful tool for health program evaluation than is generally recognised. For instance, if only a part of progrmn outcomes can be valued, but these alone are found to exceed the value of costs, powerful conclusions can be drawn about program performance even with an incomplete data set. Sometimes benefits cannot be valued but just by describing them in an appropriate form, and comparing them with costs it is possible to draw conclusions, for instance, that most reasonable people would agree that benefits can be expected to exceed costs or vice-versa.

A major advantage of pragmatic cost-benefit analysis over cost-effectivenss analysis is that no comparator is needed to draw conclusions about program performance. Pragmatic cost-benefit analysis is a self contained economic evaluation approach which

can potentially provide clear signals to policy makers, without having to be part of a more comprehensive study designed to rank all or some health programs.

The use of cost-benefit analysis is most appropriate for an individual project, or a program consisting of a group of projects which can be precisely defined and where actual or potential impact can be identified. Impact may be both short term and longer term, direct and indirect and as discussed may be subject to some uncertainty, which may be treated in a probabilistic fashion. The more complex the program and the more difficult it is to describe expected program outcomes, the more difficult it becomes to undertake a pragmatic cost-benefit analysis.

Jackson, T. and Segal, L (1992) *An Approach to Economic Evaluation of Community Health Centres,* National Centre for Health Program Evaluation, Victoria.

WAYS OF USING THIS INFORMATION

The above information could assist you to:
- identify the unit cost of your program project or service;
- prepare the information necessary for a cost-effectiveness and/or cost-benefit analysis evaluation;
- employ a consultant to conduct cost-effectiveness and/or cost-benefit analysis evaluation.

Given the complexity and number of issues involved in economic evaluation we recommend that you don't attempt one yourselves, but rather employ a consultant. If you decide to either prepare for or undertake an economic evaluation you could be assisted by:
- students conducting research assignments;
- special project funding;
- a number of services supporting one economic evaluation;
- the field as a whole funding one economic evaluation a year.

Finally, there is not much published work on small scale economic evaluations of services and interventions, and the methods to measure their effectiveness are limited. Any work you undertake will add to this important body of knowledge and help other smaller services develop their approaches.

4

appendices
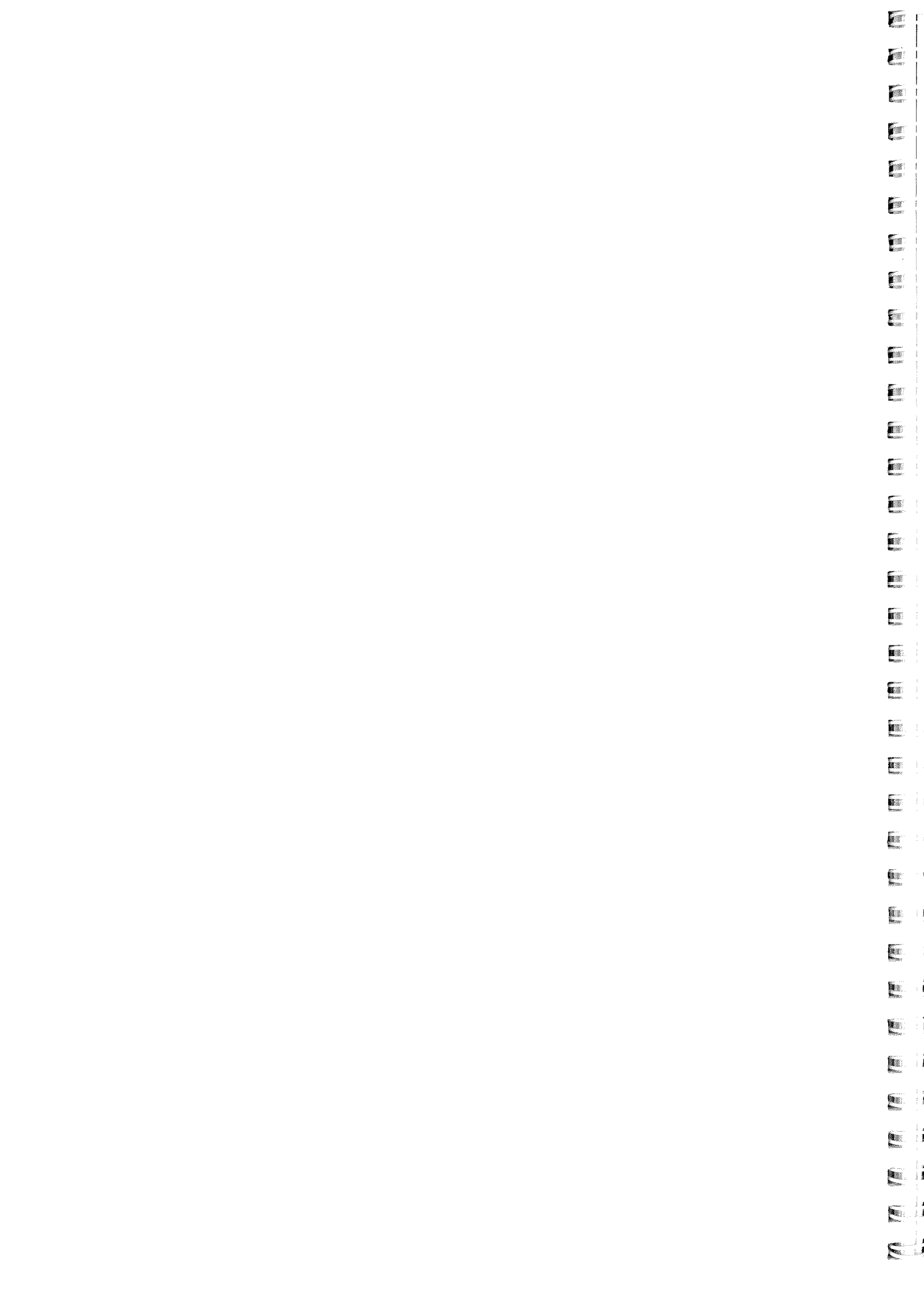
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Additional key words are on p

Aim: An aim states a preferred long term outcome.

Data: The information that you collect and that must be analysed and made sense of. Data can be statistical (age, ethnicity, gender) or descriptive (a service user's view of a program).

Methodology: In evaluation terms, refers to the theories and principles which underpin the selection of method.

Objective: An objective states the specific, desirable, observable or measurable impact of certain activities.

Qualitative data: Descriptive information including observations, interpretations, values, beliefs and ideas. Measurement of such data cannot be standardised but the way you collect and analyse qualitative data should be systematic.

Quantitative data: Measures or statistical information which have been collected through standardised procedures and which allow for simple counting and comparisons as well as for more complex calculations to be made.

Reliability: This refers to the consistency or dependability of your findings. This is not to say that there should be consistency across all findings but that each measure or interpretation, if it were repeated, should consistently produce the same result (unless there had been any change in between).

Representative: Before any generalisations can be made from your findings it is necessary to know to what extent your sample is representative of (or approximately similar to) a larger population either in the service as a whole, or in relation to the wider world.

Respondents: The people who respond to your survey or questionnaires.

Sample: A selected group of individuals or elements of a population that you choose to study when it is not possible to study the whole population. The most important aspect of a sample is not how many are in the sample but how it is selected; that is, how representative the sample is.
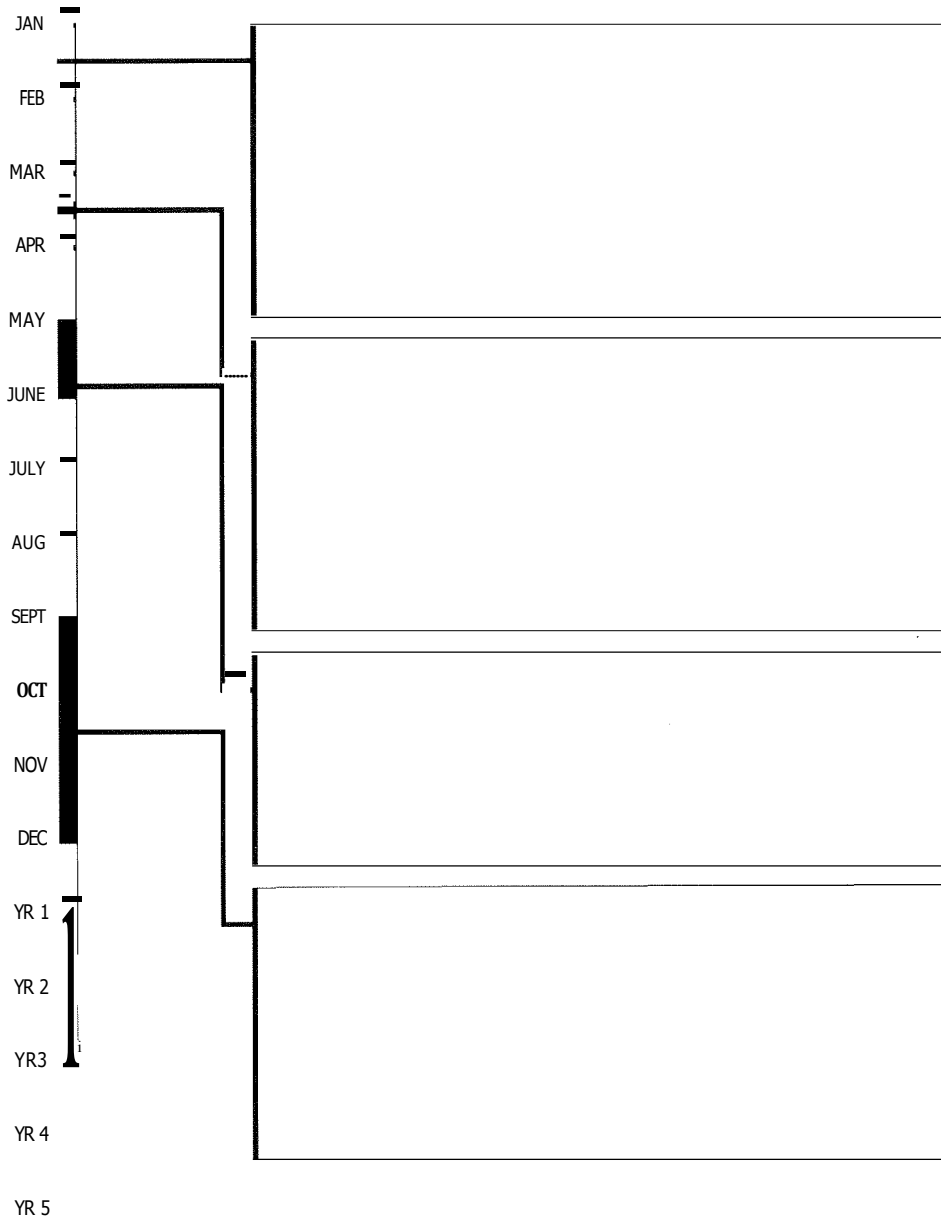
Statistics: Numerical information that has been systematically collected.

Strategy: A strategy is a series or group of activities or processes that are carried out to achieve the objectives.
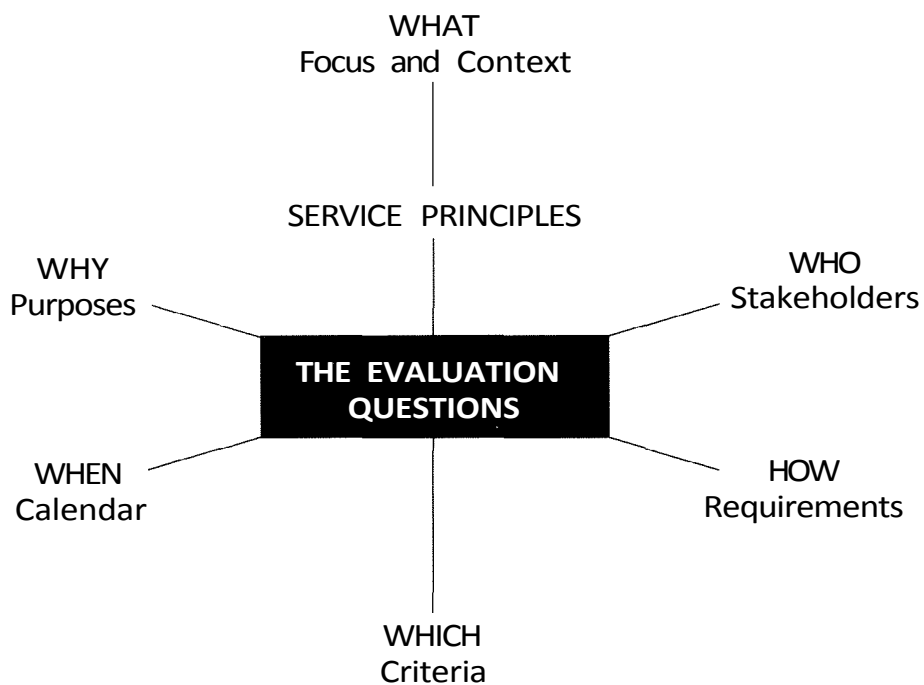
Thanks to McDermott, F., Pyett, P. and Hamilton, M. (1991) *Evaluate Yourself,* National Campaign Against Drug Abuse Victoria.

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PRO   FORMA   1

CALENDAR OF EVALUATION

JAN

FEB

MAR

APR

MAY

JUNE

JULY

AUG

SEPT

OCT

NOV

DEC

YR 1

YR 2

YR3

YR 4

YR 5

PRO FORMA 2

WHAT
Focus and Context

SERVICE PRINCIPLES

WHY
Purposes

WHO
Stakeholders

**THE EVALUATION
QUESTIONS**

WHEN
Calendar

HOW
Requirements

WHICH
Criteria

PRO FORMA 3

PRINCIPLE OBJECTIVE INDICATOR GRID

OBJECTIVES

1 2 3

INDICATORS

PRINCIPLES