AN EVALUABILITY ASSESSMENT OF A
FAMILY REUNIFICATION PROGRAM

By

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ABSTRACT

The evaluability assessment is a front-end analysis of the extent to which a program can be evaluated. It is considered particularly useful for new programs as previous program evaluations were found to have limited utility to program managers. Family preservation and family reunification are new models of service developed in response to increasing pressure to reduce the number of children in out of home care. The evaluability assessment was considered an appropriate method of analyzing the Reunification Program of Winnipeg Child and Family Services.

The evaluability assessment involved developing a consensual program model acceptable to all stakeholders. Once completed, an analysis of the program and its feasibility was undertaken to determine its evaluability.

The program was deemed unable to support a program evaluation. Therefore, the evaluability assessment made recommendations to assist the Reunification Program to enhance its amenability to an evaluation. While the evaluability assessment does not assist the program to implement the recommendations, it does provide a research design that may be beneficial. Programs may be unable to sustain both an evaluability assessment and a program evaluation, therefore a comprehensive evaluation incorporating elements of the evaluability assessment seems most effective.

ACKNOWLEDGEMENTS

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1.0 INTRODUCTION

In this current era of governmental fiscal restraint and accountability, social programs are being called upon to demonstrate effectiveness in order to secure or maintain funding. There is a greater expectation that programs must demonstrate their ability to meet their programmatic goals and objectives and satisfactory outcome measures in order to continue to receive funding. The primary accountability mechanism for social programs is the program evaluation. Frequently, social programs are being called upon to incorporate program evaluation strategies into their daily functioning. Program evaluation aims: to increase the knowledge and understanding about an intervention in society; improve program delivery; provide information in order to reconsider the program direction; and finally to provide for accountability (Hudson et al., 1992; Corbeil, 1992; Rossi et al., 1992; Weiss, 1972). Many social programs have been reluctant to embrace the concept of program evaluation. The problems attributed to program evaluations have contributed to this reluctance. Program evaluations have been criticized as being unresponsive to programs' needs, and study findings have been viewed as being of limited usefulness to the program. Programs have been evaluated prior to the program achieving stable program functioning, this has limited the percieved relevance of the results (Rossi & Freeman, 1982; Rutman, 1980; Weiss, 1973). Despite these problems, program managers have been criticized for not utilizing the evaluation findings to refine and modify programs (Rossi & Freeman, 1982).

As a result of the criticisms of program evaluations and in an effort to increase the utility of such evaluations for program managers, the evaluability assessment was developed.

Evaluability assessment is considered to be one approach to evaluation planning. Evaluability assessment aims to determine whether program performance is likely to be adequate and whether program evaluation is likely to be useful in improving program performance. It is also used to assess the feasibility of implementing the required methodology (Russ-Eft, 1986; Cohen et al., 1985; Smith, 1990; Rutman, 1980). An evaluability assessment is the front-end analysis that can be used to determine the manner and extent to which a program can be evaluated (Rutman, 1980). The factors that affect program evaluability can be grouped under two major areas of concern: program characteristics and the feasibility of implementing the required methodology. Program characteristics that affect program evaluability are: the need for a well-defined program; rationale for determining implementability; clearly specified goals and effects; and plausible causal links. The factors that affect the feasibility of implementing the required methodology are: the purpose for the program evaluation, the program design and implementation, available methodology, research design issues, and constraints (Rutman, 1980).

The products of an evaluability assessment are: 1) an analysis of the program's logic; 2) an analysis of program operations; 3) identification of program design options; 4) analysis of the program definition; and, 5) analysis of the goals and effects (Rutman, 1980). The results of the evaluability assessment should assist program managers to increase the readiness of the program to undergo an evaluation, and will produce results which are considered valuable and useful to the program.

The evaluability assessment is considered to be particularly useful for newly developed programs or innovative programs. An evaluation must be tailored to the stage of development of the program. An evaluation study aimed at assessing effectiveness should not be undertaken until a program has had an opportunity to fully implement a well developed program model. Newly developing programs can build in evaluation research in ways to feed back information to the program for the purpose of quality control and redirection for an ongoing program (Weiss, 1972; Rossi & Williams, 1972).

This practicum reports on the implementation of an evaluability assessment conducted at Winnipeg Child & Family Services Central Area in its Reunification Program. Family preservation and family reunification are relatively new programs and as such their service delivery models are not usually stable. Often, program elements are adapted in ways that better fit clients needs, agency policies or other variables (Dylla & Berry, 1998). The current research studies employed with family reunification and family preservation programs have undergone criticism for a variety of reasons. Many of the program evaluations suffer from methodological problems which limit their utility. The most commonly cited problems are: the empirical knowledge base, the service and program characteristics, outcomes, the target population and its characteristics, and the research design (Frankel, 1988; Rzepnicki, 1996; Maluccio et al., 1993; Kaye & Bell, 1998). Much of the research to date has been driven by the effort to prove the utility and effectiveness of these programs, with a specific focus on reducing the use of foster placement.

Employing an evaluability assessment was considered to be an effort to avoid duplicating program evaluation efforts that had been flawed. Conducting an evaluability assessment was considered to be appropriate as the Reunification Program had only been in operation since April, 1995 and had undergone changes in staffing and program components since its inception. An evaluability assessment was considered to be an appropriate evaluation technique to employ as a prelude to an eventual program evaluation. It would provide the program with the opportunity of increasing its amenability to an eventual program evaluation.

The aim of this practicum was for the student to develop skill in conducting an evaluability assessment in a family reunification practice setting. This report provides a theoretical rationale for the practicum and critically evaluates the process that was followed to achieve the primary learning objective. The practicuum has been organized into thirteen chapters. The first three chapters are the introduction and literature reviews of family reunification and family preservation programs and program evaluation methods. The evaluability assessment is contained within Chapters five to nine. Chapter ten outlines recommendations for a research design. Chapters eleven, twelve and thirteen are an analysis of the evaluability assessment model, the role of the internal evaluator and an analysis of the learning.

2.0 LITERATURE REVIEW OF FAMILY REUNIFICATION AND FAMILY PRESERVATION PROGRAMS

2.1 Emergence Of Family Centered Services

In recent years there has developed a broad concern about the high cost of family breakdown both in terms of financial consequences of placement of children in out-of-home care, as well as the prohibitive toll on children, parents, and communities. Foster care has become the object of sharp criticism. The concerns have focused upon foster children being allowed to drift into adulthood in foster care, systematically isolated from their biological parents and moving from foster home to foster home without establishing significant attachments. Recent research indicates the destruction of their original family relationships through foster care has produced more troubled children and adults than it solves. In addition, the long-term costs of raising children in foster care places a heavy financial burden on the public. (Hayward & Cameron, 1993; Lewis & Callaghan, 1993; Nelson et al., 1990; Walton et al., 1993; Maluccio et al., 1993). In the last three decades, child welfare agencies have been criticized by professionals and the public for expending massive resources while providing care of questionable quality to children who have been removed from their own homes (Frankel, 1988).

In response to these deteriorating conditions of many American children, to increases in the number of children in out-of-home placements and to influential critiques of the residual nature of the child welfare system, federal legislation was passed in August 1993 to

strengthen troubled families. The Public Law emphasizes the provision of services designed to prevent out-of-home placements and directed towards the reunification of the family as quickly as is reasonable. In order to be eligible for funding, States are required to implement family preservation and family reunification programs. The most powerful element of this legislation places reimbursement for foster care subject to judicial review aimed at determining whether agencies have made sufficient efforts toward preventing the placement or reuniting the family (Wells, 1994; Walton et al., 1993; Nelson et al., 1990; Turner, 1984; Frankel, 1988).

The emergence of family centered services reflects these changes in public policy, the economic pressure facing human services, and the availability of new theoretical perspectives and treatment technologies focused on the family (Nelson et al., 1990). Although the Canadian experience has not to date included legislative changes, the conditions in the child welfare system cited in the American movement towards family centered practice apply to the Canadian replication of such programs. The term family centered practice reflects a continuum of services including family preservation, family reunification and permanency planning for children. The initial emphasis was on family preservation services which are designed to prevent placement of children in out-of-home care. This growing emphasis on preserving families has led to renewed attention to the reunification of children in out-of-home care with their families of origin. Family reunification programs are one expression of this renewed emphasis (Maluccio et al., 1993). Family reunification is a relatively new field and therefore there is a small but growing body of literature on this topic. Given the scarcity

of the literature on family reunification, I have also reviewed the literature on family preservation services, as both services are considered to be on a continuum of service delivery and share similar philosophical values.

Family reunification is the planned process of reconnecting children in out-of-home care with their biological families to help them achieve and maintain their optimal level of reconnection. The level of reconnection can vary from full re-entry of the child into the family system, to partial contact, or periodic visiting (Maluccio et al., 1994). Family preservation programs are committed to maintaining children in their own homes. They focus on the entire family rather than individuals and provide comprehensive services that meet the range of the family's therapeutic, supportive, and concrete needs (Nelson et al., 1990; Reid et al., 1988; Pecora et al., 1992). In response to the needs and experiences of children in out-of-home care and their families, increasing efforts have recently been made to apply principles and strategies of family preservation, particularly intensive family preservation services, to case situations involving family reunification. Intensive efforts to reconnect families separated by foster care placement and keep them together, are similar in many ways to services designed to prevent placement (Maluccio et al., 1993). As a form of preserving families, reunification practice embodies the following four features: conviction about the role of the biological family as the preferred child-rearing unit, if at all possible; recognition of the potential of most families to care for their children, if properly assisted; awareness of the impact of separation and loss on children and parents; and involvement, as appropriate, of any and all members of the child's family (Maluccio et al., 1993). Family reunification and family preservation services are both

family oriented, home-based, clinical case management services with the shared purpose of strengthening and enhancing families. The structure of the programs share some similarities in terms of being intensive, home-based, time-limited in application and include the provision of concrete as well as intangible services and supports. These service similarities make the evaluations conducted on family preservation programs relevant to family reunification (Fein & Staff, 1993; Fein & Staff, 1994; Maluccio et al., 1993).

2.2 Family Reunification

The family reunification emphasis is based on the growing recognition that the vast majority of children who spend time in out-of-home care are eventually reunified with their families. A large retrospective study determined that 90% of children and adolescents who were taken away from their families into the care of a child welfare agency eventually returned to their family of origin within five years. Nearly three-fifths of these children will have returned home within the first six months, and one-fifth will have returned home within the first week of separation. A substantial proportion of children who are returned to their families, however, sooner or later re-enter some form of out-of-home placement or another helping system, such as juvenile justice or mental health (Maluccio et al., 1993; Fein & Staff, 1993). According to Bullock et al. (1993), approximately one quarter of the children reunified will return to out-of-home care. The results of this study are consistent with the American National data base which indicates that in 1990, 67% of children in out-of-home care were reunified with their parents or relatives, and between 22-40% of children will return to out-of-home care within a year (Maluccio et al., 1993; Maluccio et al., 1994; Walton et al.,

1993; Simms & Bolden, 1991; Hess & Folaron, 1991). Family reunification programs are an effort to assist children who are unlikely to be reunified in the normal course of service delivery to achieve reunification and to promote family stability to prevent the recidivist rate of these children returning to out-of-home care.

Family reunification programs are a diverse group of programs. All programs provide a combination of "soft" services such as counseling and parent training, and "hard" services such as income assistance, housing, and day care. Research indicates that parents need both expanded knowledge and strengthened tangible resources to be able to provide developmentally sound parenting for their children (Maluccio et al., 1993). All programs target populations of children or adolescents deemed by child welfare agencies to be unlikely to reunify successfully without intensive services (Maluccio et al., 1993; Maluccio et al., 1994; Walton et al., 1993; Haapala et al., 1990; Fein & Staff, 1993). In reviewing the programs, there is wide diversity regarding the following variables: 1) target populations and child and family characteristics; 2) length of program service (90 days to 2 years); 3) length of placement of children (30 days to permanent wards); 4) identified problems resulting in the child's placement (which range from family characteristics such as physical abuse, sexual abuse, and neglect to child characteristics such as child out of control, parent/teen conflict); and, 5) service delivery factors such as duration, intensity and range of services and theoretical orientation (Maluccio et al., 1994; Frankel, 1988). It is impossible to describe a typical or representative program. There is a concomitant variation in the duration, intensity and range of services of these programs. This is a group of programs bound together by a

common mission, basic philosophical position and general theoretical orientation regarding families (Frankel, 1988).

The primary goal of all of the programs is the successful reintegration of the child into the family home and this tends to be the primary measurement of success at termination of program. In addition to reduction in placement, the most commonly cited program goals are: 1) assist parents and children in maintaining their relationship during the placement period; 2) improvement in parental skills; 3) improved family functioning; 4) improved parent/child relationship; 5) enhanced resources and support network available to the family; and, 6) improvement in specific skills such as anger management, conflict resolution, and problem-solving (Maluccio et al., 1994; Simms & Bolden, 1991; Fein & Staff, 1993; Staff & Fein, 1994; Haapala et al., 1990; Walton et al., 1993). Rzepnicki (1996) noted that the objective of all programs should be to establish a minimal level of acceptable parenting and child safety.

The specific service delivery characteristics of programs are difficult to define, as they tend to be poorly articulated and defined in the studies. However, the common service delivery characteristics of reunification programs identified are: the provision of concrete services such as respite care, homemaking services, financial assistance, housing, transportation; and "soft" services such as education and training in parenting, mental health counseling, substance abuse counseling, counseling, support and referral services (Maluccio et al., 1994; Simms & Bolden, 1991; Fein & Staff, 1993; Staff & Fein, 1994; Haapala et al., 1990; Walton et al., 1993; Frankel, 1988). The focus of service delivery is a family oriented, home-

based, clinical case management service which employs a time-limited and goal directed treatment intervention plan. The philosophical principles guiding service delivery have been defined by Stein (in Walton et al., 1993) as: the client and therapist relationship is built through client-centered case planning, and active listening; the primary needs of the family are addressed through the provision of concrete services; the entire family is the focus of service; families are assisted in accessing resources and to build a support network; and the emphasis is on the development of new skills, relationships, and strengths as opposed to psychopathology in helping families achieve changes.

Family reunification programs are reporting various rates of success in the reunification of children with their biological parents. The majority of studies do not employ a control or comparison group. A review of the programs indicates a wide range of reunification rates from 13% to 70% and of re-entry into out-of-home care rates from 10% to 33% (Maluccio et al., 1994; Walton et al., 1993; Frankel, 1988; Rzepnicki, 1996). The few studies utilizing a control group report reunification rates of 66% to 93% as compared to the control groups receiving normal child welfare services who reported reunification rates of 28% to 45%. One study noted that family reunification families were more likely to return home than comparison group families at every point in time after the third month of service (Rzepnicki, 1996; Maluccio et al., 1994; Walton et al., 1993). Characteristics noted to impact on the likelihood of reunification are: poverty and the associated social problems; the multi-problem histories of families; prior placement of the children; length of time the child has been in placement; history of child maltreatment; parental substance abuse; parental emotional

problems; parental mental illness; and families with few resources (Rzepnicki, 1996; Frankel, 1988; Turner, 1986; Maluccio et al., 1993; Hess & Folaron, 1991; Walton et al., 1993; Maluccio et al., 1994). There is some indication that there is no relationship between basic demographic variables and the placement outcome of children (Turner, 1984). The referral mechanism within individual agencies has also been considered to impact on success rates. One study noted that cases were more likely to be referred to the reunification program that had made little progress and required a longer-term investment. These referrals were viewed as a last effort before an alternative plan was pursued (Rzepnicki, 1996).

The success reported in these studies needs to be viewed with caution, as the studies suffer from the following methodological limitations: cross sectional vs. cohort samples; lack of comparison groups; unrepresentativeness of small samples; and differences in operational definitions, data sources, and measurements (Maluccio et al., 1994). Inadequate descriptions of various programs make it difficult to determine the possible effects of different programs related to the service itself, selection criteria or methods of evaluation. This results in an inability to identify client and program characteristics that are associated with both success and failure (Frankel, 1988). One is unable to compare and aggregate findings of programs due to the diversity regarding operational definitions of crucial study variables, study samples, timing of studies, geographic locations, length of placement, follow up periods, service factors, as well as family and child characteristics (Maluccio et al., 1994). The empirical knowledge about reunification is still limited and in its infancy. This area will be explored more fully later in this paper in combination with the studies from family

preservation programs.

2.3 Family Preservation

Three models of family centered placement prevention programs (FCPP) have been identified: crisis intervention, home-based services, and family treatment (Nelson et al., 1990; Reid et al., 1988; Pecora et al., 1992). Each model has its own philosophical assumptions, theoretical models and organizational or structural features. However, all models are committed to: maintaining children in their own homes whenever possible; focusing on the entire family; and providing comprehensive services that include both "hard" and "soft" services (Nelson et al., 1990; Reid et al., 1988; Pecora et al., 1992; Frankel, 1988; Kaye & Bell, 1993). FCPP programs have been defined by the Child Welfare League of America as having the following characteristics: families receive a variety of clinical and concrete services; service is of short duration (90 days or less); and service is intensive (8-10 hours of face to face contact a week) (Hayward & Cameron, 1993; Wells, 1994; Pecora et al., 1992). Although FCPP share these basic characteristics, they vary considerably with respect to their auspices (public or private), theoretical orientation (behavioral or systemic), target population, identified problem, and primary location of service (Hayward & Cameron, 1993; Wells, 1994; Pecora et al., 1992; Nelson et al., 1990; Frankel, 1988; Kaye & Bell, 1993). The programs are based on research which indicates that providing families who are experiencing dysfunctional levels of stress with access to high levels of appropriate personal and social resources enables them to cope with a range of problems and helps to prevent family breakdown (Hayward & Cameron, 1993). Beyond these general features, however,

the definitive elements of the model have not been identified (Frankel, 1988). Family preservation has been criticized for implementing programs that do not have a clear theoretical foundation. Family preservation's philosophical emphasis on individualized service provision has also allowed program developers to be less attentive to the theoretical aspects of programs (Dylla & Berry, 1998).

All of the family preservation programs identify that their primary goal is to prevent the placement in out-of-home care of children who are at imminent risk of such placement. Secondary goals commonly identified are: 1) improve the physical and social family environment; 2) improve family care skills such as parenting, environmental conditions, and acquisition of resources; 3) improve family functioning; 4) improve support network; 5) improve family relationships such as communication skills; and, 6) improve parent/child relationships (Berry, 1993; Hayward & Cameron, 1993; Unrau et al., 1992; Frankel, 1988).

The service delivery characteristics are vaguely defined and articulated, if discussed at all in the literature. The service delivery characteristics outlined are described as following a case management model emphasizing time-limited, task centered treatment interventions. This includes both "soft" services such as: counseling following Rogerian theory, relapse prevention, cognitive-behavioural techniques, and systems theory; as well as teaching skill development such as parenting, anger management, communication, and budgeting. Service delivery characteristics also include "hard" services such as: transportation, respite, food, housing, financial assistance, referrals, and networking to resources and supports (Unrau et

al., 1992; Berry, 1993; Hayward & Cameron, 1993; Wells, 1994; Pecora et al., 1992).

The primary measure of success of programs is their rate of preventing placement. This is measured at termination of the program and is determined by the number of children served by the program who have remained at home. There have been few studies utilizing a control or comparison group. The programs without a control or comparison group all report high rates of placement prevention ranging from 70% to 96 % (Unrau et al., 1992; Nelson et al., 1990; Pecora et al., 1992; Berry, 1993; Frankel, 1988; Rzepnicki, 1996; Kaye & Bell, 1993). The results from the controlled studies are inconsistent and the placement prevention rates vary from 40% to 95% (Smith, 1995; Rzepnicki, 1996; Frankel, 1988; Kaye & Bell, 1993). The few studies which have employed comparison and control groups report lower rates of placement prevention than the uncontrolled studies. As well, they report only small differences between the comparison or control group and the experimental group. A study employing a comparison group found the rates of placement prevention for the experimental group were 66% averted placement compared to 15% of the comparison group (Hayward & Cameron, 1993). A study employing a control group reported placement prevention rates for the experimental group of 93%, compared to the control group's 82% (Hayward & Cameron, 1993; Rzepnicki, 1996). One of the largest controlled studies found little evidence that the family preservation programs affected the risk of placement or subsequent maltreatment. It did find evidence that the program may have produced short-term progress on case objectives (Rzepnicki, 1996). All of the programs report that placement aversion rates decline as time lengthens from program involvement (Hayward & Cameron, 1993;

Berry, 1993; Nelson et al., 1990; Pecora et al., 1992; Unrau et al., 1992). Studies using control or comparison groups show that, although placement is delayed or postponed, anywhere from one-fifth to one-half of children in both the control and treatment groups enter out-of-home placement by a year follow-up (Stiffman et al., n.d.).

The family preservation programs differ in their definition of imminent risk, therefore, determination of risk level can vary greatly from program to program. The few control group and comparison group studies indicate that despite all families referred to programs being deemed at imminent risk for placement, without intervention, not all of these children enter placement. The programs appear to be delivered to many families for which they are not originally intended. The assumption made by the programs in reporting their success is that all of these children would have been placed if not for the program, and this assumption does not appear credible even as a general approximation. If families were truly at risk of an imminent out-of-home placement, the placement rate among the control and comparison groups would be expected to be much higher than observed. The imminent risk criteria is proving to be an elusive standard for referrals (Hayward & Cameron, 1993; Pecora et al., 1992; Berry, 1993; Frankel, 1988; Rzepnicki, 1996; Kaye & Bell, 1993).

Two studies that conducted interviews with referring workers, discovered many other reasons social workers refer families to family preservation programs, besides the criteria of imminent risk. Social workers identified: the desire to ensure that families received the needed services that would not otherwise be available; to provide families with another

chance; to access an immediate and in-depth assessment of the family; and to collect evidence for court purposes (Rzepnicki, 1996; Kaye & Bell, 1993).

A number of areas have been noted as methodological problems in the studies. First, the wide variation in program models makes comparison difficult. Second, the lack of use of control and comparison groups makes it difficult to credibly estimate the percentage of placements averted in relation to normal child welfare service. Third, the short-term nature of the program makes measuring changes in family functioning difficult. Fourth, the programs lack common measures of risk of placement. Fifth, there is a wide variation in presenting problems and eligibility criteria amongst programs. All of these issues preclude drawing conclusions about program effectiveness and make comparisons between programs difficult. The final issue is the lack of consistent operational definitions of services and program characteristics. This also results in an inability to make comparisons between programs (Wells, 1994; Pecora et al., 1992; Nelson et al., 1990; Hayward & Cameron, 1993; Dylla & Berry, 1998; Frankel, 1988; Rzepnicki, 1996; Kay & Bell, 1993).

The research studies conducted thus far provide a foundation to support cautious optimism that family preservation services are able to improve child, parent, and family functioning to the extent that child placement is prevented for at least a short period of time. Which specific client, service, or worker factors are most responsible for treatment success is not clear and requires further research (Fraser et al., 1989; Hayward & Cameron, 1993; Rzepnicki, 1996; Frankel, 1988).

2.4 Limitations In Current Approaches To Evaluation

Both family reunification and family preservation studies have methodological problems which limit their utility in producing conclusive evaluations about the effectiveness of the programs. Much of the research to date has been driven by the effort to prove the utility of the programs. Descriptions of comprehensive research efforts are conspicuous in their absence. For the most part, research has been conducted within a program evaluation framework, has been atheoretical, and has been descriptive rather than hypothesis testing in nature (Wells, 1994; Frankel, 1988). Studies of family preservation programs to date have not produced results that are largely conclusive regarding impact, effectiveness or outcomes of family preservation services. Programs are mostly incomparable and results are not reliable, comprehensive or generalizable (Kaye & Bell, 1993; Dylla & Berry, 1998). The commonly cited methodological problems are: the empirical knowledge base, the service and program characteristics, outcomes, the target population and their characteristics, and the research design.

The current literature indicates that the empirical knowledge base about reunification and preservation is still limited. It is unknown how families and children who are successfully reunified or successfully avert placement differ from those who do not. The assumption that these services impact on placement by improving family functioning is implicit in all programs. However, the relationship between family functioning and the ability to avert placement or to achieve stable reunification is unknown. Relatively few programs have examined how they affect family functioning and no studies have evaluated the relationship

between changes in family functioning and placement. While the reported rates of placement prevention for family preservation programs are impressive, there is little information about the clients or specifics of intervention approaches. This limits the ability to understand how the programs impacted on placement prevention. Although all of the programs subscribe to the philosophy of utilizing both "hard" and "soft" services, there is no research on the relative effectiveness of these services or their role in outcomes such as preventing placement or improving family functioning or child behavior problems. There is some indication that provision of concrete services increases the likelihood of success. However, we have limited knowledge as to why programs work or fail to work for specific types of families. Few studies have tested theoretically anchored hypothesis pertaining to differing outcomes in treatment (Maluccio et al., 1994; Frankel, 1988; Berry, 1993; Wells, 1994; Stiffman et al., n.d.; Smith, 1995; Dylla & Berry, 1998; Kaye & Bell. 1993).

Although diversity and experimentation are valuable in the early stages of program development, more precise definitions are necessary when it comes to evaluating a new service. The programs require agreement regarding standard operational definitions regarding the phenomenon being studied. The wide variation in program models makes comparison and evaluation difficult, if not impossible. Research lacks sufficient descriptions of the actual program processes that are the independent variable in any assessment of impact. Inadequate descriptions of various programs make it difficult to determine the possible effects of differences between programs related to service delivery characteristics, selection criteria or methods of evaluation. More clarity on program models would help the

field determine which program characteristics benefit different service populations. The ability to specify the essential features of family centered services, including program processes and specific program components, will facilitate the evaluation of program components and allow replication of successful programs (Nelson et al., 1990; Maluccio et al., 1994; Frankel, 1988; Staff & Fein, 1994; Dylla & Berry, 1998; Kaye & Bell, 1993). It is time to begin developing smaller specialized programs for particular client groups. This will be possible if program processes can be linked to outcomes, and will assist in beginning to establish the types of services most beneficial to different client groups (Rzepnicki, 1996). Identification of the essential elements of family centered services is a necessary first step. Once that is accomplished, it is necessary to develop a typology that describes variations in practice and forms the basis for meaningful comparisons between programs. This typology should include: the auspices under which these programs operate; examination of clientele; philosophical stance; conceptual basis; selection criteria; goals and objectives; variations in service delivery patterns; and definitions of intensity, comprehensiveness and duration (Frankel, 1988).

Research has been dominated by the effort to define and to measure placement. This emphasis on placement prevention and reduction is misguided, because placement of a child is affected by factors that are unrelated to the child's need for placement and alternatives to placement. Placement of a child cannot always be considered a negative outcome in all cases. Placement rates for a community are more likely to be influenced by broad societal conditions underlying child abuse and neglect, such as economic and cultural

impoverishment, than by implementation of such programs. The effectiveness of any program will be limited by the broader social environment, including the level of community support and social problems evident in the communities and neighborhoods in which many child welfare clients live. The use of placement as the only, or the most important outcome of programs, disregards the value and significance of process and treatment outcomes (Dylla & Berry, 1998; Frankel, 1988; Wells, 1994; Smith, 1995; Hayward & Cameron, 1993; Unrau et al., 1992; Rzepnicki, 1996). The use of placement as an outcome variable is a curious thing. In the aggregate, placements are considered undesirable, because staying in the natural family whenever possible is considered to be good for children and because placement is very costly. But in individual cases, when a child is placed it is considered to be in the best interests of the child. This is unlike outcome measures in other programs where lack of achievement of an outcome cannot still be considered a good outcome (Rossi, 1990).

There needs to be a standardization of the definition and measurement for imminent risk of placement in order to facilitate comparisons between programs. An expansion needs to occur in the studies to give consideration to other program impacts such as child well-being, parenting skills, family functioning, and environmental changes. How programs impact on individual and family functioning, and how this links to placement outcomes requires further exploration. No studies examine the achievement of critical clinical goals such as ensuring the safety of the child, resolving the crisis that triggered the referral of the child to out-of-home placement, stabilizing families, and improving specific skills that families are believed to need to stay together. This may prove difficult to measure given the short-term nature of

the programs. Further, it may be unrealistic to expect changes in enduring family characteristics as measured by family functioning scales. Few of these outcomes can be assessed by the standardized measures of child and family functioning that are available. The current measures are inadequate because they are either too general, ignore context, are inappropriate for use with low income and poorly educated families or depend on one person's point of view, making it difficult to develop meaningful indicators of family functioning. It may be time to consider alternative purposes or program objectives other than placement issues, such as comprehensive assessments and timely case planning.

The most serious limitation regarding current outcome studies has been the almost complete lack of comparison or control groups. This makes it almost impossible to determine if the outcome is related to the program. In addition to the lack of control groups, the small sample sizes limit the ability to generalize reliably across programs. The studies are unable to demonstrate that the programs caused the effects of reduced placement rates or improved family functioning as this requires experimental investigation (Wells, 1994; Frankel, 1988; Hayward & Cameron, 1993; Nelson et al., 1990; Pecora et al., 1992; Unrau et al., 1992; Smith, 1995; Dylla & Berry, 1998; Kaye & Bell, 1993; Rossi, 1990; Rzepnicki, 1996).

There is a need to accurately define the target population these programs are intending to serve. In particular, studies have identified the difficulty in assessing and targeting families who are at imminent risk of out-of-home placement. The target population for reunification programs widely varies from children in out-of-home placement for less than one month to

children who are permanent wards. A number of studies have attempted to identify client

characteristics that are associated with treatment outcomes, and this area should continue to

be explored. Agreement needs to be reached on which client characteristics need to be

documented and reported in order to facilitate comparison between programs (Frankel, 1988;

Hayward & Cameron, 1993; Wells, 1994).

Family preservation and family reunification programs must be offered as part of a

coordinated array of services designed to meet the diverse needs of an ever growing

population of children and their families. There will always be children who cannot stay in

their own homes and some who can never return to their own homes, but who nevertheless,

deserve timely decisions to be made on their behalf (Rzepnicki, 1996). At this stage the

programs have a policy framework in place that supports the programs. Programs are

becoming well-established and are likely to increase in number. This is an ideal time to move

research towards the development of a theoretical knowledge base, that link

conceptualizations of well-designed problems, their causes and the mechanisms through

which the programs will remediate them for the population under study (Wells, 1994).

3.0 LITERATURE REVIEW OF PROGRAM EVALUATION METHODS

3.1 Introduction To Evaluation Research Of Social Programs

Evaluation research is the systematic application of social research procedures in assessing the conceptualization and design, implementation, and utility of social intervention programs. Evaluation research involves the use of social research methodologies to judge and improve the planning, monitoring, effectiveness, and efficiency of health, education, welfare, and other human service programs. (Rossi & Freeman, 1985; Rutman, 1980; Hudson et al., 1992; Weiss, 1972; Rossi et al., 1982; Wholey, 1979; Lee & Simpson, 1990). Evaluative research studies are the attempt to apply the methods of science to service and action programs, in order to obtain objective and valid measures of what such programs are accomplishing (Weiss, 1972).

There are two schools of thought regarding evaluation research of social programs that can be referred to as the scientific versus the pragmatic approaches to evaluation. Donald Campbell (in Rossi & Freeman, 1985) outlines an ideological position whereby policy and program decisions should emerge from the continual testing of ways to improve the social condition, and that the social change efforts of the society should be rooted in social experimentation. He contends that the technology of social research permits the feasible implementation of social experimentation in all aspects of the community and supports utilization of the experimental model in evaluation research. The scientific paradigm resulted in models emphasizing experimental methods, standardized data collection, large samples,

and the provision of scientific, technical data. It also reflected general optimism that systematic, scientific measurement procedures would deliver unequivocal evidence of program success or failure (Herman et al., 1987). In contrast, Lee Cronbach (in Rossi & Freeman, 1985) holds that every evaluation represents an idiosyncratic effort at providing maximally useful information to program sponsors and stakeholders. He believes that it is the purpose and intent that differentiates evaluations from scientific investigations. Both may use the same logic of inquiry and research procedures, but scientific studies strive to meet a set of research standards. While evaluations need to be developed in ways that recognize both the policy and program interests of the sponsors and stakeholders, and to be formulated and conducted so they are maximally useful to decision makers, given the resources, political circumstances, and program constraints that surround them (Rossi & Freeman, 1985). This resulted in models which stressed the importance of naturalistic, qualitative methods for understanding the means of operation and the effects of programs (Herman et al., 1987).

One of the most challenging aspects of applying social research procedures to the study of social programs is the inherent requirement that evaluators conduct their work in a continually changing milieu. A number of features of social interventions are associated with the highly volatile character of social programs. The relative influence, resources, and priorities of the sponsors of social programs change frequently. The interests and influence of the various stakeholders may change. There may be marked modifications in the priorities and responsibilities of the organizations and agencies implementing programs. Unanticipated problems with delivering the intervention or with the intervention itself may require

modifying the program and consequently the evaluation plan as well. Partial findings from an evaluation may result in reasonably secure knowledge of the lack of intended outcomes from the intervention. Unanticipated problems may occur in implementing the evaluation design (Rossi & Freeman, 1985). Cronbach (in Rossi & Freeman, 1985) contends that an evaluation attains practical perfection when it provides the best information possible on the key policy questions within the given set of real-world constraints. This implies that all evaluations are flawed if measured against the abstract perfection or if judged without taking time, budget, ethical, and political restrictions into account. In other words, there is really no such thing as a truly perfect evaluation, and idealized textbook treatments of research design and analysis typically establish useful aspirations but unrealistic expectations (Berk & Rossi, in Corbeil, 1992).

3.2 Program Evaluation - Definition & Purpose

The definition of program evaluation includes three areas of focus: economy, operational efficiency, and effectiveness. Economy refers to the acquisition of resources of appropriate quality and for the lowest cost. Operational efficiency is concerned with the transformation of inputs into outputs. Effectiveness is the extent to which a program achieves its goals or produces certain effects (Rutman, 1980; Rossi & Freeman, 1985). Within each of these three areas, the reason for engaging in an evaluation may vary. There are four basic aims of program evaluation: 1) to increase knowledge and understanding about an intervention in society; 2) to improve the management and delivery of a program; 3) to challenge the strategic direction of the program; and, 4) to provide performance information for

accountability (Hudson et al., 1992; Corbeil, 1992; Rossi et al., 1992; Weiss, 1972). The scope of each evaluation may be influenced by the specific aims for which it is being conducted. The way the evaluation questions are asked and the research procedures undertaken depend on the aims of the evaluation and the developmental stage of the program.

3.3 Stages Of Program Development

An evaluation must be tailored to the stage of development of the intervention being addressed. This may be found by locating the program on a continuum with poles at innovative programs and established programs, with those in need of refinement or modification lying somewhere in between (Rossi & Freeman, 1985). An evaluation study aimed at assessing effectiveness should not be undertaken until a program has had an opportunity to fully implement a well developed program model. Newly developing programs can build in evaluation research in ways to feed back information to the program for the purpose of quality control and redirection for an ongoing program (Weiss, 1972). Newly developed programs would benefit from evaluations with the primary emphasis upon feedback of results for program changes. This is considered to be exploratory research and the main objective is to learn enough to be able to move ahead to the development of a program which can then be evaluated in a more systematic way (Suchman, 1972).

In the case of the innovative social program there is often great clamor for an evaluation almost immediately after the program has begun. This is unrealistic since it takes some time

for any program to settle down into normal operations (Rossi & Williams, 1972; Weiss, 1972). An innovative program is defined as a program that has not been subject to implementation and assessment in the following ways: the intervention itself is still in an emerging or research and development phase; the delivery system or parts of it have not been adequately tested; or the targets of the program are markedly new or expanded. Programs that are originally undertaken in response to one goal, may also be changed or expanded because of their impact on other objectives or service goals (Rossi & Freeman, 1982). Thus the expanded or revised program may also be considered to fall within the innovative program category.

Herman, Morris and Fitz-Gibbon (1987) describe four phases of program development, each requiring different evaluation methods. Program initiation is the initial development of the program. This involves the consideration of the goals the program hopes to accomplish through program activities and identifies the needs and/or problems that a program is supposed to address. Often a needs assessment is most appropriate at this stage. The second phase is program planning. The program is designed or revised to meet high priority goals. During this phase controlled pilot testing and market testing can be used to assess the effectiveness and feasibility of alternative methods of addressing primary needs and goals. The third phase is program implementation. Ideally the program should be given the opportunity to iron out problems and reach a point where it is running smoothly before its effectiveness is judged. During this phase the staff are trying to operationalize the program and adapt it as necessary to work in their particular setting. Evaluations during this phase

need to provide formative information, which describes how the program is operating and contributes to ways to improve it. The final phase is program accountability. This occurs when a program has become established with a permanent budget and an organizational niche. It is now time to question its overall effectiveness and impact. During this phase an evaluation would be summative, and would focus on collecting data that demonstrates what the program looks like, what has been achieved, and what implications and recommendations may be derived for improving future efforts.

3.4 Approaches To Program Evaluation

The evaluation approach and the subsequent evaluation designs employed in conducting a program evaluation are determined by the developmental stage of the program, the purpose of the evaluation and the information needs of the sponsor of the evaluation. There are generally five primary purposes for conducting an evaluation that will dictate the evaluation approach utilized (Herman et al., 1987): 1) a needs assessment which identifies goals, products, problems, or conditions which should be addressed in future program planning; 2) a formative evaluation which helps program planners, managers, and/or staff improve a developing or ongoing program; 3) a summative evaluation which helps the sponsor or others in authority decide the extent to which a program is successful and what should be its ultimate fate; 4) an implementation study which focuses on activities, services, materials, staffing, and administrative arrangements that compose a program and how these operate; and, 5) an outcome study which examines the extent to which a program's highest priority goals are achieved. All evaluations, regardless of purpose, will want to give at least some

attention to program implementation and outcomes.

Rossi & Freeman (1985) break down evaluation research into three major classes: 1) analysis related to the conceptualization and design of interventions; 2) monitoring of program implementation; and, 3) assessment of program utility, both impact and efficiency. The analysis related to the conceptualization and design of interventions appears to be analogous to the needs assessment and conducting formative evaluations described by Herman et al. (1987) above. Interventions during their planning, but also throughout their existence, can be seen as responses to either perceived or incipient communal problems. The origin of a social program is often the recognition of a social problem. Attention to program conceptualization and design addresses: the extent and distribution of the target problem and/or population; the extent to which the program is designed in conformity with its intended goals; the rationale underlying the intervention; and an analysis of the costs in relation to the benefits and/or effectiveness. It involves becoming familiar with multiple aspects of a program and providing this information to program staff in order to assist them in improving the program (Rossi & Freeman, 1985; Herman et al., 1987).

The monitoring of program implementation is equivalent to implementation studies which are identified as the fourth purpose of evaluation by Herman et al. (1987). Program evaluation should examine the manner in which a program was implemented as well as the outcome it produced. There are many reasons for monitoring program implementation. Proper management of human resource programs require that program managers conduct their

activities as efficiently as possible. Monitoring provides program managers with information on which to base judgment of the operational performance of their programs, in order to make needed changes in the way day-to-day activities are conducted. Program sponsors and stakeholders require evidence that what presumably was paid for and deemed desirable, was actually undertaken. Program monitoring provides valuable information regarding whether or not the program is reaching the appropriate target population and whether or not the delivery of services is consistent with program design specifications. Monitoring evaluations are generally a necessary adjunct to impact assessment. There is no point being concerned with the impact or outcome of a particular program unless it did take place and did serve the appropriate participants in the way intended. Monitoring, as part of outcome evaluation, has as its main purpose to ascertain how a program was actually carried out in order to link program inputs or program processes to program outcomes. Monitoring information can be used either formatively or summatively. (Rossi & Freeman, 1985; Herman et al., 1987; Rutman, 1980; Rossi et al., 1982).

The assessment of program utility including both impact and efficiency appears equivalent to summative evaluations and outcome studies. It is important to know both the degree to which a program has an impact and its benefits in relation to costs. The former is referred to as the program's effectiveness or impact, and the latter as its efficiency. An impact assessment gauges the extent to which a program causes change in the desired direction. It implies that there is a set of specified, operationally defined goals and criterion of success. Goals are often framed as the outcomes which the program claims to pursue and for which

it can be held accountable. Program evaluation is expected to measure the extent to which program goals were attained. This information is then utilized to make summary statements and judgments about the program and its value. (Rossi & Freeman, 1985; Herman et al., 1987; Rutman, 1980; Hudson et al., 1992; Rossi et al., 1982).

3.5 Stages Of Program Evaluation

Rutman (1984) describes program evaluation as a process that involves a number of stages. These stages are: 1) defining the client; 2) determining the purpose of the evaluation; 3) planning the evaluation or conducting an evaluability assessment; 4) developing an administrative agreement; 5) conducting the program evaluation; and, 6) utilization of the results. Most of the literature focuses on the program evaluation as an entity in and of itself. Rutman clearly outlines necessary stages prior to completing a program evaluation which increases the effectiveness and utility of program evaluations. The emphasis shifts to include not only designing an evaluation but also planning an evaluation (Corbeil, 1992). Rutman's (1984 & 1980) stages of an evaluability assessment are described on the subsequent pages.

3.51 Stage I - Defining The Client

The first stage in Rutman's (1980 & 1984) model is defining the client who has an interest in the program evaluation. Numerous people may have an interest in the program evaluation, but it is difficult if not impossible to conduct a program evaluation that is able to meet everybody's needs. Therefore, it is important to define the primary client for whom the program evaluation is being designed. The program evaluation should be designed to meet

the information needs of this client (Rutman, 1984; Hudson et al., 1992; Corbeil, 1992).

3.52 Stage II - Purpose Of The Evaluation

The second stage in Rutman's (1980 & 1984) model is determining the purpose of the evaluation. There are several purposes for an evaluation which have been discussed previously in this paper. In recent years the demand for accountability to funding bodies, legislative groups, and to the public has been the major impetus for program evaluations. Fiscal constraints have increased the competition of public agencies for available dollars and raised questions of value for the money. The accountability evaluation attempts to demonstrate the worth of the program in order for it to continue to receive legislative, financial, and public support. The management perspective on program evaluation sees it as a tool for making improved decisions about the design of programs and their delivery, and about the type and amount of resources that should be devoted to the program. Program evaluation can be viewed as a source of information for managerial action. The primary use of the information is to modify services and delivery mechanisms in order to increase their effectiveness. Program evaluations can be used to produce knowledge that may or may not be of immediate use to decision makers. It contributes to potentially important additions to the state-of-the-art in different fields of practice (Rutman, 1984; Hudson et al., 1992). The purpose of the evaluation will dictate the design utilized (Hudson, 1992).

3.53 Stage III - Evaluability Assessment

The third stage in Rutman's (1980 & 1984) model is planning the evaluation or completing

an evaluability assessment. Evaluation planning is simply the planning for an evaluation. It is not the evaluation itself, rather the development and articulation of a strategy that seeks to make the evaluation more responsive to decision maker's needs. Evaluation planning contributes to program evaluation in three ways. It identifies for program managers the scale upon which a successful program operation will be measured. It develops a continuous or periodic surveillance system to detect problems and to note achievements in program performance. It prepares evaluators to respond to any programmatic questions that may be posed (Cohen et al., 1985).

One approach to evaluation planning is the evaluability assessment. This approach anticipates the need for evaluative information prior to any particular question being posed. The original focus of evaluability assessment was to examine program structure and to determine whether or not a program would lend itself readily to evaluation of program performance. More recently, evaluability assessment aims to determine whether program performance is likely to be adequate and whether program evaluation is likely to be useful in improving program performance, and examines the feasibility of implementing the required methodology (Russ-Eft, 1986; Cohen et al., 1985; Smith, 1990; Rutman, 1980).

The factors that affect program evaluability can be grouped under two major areas of concern: program characteristics and the feasibility of implementing the required methodology. Program evaluability is defined as the extent to which the program can be evaluated for its effectiveness. Program characteristics that affect program evaluability are: the need for a well-defined program; a rationale for determining implementability of

programs; clearly specified goals and effects; and plausible causal links. The factors that affect the feasibility of implementing the required methodology are: purpose for the program evaluation; program design and implementation; methodology such as measurement issues of reliability and validity, research design issues of causal inferences and generalizability, and data analysis; and finally constraints such as cost, political, legal, ethical, and administrative issues (Rutman, 1980).

An evaluability assessment is the front-end analysis that can be used to determine the manner and extent to which a program can be evaluated. The evaluability assessment will focus on the program definition, program implementation, program goals, objectives, and effects. It will also focus on the type of methodology that is most feasible to achieve the purposes of the evaluation. Evaluability assessment is used to get agreement on realistic measurable program objectives, appropriate program performance indicators, and intended uses of program performance information before full-scale evaluations are begun. Evaluability assessments reveal what it would take to produce a program which would be demonstrably effective in achieving measurable progress toward specific objectives. The aim of the evaluability assessment is not to determine whether or not the whole program is evaluable. The intent is to identify particular program components and specific goals/effects that meet the precondition of evaluability (Rutman, 1984; Rutman, 1980; Russ-Eft, 1986; Cohen et al., 1985; Smith, 1990).

Insufficient attention has been paid to determining whether the purposes of an evaluation can

be met, considering such factors as the program's characteristics, currently available research methodology and the constraints that inevitably affect the implementation of desired evaluation methodology. This failure to address the problems of program design and implementation before conducting program evaluation can limit the usefulness of a study's findings (Rutman, 1980; Rossi & Freeman, 1982; Corbeil, 1992). Preparatory work with programs to increase their amenability to effectiveness evaluations prior to launching such a study will increase the usefulness of the study. In addition, evaluation findings are often not used to refine and modify programs (Rossi & Freeman, 1982). Program evaluations require careful planning to ensure that the study will be relevant and credible. Lengthy program impact evaluations featuring large-scale surveys and quasi-experiments should be performed only after an evaluability assessment has been completed. The program impact evaluation should occur once there is an indication that the program is capable of functioning as intended and shows preliminary evidence of such functioning. Evaluability assessments aim to ensure credible and useful evaluations for the client of the study. Many shortcomings of evaluations conducted to date could have been avoided had sufficient attention been paid to this important pre-evaluation work.

Rutman (1980) indicates there are two primary benefits of conducting evaluability assessments: their assistance in planning useful evaluations, and the direction provided to programs for planning. First, the evaluability assessment can facilitate the establishment of evaluation priorities. This is useful in preparing realistic terms of reference that are more likely to meet the purposes for the evaluation. This allows for the judicious use of resources

for conducting program evaluations. The evaluability assessment should lead to more relevant, credible, and usable evaluations. Secondly, the evaluability assessment identifies shortcomings of the planning and management processes, such as poorly defined program components and vague and implausible goals and effects. Problems such as these must be resolved if the evaluation is to be useful. The evaluability assessment findings provide direction for program planning to managers to resolve factors that affect program evaluability. Weiss (1973) emphasized the importance of evaluability assessments:

> "The sins of the program are often visited on the evaluation. When programs are well conceptualized and developed, with clearly defined goals and consistent methods of work, the lot of evaluation is relatively easy. But when programs are disorganized, beset with disruptions, ineffectively designed, or poorly managed, the evaluation falls heir to the problems of the setting."

As was noted above, the evaluability assessment addresses program structure, and the technical feasibility of implementing the desired methodology. These concerns are incorporated in two stages of the evaluability assessment. The first stage is the program analysis. The goals of this stage are: to identify program components that are well defined and can be implemented in a prescribed manner; to determine if the specified goals and effects are plausible; and to establish plausible causal linkages. The second stage involves analyzing the feasibility of achieving the evaluation's purpose. Analysis of the program leads to the identification of program components and goals/effects that can be considered for inclusion in an effectiveness evaluation. Now it is necessary to determine which goals or effects will actually be examined. It is the purpose of the evaluation that establishes the methodological requirements. The feasibility analysis aims to determine the extent to which

the methodological requirements can be met, given the numerous constraints that inevitably arise. Analysis of purpose and feasibility is important because it provides the basis for determining whether or not the launching of a particular type of evaluation is worthwhile. It identifies the limitations and obstacles that are likely to be encountered if efforts are undertaken to measure the effectiveness of particular program components and goals/effects. The number of futile evaluations can be reduced by identifying many of the pitfalls before an evaluation is launched rather than learning them midway through the study or in the final report. (Rutman, 1980; Russ-Eft, 1986; Rutman, 1984).

Evaluability Assessment - Program Analysis

An evaluability assessment establishes the extent to which the program is sufficiently well defined to consider evaluation of it. Defining the program involves gaining a thorough understanding of the program, its relative size, scope and purpose, and the environment in which it operates. A clearly defined program is essential for evaluation findings to be related to an identifiable intervention that was tested and found to be effective. In order to understand the program, information should be collected on the following: 1) resources, including information regarding clients to be served, program staff, size and nature of program budget; 2) activities, including those activities carried out by the program, the cause and effect assumptions held about how the activities are expected to produce the anticipated results; 3) results, including the expected results in terms of goals, objectives, impacts, effects, and unintended consequences; and, 4) measurement system, including the kind of information currently being collected by the program, and its shortcomings (Hudson, 1992;

Corbeil, 1992; Schalock & Thornton, 1988). The process involves the identification of the goals of the organization sponsoring and implementing the intervention, and of the other stakeholders involved. Goals are generally abstract, idealized statements of desired social program outcomes. For evaluation purposes, goal-setting must lead to the operationalization of the desired outcome. It is essential that there be detailed specification of the condition to be addressed and identification of one or more measurable criteria for success. The process includes the development of a general framework or strategy for achieving the desired goals by modifying conditions or behavior. The causal assumptions linking program activities and the goals/effects must be identified and assessed (Rossi & Freeman, 1985; Hudson et al., 1992).

An evaluability assessment is also used to describe how the program is being implemented as a prelude to decisions about the details of the intended evaluation. Failure to recognize problems of program implementation may result in an evaluation that tests the effectiveness of the program but that cannot draw a distinction between its poor administration or apparent lack of effectiveness. There are three kinds of implementation failures: no treatment or not enough is delivered; the wrong treatment is delivered; or the treatment is unstandardized, uncontrolled, or varies across target populations. It is important to specify in operational terms the actual services that are provided. The first task is to define each kind of service in terms of activities and actions that take place and/or in terms of the types of participation by various providers. Units of service or program elements may be defined in terms of time, costs, procedures, or products. This provides information regarding the degree of

conformity and convergence between program design and program implementation. (Rossi & Freeman, 1985). The evaluability assessment can point out some of these problems of program design and delivery, leading to a possible decision that program evaluation should focus on understanding program implementation issues rather than measuring program effectiveness. Attention paid to these issues can enhance the manageability of a program by spotlighting areas for managerial action. These include: poorly defined programs that require elaboration to facilitate their implementation in the field; failure of management to implement programs in a prescribed manner; vague objectives that provide little basis for accountability and insufficient direction for the program manager; unrealistic objectives that are beyond the reach of the program and for which its manager should not be held accountable; unintended effects, negative or positive, that the program is likely to produce; varying perceptions among managers and program staff about the meaning and priority of objectives; and competing and conflicting objectives. This analysis of the program can improve the relevance of evaluations by pointing out those aspects of the program which currently meet the preconditions of evaluability and those which require further attention to enhance their evaluability for evaluation (Rutman, 1984; Rutman, 1980; Rossi & Freeman, 1985).

Evaluability Assessment - Feasibility Analysis

In addition to including a program analysis, an evaluability assessment examines the feasibility of implementing program evaluation designs and methodologies. The feasibility analysis is initially concerned with determining the extent to which program components can be tested

for their effectiveness in a manner that would meet the purposes of the evaluation. The evaluability assessment attempts to establish the extent to which the methodological requirements can be applied within the available budget, in view of constraints such as those of political, legal, ethical, and administrative nature. There are inevitably compromises in the ideal methodology that would best meet the purposes of the evaluation. Identification and recognition of these compromises and constraints at the planning stage can result in modifications to the purpose of the evaluation or the removal of the constraints themselves (Rutman, 1980; Rutman, 1984). The completion of an evaluability assessment should result in terms of reference that include: the objectives of the evaluation, focus of the evaluation, information to be collected, source of the data, research design, time frame, and resources. The feasibility analysis results in a judgment that is necessarily relative. This judgement will vary according to the purpose for conducting the study, the standards of acceptable methodology and the degree of willingness to make compromises in light of cost and other constraints (Rutman, 1984; Rossi & Freeman, 1985; Rutman, 1980).

The products of an evaluability assessment are: 1) an analysis of the program's logic indicating the extent to which there is agreement on expectations of events and causal links, measures for these expected events, and intended uses of information on program performance; 2) an analysis of program operations, indicating the extent to which the expected events are plausible and measurable; 3) identification of program design options, including policy, management, and evaluation options; 4) analysis of the program definition and of the extent to which the program is being implemented in a prescribed manner; and,

5) analysis of the goals and effects to determine if they are clearly specified (Rutman, 1980).

3.54 Stage IV - Administrative Agreement

The fourth stage in Rutman's (1980 & 1984) model involves the development of an administrative agreement that can support a program evaluation. This involves developing an agreement between the evaluator and the manager which clarifies the critical issues of the study requirements and outlines the respective responsibilities of the evaluator and the manager. Development of such an agreement identifies issues in advance, forestalls misunderstandings, and enables those that arise to be dealt with more readily. An agreement should include such areas as: breakdown of expenditures; scope of the evaluation; details about the data collection procedures and research design; responsibilities of the program staff in carrying out evaluation tasks; management consulting regarding program delivery; controls to ensure adherence to the evaluation plan; the consultative process to be followed; and publicity of the report (Rutman, 1984).

3.55 Stage V - Conducting The Program Evaluation

The fifth stage in Rutman's (1980 & 1984) model is conducting the program evaluation. Once the evaluability assessment is completed one should be aware of what changes, if any, need to occur in order to implement a program evaluation. The evaluability assessment should provide relevant information which will assist in the initial steps of program evaluation. Conducting a program evaluation involves an application of the research process that includes selecting a research design, gathering and analyzing information and reporting

the findings. If an evaluability assessment has been completed, this process will be grounded in a clear program description that links processes to outcomes.

When selecting appropriate evaluation methods, the focus is on collecting information of greatest interest and use to the primary users about the most significant aspects of the program and its outcomes in a way that ensures the quality, validity and reliability of the information. Information can be quantitative or qualitative. Quantitative techniques are primarily concerned with: measuring a finite number of pre-specified outcomes, with judging effects, with attributing cause, and with generalizing results of measurements and results of any comparisons to the population as a whole. Qualitative techniques are primarily inductive and attempt to describe and understand the program as a whole. The emphasis is on detailed description and on in-depth understanding as it emerges from direct contact and experience with the program and its participants.

The first consideration in selecting data gathering techniques is to decide on the amount and type of information required to address the evaluation questions. There are five general aspects of a program that might be examined: context characteristics, participant characteristics, characteristics of or processes in program implementation, program outcomes, and program costs. The relative emphasis placed on any of these categories would depend on the purpose of the study.

1) Context Characteristics

Context characteristics refer to the context within which the program operates. This includes

sociopolitical and program specific factors. Information is collected on aspects of the program's context that might affect how the program operates. This information can assist in identifying what type of context is most conducive to achieving the program's objectives.

2) Participants Characteristics

Participants characteristics refer to the personal characteristics of the participants such as: age, sex, socioeconomic status, and ethnicity. Analysis of this can enable the program to determine which participants benefit most from the program.

3) Characteristics of Program Implementation

Characteristics of program implementation examine the program's principle activities, services, processes, materials, staffing, and administrative arrangements. The program needs to be conceptualized and the nature of the program specified and defined. The amount of detail can vary from simply documenting the type and volume of service provided, to specific attributes of the process. This information will assist in answering questions regarding implementation. Unless there is a reasonably accurate and coherent definition of the program, the evaluation will not be able to attribute the outcome to specific program variables. Therefore, program variables need to be defined and quantified. It is important to measure both program input variables and intervening variables. There are two kinds of intervening variables: program operation variables which consider the implementation and operation of the program and bridging variables which consider the attainment of intermediate milestones.

4) Program Outcomes

Program outcomes measure the extent to which goals have been achieved. The goals should

outline the intended consequence of the program and need to be stated in clear, specific, and measurable terms. In addition, the indicators that will be utilized to measure the goal attainment and determine what constitutes success need to be specified.

5) Program Costs

Program costs can be measured by examining the human and financial resources required to deliver the service. Program costs may also measure the required resources of the program in comparison to the relative cost-efficiency of competing alternatives, while considering the effectiveness of the program (Herman et al., 1987; Rutman, 1980; Rutman, 1984; Weiss, 1972; Rossi et al., 1982; Wholey, 1979).

In addition to determining the amount and type of information that will be gathered, a research design must be selected for the study. The research design chosen will reflect: the purpose of the evaluation; the aspects of the program context, processes, and outcomes to be evaluated; and the best feasible methods to measure or otherwise observe those program aspects. A useful way to distinguish between evaluation types, which reflect distinct purposes of the evaluation, is to categorize them as summative or formative. As was noted earlier, summative evaluations focus on providing information in order to make a decision regarding the extent to which a program is successful and the program's ultimate fate. Formative evaluations focus on providing information to program planners, managers, and/or staff in order to improve a developing or ongoing program.

Summative Evaluation

If you are utilizing a summative evaluation approach the primary concerns are documenting or assessing program effects or impacts and determining attribution and generalizability. Attribution is concerned with the extent to which the program produced the measured results. Generalizability is concerned with the extent to which the results of the evaluation are relevant for situations, places, clients and circumstances other than those that existed for the evaluation. The importance of attribution and generalizability depends on the purpose of the evaluation and the questions that interest the client of the evaluation. Research designs concerned with attribution attempt to rule out non program factors as explanations for the plausible cause. Generalizability is enhanced if the evaluation is conducted in a manner that involves the broad representation of clients, locations and situations. There are a number of evaluation designs which can be employed in summative evaluations. The criteria for how satisfactory a design is depends on the extent to which they protect against the effects of extraneous variables. The best designs are those that control relevant outside effects and lead to valid inferences about the effects of the program. (Weiss, 1972; Rutman, 1980; Rossi & Freeman, 1985; Hudson, 1992).

The obstacles to impact assessments arise from several sources. First, the social world is complex, and most social phenomenon have many roots and causes. Second, because social science theories and empirical generalizations are weak and incomplete, it is difficult to develop models of social phenomena adequate for impact assessments. Third, social programs typically can be expected to have only modest impacts. Finally, some social

programs are especially hard to assess because they have been in operation for a long time. There are many circumstances under which it can become extremely difficult if not impossible, to conduct impact evaluations using the best possible design. The starting point for impact assessments is the identification of one or more outcome measures that represent the objectives of the program. Gross outcomes include all changes in an outcome measure that occur during and subsequent to program participation. Gross outcomes ordinarily consist of the differences between pre and post program values on some outcome measure. Net outcomes are only those impacts that can reasonably be attributed to the intervention, free and clear of changes among targets due to the effects of other causal processes that may also have occurred. The obstacles to estimating net effects are a consequence of the nature of the social problem involved, the substance of the intervention, and its implementation. These confounding factors are neither equally nor uniformly distributed across all impact evaluations. Design effects are always present and hence always threaten the validity of impact assessments (Rossi & Freeman, 1985).

An experimental framework can be implemented to accurately estimate the impact of a possible causal agent or treatment, on some potential effect, or outcome. The effect of the treatment on the outcome is assessed by: a) the systematic scheduling of measurement; b) the systematic observation either of units receiving treatment, units receiving an alternative treatment, or units receiving no treatment, or some combination of these units; c) knowledge of how the units were assigned to treatment; and, d) the critical appraisal of background knowledge from previous research, theory, or practice. The experimental framework can be

categorized into two major classes depending on the way assignment to treatment occurs: randomized experiments, and quasi-experiments (Mark & Cook, 1984; Rossi & Freeman, 1985; Rutman, 1984). A major strategic issue in impact assessments is how to obtain estimates of what the difference would be between two conditions: one in which the intervention is present, and one in which it is absent. There are several alternative approaches that vary in effectiveness; all involve the establishment of controls, that represent the condition of being without treatment.

The experimental design is considered to be the ideal in terms of its effectiveness in ruling out the possibility that something other than the program is causing the improvements that are observed. The experimental design utilizes an experimental group and a control group. Subjects are randomly assigned to either group out of the target population. Equality is assured by the random assignment. The constraint of such a design is that it is difficult to implement in an action setting due to political and administrative resistance to the random assignment. There may not be additional people to serve as the control group, or the program is unable to deny a group service. Critics of this design highlight that the design attempts to control too many conditions which make the program so aseptic that it is ungeneralizable to the real world. The experimental design appears to be best suited for purposes outside the immediate program, such as assisting in the decision making about whether of not a program will continue, or whether or not a program should be expanded (Weiss, 1972; Rossi & Williams, 1972; Rossi et al., 1982; Rutman, 1980; Staisey & Rutman, 1992).

The quasi-experimental design does not satisfy the strict requirements of the experimental design. The quasi-experimental design generally leaves one or several threats to internal validity uncontrolled. The advantage is that it is practical when conditions prevent a true experimental design. The focus is on the logic of supporting causal inferences through structured comparisons, where comparison and treatment groups are not derived through a process of random assignment. Given the endemic change which characterizes programs and their operational environments, it is questionable whether the results of strictly controlled social and economic experiments will be relevant in the future or in other settings. Nonrandom designs, using linked and more flexible survey methods, can provide a more protean research vehicle capable of assessing a broader range of causal hypothesis, albeit in a less precise manner (Rossi & Freeman, 1985; Graves, 1992). There are two main options available with respect to quasi-experimental designs. The first is the time series design. The time series design involves a series of measurements at periodic intervals. It provides repeated measures on an aggregate unit with adequate numbers of data points before and after intervention is introduced or substantially modified. The effect of the introduction of the intervention can be identified by a change in the trajectory of the curve plotted from the measures obtained over time. Aggregate statistical series are defined as periodic measures taken on a relatively large population. Time-series analysis are especially important for estimating the net impacts of full-coverage programs. They are limited in their application for practical reasons, due to the number of measurements that are required. However if extensive, over-time, before-program-enactment observations on outcome measures exist, it is possible to use the quite powerful techniques of time-series analysis. The trend before

treatment was enacted is analyzed in order to obtain a projection of what would have happened without intervention. The trend after the intervention is then compared to the resulting projections and statistical tests are used to determine whether or not post-intervention trend is sufficiently different from the projection to justify the inference that the treatment had an effect. The time series design protects against all threats to internal validity except history (Rossi & Freeman, 1985; Weiss, 1972).

The non-equivalent control group is a second design option. It utilizes a control group but there is no true random assignment. The control group is established with individuals who are available or with a preestablished group. This is considered to be a comparison group. Measures are taken pre and post and results are compared between groups. This is one of the most common evaluation designs. The largest issue is how to make the comparison group as similar as possible to the experimental group. Matching procedures are utilized to try and achieve this. Matching is only as effective as one's ability to define the characteristics that are important to be matched. The threats to internal validity are selection and regression (Weiss, 1972; Rossi et al., 1982; Rutman, 1980).

In summary, there are both experimental and quasi-experimental designs to consider when embarking on a summative evaluation. Both types have their limitations. The literature supports that program evaluations in the areas of family preservation and reunification are generally lacking in methodological rigor which is perhaps symptomatic of the design issues that have been discussed.

Formative Evaluation

The formative evaluation approach focuses on identifying areas of program strength and weakness, and seeks to refine and revise program plans. Formative evaluations can support theory building about cause-effect relationships and between program features and outcomes. They can also lead to conclusions about the relative effectiveness of program components or alternative approaches. There are two design approaches commonly utilized. The first is periodic program monitoring. A target set of characteristics or general processes is selected which is then monitored periodically. Outcome measures may be administered at these times to see whether there is progress toward the attainment of objectives. Where the same measures or observations are used repeatedly this resembles a time series research design without the pre-program monitoring component. The second design approach is the component analysis. The focus is on individual units or segments of the program that have been identified as particularly critical or problematic. This requires in-depth scrutiny of the particular program component and an analysis of its strengths and weaknesses (Herman et al., 1987).

Two final program evaluation components are the collection and the analysis of the data that has been gathered. This phase focuses on ensuring the plans proceed, design and sampling plans are implemented properly, instruments are administered, interviews and observations are conducted and data is analyzed. Data analysis requirements vary greatly among studies and are greatly influenced by the measures and research design used in the study (Rutman, 1984; Herman et al., 1987).

3.6 Conclusions From The Literature Review

Family preservation and family reunification programs are new models of service delivery that have arisen primarily out of the need to reduce the number of children in out-of-home care. The emergence of these programs reflects the economic pressure facing human services, the availability of new theoretical perspectives and treatment technologies focused on the family (Nelson, et al., 1990). The primary goal of these programs is to reduce the amount of time children spend in out-of-home care. Family reunification and preservation programs share a similar philosophical base in terms of being family focused, and in home-based for the purpose of strengthening families. The structure of these programs is intensive, home-based, time-limited and include the provision of "soft" and "hard" services (Fein & Staff, 1993; Staff & Fein, 1994; Maluccio et al., 1993). Despite these similarities there is not a typical or representative program. This is a group of programs bound together by a common mission, basic philosophical position and general theoretical orientation regarding families (Frankel, 1988).

The family reunification and preservation programs studied suffer from poorly defined and articulated service delivery characteristics and program processes. The programs lack consistent operational definitions of services and program characteristics. The programs vary widely in terms of program models and target populations. The primary outcome measure reported has been the impact on placement (Maluccio et al., 1993; Simms & Bolden, 1991; Staff & Fein, 1994; Walton et al., 1993; Frankel, 1988; Unrau et al., 1992; Berry, 1993; Hayward & Cameron, 1993; Wells, 1994; Pecora et al., 1992).

Both family reunification and family preservation studies have methodological problems which limit their utility in producing conclusive evaluations about the effectiveness of these programs. Programs are mainly incomparable and results are not reliable, comprehensive or generalizable (Kaye & Bell, 1993; Dylla & Berry, 1998). As new models, initiated in the era of accountability, expectations are placed on these programs to demonstrate their effectiveness. As a result, program developers, managers, and funders turn their attention to program evaluation as a means of assessing their merit. The program evaluations conducted to date have been criticized for various reasons. First, the empirical knowledge base about reunification and preservation is still limited. It is unknown how these programs impact on families, children and placement. Second, the studies lack sufficient descriptions of the actual program processes, program models, and program components. Third, the studies fail to accurately define the target population served. The characteristics of the families and children served by the programs are inconsistently reported. Fourth, the studies have been criticized for their over emphasis on defining and measuring impact on placement. Recent studies are identifying the need to expand the outcome measures to include other program impacts. The final criticism of the studies has been their lack of use of control and comparison groups in their research design (Maluccio et al., 1994; Frankel, 1988; Wells, 1994; Smith, 1995; Dylla & Berry, 1998; Kaye & Bell, 1993; Hayward & Cameron, 1993).

In recent years the demand for accountability to funding bodies, legislative groups and to the public has been the major impetus for program evaluations. In the case of the innovative social program there is often great clamor for an evaluation almost immediately after the

program has begun (Rossi & Williams, 1972; Weiss, 1972). This has resulted in program evaluations that have focused prematurely on outcomes and have little utility to program managers. Program evaluation should take into consideration the purpose of the evaluation and the developmental stage of the program (Rossi & Freeman, 1985). An evaluation study aimed at assessing effectiveness should not be undertaken until a program has had an opportunity to fully implement a well developed program model (Weiss, 1972). Newly developed programs would benefit from evaluations with the primary emphasis upon feedback of results for program changes so that it can later be evaluated in a more systematic way (Suchman, 1972).

Evaluation planning is the development and articulation of a strategy that seeks to make the evaluation more responsive to program managers and decision makers (Cohen et al., 1985). One approach to such evaluation planning is the evaluability assessment. The evaluability assessment is the front-end analysis that can be used to determine the manner and extent to which a program can be evaluated. It assesses those factors which affect program evaluability. The factors which affect evaluability are program characteristics and feasibility of implementing the required methodology. Program characteristics that affect evaluability are: the need for a well-defined program; a rationale for determining implementability of programs; clearly specified goals and effects; and plausible causal links. The factors that affect the feasibility of implementing the required methodology are: purpose for the program evaluation; program design and implementation; methodology such as measurement issues, and research design; and constraints (Rutman, 1980).

The innovative nature of family reunification and preservation programs coupled with the criticisms of research studies conducted to date made conducting a traditional program evaluation untenable. Rutman's (1980 & 1984) Evaluability Assessment Model provided a focus and framework that was specific to many of the criticisms of the research studies.

4.0 PRACTICUM PURPOSE: SETTING AND PROCESS

4.1 Purpose Of The Practicum

This practicum involved implementing the evaluability assessment component of Rutman's (1980 & 1984) Evaluability Assessment model in a family reunification program. As was noted in the introduction, the primary purpose of the practicum was to develop skill in conducting an evaluability assessment in a family reunification program. Specific aims included: 1) testing the utility of the evaluability assessment model and assessing its practical application; 2) examining the benefits and limitations of my role as an internal evaluator; 3) gaining knowledge on both the approach and my ability to apply the model by soliciting participants feedback and feedback from an external expert.

My role as an internal evaluator warrants special consideration. In completing this practicum I maintained the role of an internal evaluator of a program of which I was also the program manager. There is disagreement as to the benefits and hindrances of such a dual role. There has been a shift in emphasis in the evaluation movement away from a "report card" accountability model to a more forward-oriented approach which sees managerial aid to decision-makers, planners, and policy-makers as even more important than scoring the performance of a program (Graves, 1992).

There are generally two practice styles of program evaluations. First, the evaluator tends to stand apart from program managers taking an objective view of the program under study,

applying rigorous research methods to produce robust information on program effectiveness. Emphasis is placed on evaluator objectivity, independence, and rigor, often as an outside expert hired by and accountable to an organization external to the program subject to study (Mayne & Hudson, 1992). A different role for the evaluator is that of collaborator, actively involved with program managers, evaluation clients and stakeholders in planning, conducting and reporting evaluations. The evaluation aims at servicing the program, not standing in judgement of it, all the while providing an objective perspective on the program. This approach lends itself to internal evaluation, in which the evaluation is closely integrated with the program, working closely with the evaluation clients to better meet their information needs. The emphasis is on helping, educating and facilitating (Mayne & Hudson, 1992).

The Canadian federal government has for the last decade, followed an internal evaluation model in which evaluation is seen as inseparable from strategic program planning. Recent evidence testifies to the success of this approach with respect to utilization of evaluation findings for operational improvements, structural changes, program confirmation, resource allocations and future planning (Myers, 1992). Internal evaluation is considered to be useful in long-term program planning, and provides program managers with necessary information from which to make decisions. By internalizing the evaluation process, the organization should be able to capture the benefits from carrying out a review of its programs in the form of a better understanding of the programs and their environment; and increased acceptance within the organization for changes required to the programs under review. This should result in better management of programs and better results being achieved by programs

(Mayne, 1992).

Internal evaluation is considered to be a form of action research that supports organizational development and planned change. It is viewed as a management process of review and reform, and as providing management with a tool for measuring, documenting and reporting on program performance (Myers, 1992; Love, 1991). The basic premise underlying the internal evaluation is that since managers know their programs best, they should be the ones specifying their informational needs for decision making (Myers, 1992). This assumes that the program manager will be conducting the program evaluation. Consequently, those responsible for internal evaluations often are responsible not only for analyzing problems and offering recommendations, but also for correcting difficulties and implementing solutions (Love, 1991). Alternately, internal evaluators are part of the organization but are not the program managers. By reason of being part of an organization, the internal evaluator has firsthand knowledge of the organization's philosophy, policies, procedures and management. This permits selection of evaluation methods tailored to the reality of the organization. The internal evaluator is able to participate in long-range planning exercises, making crucial evaluative information available for strategic planning and policy decisions. Moreover, by consulting and providing information to various levels within the organization, the internal evaluator can encourage the greater utilization of evaluation information (Love, 1991).

The criticisms of internal evaluators are primarily regarding the perception of objectivity and their credibility. Internal evaluators may not be seen to be as objective or as demanding in

comparison to outside evaluators. When the evaluations purpose is accountability to outside

parties the internal evaluation may not be viewed as credibly as an external evaluation (Love,

1991; Mayne, 1992). The internal evaluator may experience pressure both internally and

externally, and achieving a balanced and credible view of the programs is perhaps the most

difficult task the internal evaluator has to perform (Mayne, 1992).

4.2 The Setting

The applied setting for the practicum was the Reunification Program in Winnipeg Child &

Family Services Central. The program began operation in April of 1995. As the program

had only been operational for a short period of time and was still in its developmental stage,

it met the criteria for an innovative program and therefore, appeared appropriate for an

evaluability assessment. One of the tasks inherent in the evaluability assessment model is the

development of a program model therefore, the setting will be described in detail in

subsequent sections of this report.

4.3 Overview Of The Process

The first stage of the evaluability assessment was completing a program documents review.

The information contained within the documents was utilized to create a Program Documents

Model of the Reunification Program. The Program Documents Model was distributed to

program staff to gather feedback on the model. The feedback was utilized to create a

Program Staff Program Model. Both models were shown to the Advisory Committee for

feedback and in order to develop an Advisory Committee Program Model. Through further

discussions with program staff and the Advisory Committee a Final Consensual Program Model was developed. The process of developing the Final Consensual Program Model combined with file reviews and observations of the program were used as the basis for completing the program analysis and the feasibility analysis. This information was then utilized to formulate recommendations for a potential research design which could be utilized by the Reunification Program.

5.0 EVALUABILITY ASSESSMENT

The first stage in completing an evaluability assessment is to complete a review of all of the

program documents, both formal and informal. This enables the development of a program

model based on the information contained within the documents.

5.1 Program Documents Review

All of the available program documents were reviewed for the purposes of the practicum.

This included both formal and informal documents. The documents provided limited and/or

inconsistent information upon which to derive a program model. The majority of the

documents provided a general overview of information which was generally not substantiated

or the source was not referenced. A summary and analysis of each document that was

reviewed is provided in Appendix 1.

The information provided in the documents was extremely limited in terms of the ability to

extrapolate a clear program model from the information contained within. Without the

informal document from the staff meeting, few goals would have been identified and would

have focused only on system goals. The few service goals identified were: to reunify children

in care with their families, reduce present and future risk to children, and improve family

functioning. The remainder of the service goals were all identified by the staff group. This

was a reflection of a number of things. First, it was striking how quickly these programs

were designed and developed. The lack of time allotted to the design and development,

limited the quality of the program proposals and could account for much of the missing information. Secondly, the emphasis and impetus for the development of the programs was clearly a cost saving one. This could account for the emphasis on system goals which addressed these motivations, as opposed to service goals which appeared to be a secondary gain. The development of the programs clearly stemmed from a Department of Family Services directive that Winnipeg Child & Family Services must do something about the ever increasing numbers of children in care. Thirdly, the funding body required accountability only in the area of system goals. Several documents refered to the level of accountability required as: a need to demonstrate reduced days care, reduced numbers of children in care and an overall reduction in the corresponding costs associated with children in care. The level of accountability was contingent on continued funding. Given this requirement the obvious focus would be on meeting those requirements first and foremost. In addition, there was a clear expectation that the programs eventually achieve self-sufficiency through the redirection or diversion of child maintenance funding. In order to meet this requirement, attention must be paid to the numbers necessary to achieve this goal and therefore must be emphasized and collected. These factors all converged to create an overall emphasis on system goals versus service goals and resulted in gaps of information regarding the program, the services the program delivers, the service goals and the activities of the program. Without this information a comprehensive program model was difficult to define.

A large majority of documents appeared to have the purpose of providing a supporting rationale for the programs that were chosen for implementation. They highlighted the current

child in care crisis with possible reasons for such a crisis and emphasized the need to address this problem. The current child in care crisis was the motivator for both the Agency and the Department in creating these programs. The literature outlined similar circumstances as the impetus for the creation of family preservation and family reunification programs world wide (Wells, 1994; Walton et al., 1993; Nelson et al., 1990; Frankel, 1988; Turner, 1984). The documents highlighted the successful implementation of other similar programs in other cities. This led one to believe that despite the lack of references, the literature on family preservation and family reunification may have been reviewed. The documents also provided a rationale for such programs in references to the specific client characteristics of the inner city of Winnipeg. It was clear that the programs were based on the assumption that intensive and time-limited services would facilitate the reunification of children. However, the origin of this assumption and the foundation for it was not noted. One could speculate that this assumption was based on the current literature on family preservation and family reunification programs, and the experiences and trends across the country and in the United States.

A consistent theme in the documents was the lack of substantiating data to support statements that were made. The data may very well have been present, but it was not referenced in the documents. This undermined the validity of many of the statements and made the cause and effect statements appear implausible. The documents attributed any days care reduction directly to the Reunification Program without referencing an evaluation that made this linkage. In particular, the documents that referenced projections of days care saved, cost savings, and number of families served not only changed in the documents, but

the formula used for arriving at these projections was unclear. This limited the credibility of the projections and one could speculate that they were derived for the purpose of securing funding for the programs and were not necessarily reliable projections. Several of the documents reported assumptions made prior to calculating projections, such as 50% success rates. However, these assumptions did not appear to have been taken into account in the actual calculations. This raised questions regarding the importance of the assumptions or the veracity of the calculations. If the assumptions were valid and important, then they impact on the numbers and should have been taken into account. If they were irrelevant, then why were they noted?

The scope of the various projects was large and had a significant funding base. Given the brevity of this it was surprising how little focus there was on evaluation of the programs. There was a reference in the documents to implementing an evaluation in order to ensure that programs were achieving the expected goals and in order to make necessary changes should they not achieve them. However, there was only one document that specified an actual process for implementing an evaluation strategy and it was unclear if the evaluation component was built into the program budgets. The ability to implement an evaluation would be hampered by the lack of clarity in program descriptions, program goals, and activities. The documents focused the evaluation activities on the collection of information regarding days care saved. This emphasis was narrow and would limit the scope of an evaluation. As the evaluation plan was not noted in any of the other documents, one wonders if there was a commitment to implement this plan.

Overall the documents were reflective of the process with which they were developed. They reflected the urgency and expediency with which they were developed and as such contained the limits inherent in this process. They were also reflective of the context within which they were developed which emphasized cost saving versus service delivery issues. They provided limited information from which to develop the Documents Program Model.

6.0 EVALUABILITY ASSESSMENT - DOCUMENTS PROGRAM MODEL

6.1 Structure And Staffing

The Reunification Program was described as an extension of the protection services provided by Winnipeg Child & Family Services Central Area. It was a specialization of the reunification process in that it provided a time-limited, intensive and in-home based service. The program was intended to provide an intensive, time-limited service to families in order to facilitate the reunification of the children to their families. The program fell under the overall Agency umbrella of Volume Management Initiatives, which had a Director of Program Planning who oversaw all programs. The Volume Management Initiatives were specific programs developed in each area to address the needs of families. The programs were to focus on preventing children from entering care or reunifying children who were in care. Despite this larger umbrella the program was accountable to Central Area management and reported directly to the Director of Services and Area Director. The program had an Advisory Committee made up of the Area Director, the Director of Services, a Family Services Unit Supervisor, the Supervisor of the Family Support Program, and the Director of Program Planning. The role and the function of the Advisory Committee was not clearly defined.

The Reunification Program was originally staffed with a supervisor, administrative support person, four social workers and four family support workers. The social work and family support worker staffing complement had undergone changes since the programs inception

and currently employed seven social workers and one family support worker. The rationale for the staffing change was not articulated.

The program was originally designed to provide an intensive service for a period of twelve weeks. This had evolved to a longer service delivery model of four to six months, with some cases being maintained longer. The rationale was the original twelve weeks did not provide sufficient time to achieve the goal of successful reunification due to the nature and chronicity of the issues facing the families referred to the program. The families were referred to the program from either the intake unit or one of the four protection units in Central Area. The families were expected to receive a level of service intensity that could not be provided by the family services workers due to high caseloads. At program termination the families were either referred back to the referring worker or closed to the Agency.

6.2 Rationale

The rationale for the program was based on a study completed by Winnipeg Child & Family Services Central Area by Bruce Unfried in 1994. He indicated that a large percentage of people of First Nation ancestry were living in the inner-city served by this Agency. The families of the inner city had children at risk due to socio-economic circumstances such as: poverty, homelessness, unemployment and underemployment, alcohol and substance abuse, physical, sexual, and emotional abuse, family violence, and violence generally, high suicide rates, over involvement in criminal activities, substandard housing, lack of access to daycare and other parenting supports and inadequate health care.

The Agency believed that there was an apparent bias in the Child & Family Services system toward taking children into care. This was believed to perpetuate the increasing volume of children in care and does not provide support for reunification. Family reunification was considered desirable, however, the needs of the families were such that intensive family support plans were required in order to facilitate the reunification. The intensity of these supports was greater than what could be provided by case workers given their high caseloads. The emphasis was on returning the children to their families and thus reducing the time, expense and long-term damage children experienced in alternative care. The Reunification Program was considered a better use of resources than utilization of these same resources for creating and maintaining alternative care options.

6.3 Staff Roles And Responsibilities

The social worker maintained a caseload of between four and six families. They were responsible for reunification services as well as upholding the child protection mandate. The family support worker positions were originally designed to operate in tandem with the social worker. A team of one social worker and one family support worker would be assigned to each family. Beyond the team approach, the roles and responsibilities of the family support worker were not articulated. As the staffing complement had changed the family support worker assignment was not elaborated on, therefore, the roles and responsibilities were difficult to outline. The staff were responsible for providing services that facilitated the timely reunification of children with their families, as well as all other related child protection services. There was an expectation that staff work flexible hours based on the needs of the

individual families.

6.4 Funding

The Reunification Program received funding from the Department of Family Services as a three year initiative. Winnipeg Child & Family Services embarked on what was termed a three year Volume Management Initiative with various programs being developed across the Agency, with the Reunification Program being one of them. The Reunification Program received direct funding from the Department while the other programs were incorporated into the overall budget of Winnipeg Child & Family Services. Initially, additional funding was required to establish the programs and was described as bridge funding. Once the programs were established, the funding became diversionary. The funding for the programs was to be diverted from the existing child maintenance budget. This would be done with the expectation that the program would reunify sufficient numbers of children such that money would exist within the child maintenance budget to pay for the program, without increasing the overall Agency budget. At the end of the three years, the program was anticipated to become self-sufficient through this diversionary funding. There was no information regarding possible outcomes should the program not become self-sufficient.

6.5 Service Model

Client Population

The target population was identified as: 1) families with children in alternative care primarily due to neglect issues; 2) families who a short-term but intensive family support program

would facilitate the return of the children to their natural home; 3) families with children under the age of eleven; 4) families who reside in the inner city catchment area of Central Area; 5) parents who were willing to effect changes in their lifestyle and parenting approaches; 6) Aboriginal families; and, 7) families with children at risk due to the socio-economic circumstances of the inner city described earlier. The target population characteristics were a compilation of the various characteristics cited in the documents. There was not a consistently defined target population. The only characteristic cited consistently was families with children in out-of-home care.

The Reunification Program, in its Annual Report, identified the population served during the first year as: single parent families headed by women, Aboriginal families, parents over the age of thirty, and parents with children under the age of 11. The children were described as at risk due to: substance abuse of the parents, parenting problems or lack of knowledge regarding parenting, domestic violence, abandonment of children or use of inappropriate care givers, neglect, and physical abuse. The children had generally been in care on at least one other occasion and had been in care between one to six months prior to program involvement.

Goals And Objectives

The Reunification Program goals were delineated into system goals and service goals. System goals referred to those goals which were expected to impact on the overall Agency system. The service goals referred to those goals which were expected to impact directly on

families. The goals and objectives were derived from the documents and have been listed as they were described in the documents. I have utilized the system and service goal structure in order to provide an organizational framework for the goals and objectives. Objectives should be specific, attainable, appropriate and measurable. However, several of the objectives were described in action terms instead of outcomes. As this was how they were reported in the documents they have been listed in the same format. The system goals and objectives are described in Table 1.

Table 1 - DOCUMENTS PROGRAM MODEL SYSTEM GOALS AND OBJECTIVES

SYSTEM GOALS	SYSTEM OBJECTIVES
1.0 Reduce Child Maintenance Costs	1.1 Reduce the Number of Days Care
	1.2 Reduce Costs associated with Placing and maintaining children in care
	1.3 Reduce the length of time children remain in care
	1.4 Reduce the number of children in care
	1.5 Reduce the degree to which children penetrate the system
	1.6 Reduce the level of restrictiveness of placements
2.0 Increase cases closed to the agency	
3.0 Improve efficiency and effectiveness of services to families	3.1 Provide continuum of services to families
	3.2 Decrease dependence on protective services interventions
	3.3 Redirection of resources from child maintenance to families.

All of the service goals, with the exception of reunifying children in out-of-home care with their families, were derived from the one program staff document. The service goals and objectives are described in Table 2.

Table 2 - DOCUMENTS PROGRAM MODEL SERVICE GOALS AND OBJECTIVES

SERVICE GOALS	SERVICE OBJECTIVES
1.0 Reunify children in care with their families	
2.0 Reduce present & future risk of re-occurrence of issues which resulted in the placement of the children	2.1 Increase safety for the child in the family
	2.2 Prevent children from reentering alternative care
3.0 Improve family functioning	3.1 Improve parent/child relationship
	3.2 Improve parenting skills
	3.3 Increase attachment between parent & child
4.0 Assist families to create links to community resources that are culturally appropriate	4.1 Decrease Isolation
	4.2 Increase supports available to families
5.0 Improve the children's emotional, social and behavioural functioning	5.1 Decrease the children's problematic behaviour
	5.2 Improve the children's developmental level

Service Components

The referral, intake criteria and process were not clearly outlined in the documents. There

were numerous vague statements made in the documents about the referral process, but the lines of responsibility and a clear criteria were not specified. There were several areas which appeared to require some level of assessment, but the assessment responsibility was not defined.

A primary theme in the documents was the voluntary nature of the program. There were several references to a voluntary agreement on the part of the family to participate in the programs. The referral criteria included such statements as: at least one parent must be willing to participate in the program or the family must be willing to effect change in lifestyle and parenting approaches. It was not clear whose responsibility it would be to assess the willingness of the family to participate or their willingness to effect change. Was this assessed prior to the referral by the referring worker or was this a component of the intake process and therefore, assessed by the program? A secondary theme in the documents was that the family would be assessed as able to benefit from the program or that the program would be able to have an impact on the family. It was not clear who was responsible for conducting the assessment and the criteria for the assessment was vague. The only articulated parameters for the assessment appeared to be the statement that the family was considered able to be reunified with the child provided they receive an intensive family support program. However, this statement does not provide additional clarity on the assessment criteria.

There was a referral form which must be completed by the referring worker. It contained the

following information: parent's names, children's names and ages, reason for the children being in out-of-home care, and interventions used with the family. The referral form was signed by both the referring worker and their supervisor. Once received, a meeting was held between the referring worker, their supervisor and the program supervisor. There was no outline of what was reviewed during the meeting or any criteria for how it was determined if families would be accepted into the program.

Once a family was accepted into the program, the program was expected to deliver an intensive service for a period of four to six months. The service could be divided into three broad program activities: concrete services, counseling services and teaching skills. The concrete services were considered to respond to: basic needs such as financial, shelter and medical; homemaking support; daycare and school placement; links to community resources; legal issues; and increased visits between parent and children. The counseling services were considered to be counseling regarding: alcohol and substance abuse, domestic violence, childhood trauma, relationship and/or marital issues, and parent/child relationship. The teaching skills were delivered in the following areas: life skills, child development, appropriate child care, and healthy parent/child relationship. There existed no information as to how these activities translated into goal and objective achievement, nor how specific activities were related to specific goals. There was an overriding assumption that the intensity of the service delivery model directly impacted on all of the goals. The service description provided a broad overview of services that could be provided by the program. However, there was not sufficient information provided to develop a clear service model of

the program.

Upon program termination the family would either be transferred back to the referring worker or the family file would be closed to the Agency. This was a supervisory decision based upon the ongoing needs of the family and the ongoing risk factors to the children.

7.0 EVALUABILITY ASSESSMENT - EVALUABLE PROGRAM MODEL

The Documents Program Model was presented to the Reunification Program staff and to the Reunification Program Advisory Committee in order to develop an Evaluable Program Model. The staff who participated were the seven social work staff and the family support worker. The Advisory Committee was made up of the Area Director, the Director of Services, the Volume Management Initiatives Director of Program Planning, a Family Services Unit Supervisor, and the Supervisor of Family Support. The purpose of the presentation was to elicit feedback and thoughts on the Program Documents Model and to attempt to have the model interpreted in terms of the program reality, as it was currently functioning. A secondary purpose was to achieve agreement between what could be viewed as the service group, the Reunification staff, and the system group, the Advisory Committee. As the staff group meeting occurred first, the information received from this group was also presented to the Advisory Committee for feedback. Throughout the documents review it was noted that there was an emphasis on system goals, and the service goals were primarily provided by the staff. It was thought that this emphasis would be maintained by the two respective groups. In order to develop an Evaluable Program Model there would need to be agreement, consistency and shared emphasis between the two groups. In order to reduce redundancy, only the differences and the highlights of the discussions regarding the Documents Program Model were included.

7.1 Program Staff Program Model

7.11 Structure And Staffing

There were three key points raised in this area by staff and they related to the voluntary nature of the program, the program length and the program structure. The program was considered to be voluntary in nature in the sense that clients must agree to participate. The referral criteria denoted voluntary characteristics such as one member must be willing to participate or must be willing to effect changes in lifestyle and parenting skills. However, the fact that the program was contained within a mandated agency brought into question the voluntary nature of the program. The staff pointed out that the family received consequences for refusal to participate, which could ultimately impact on whether their children were returned to them. It was felt that perhaps what was described as "voluntary" should be more appropriately considered to be coerced cooperation; as the family was agreeing to participate from a disempowered position. This also raised the issue of the provision of mandated protection work combined with therapeutic intervention. This issue will be further explored in the Staff Roles and Responsibility section. The staff indicated that the true nature of the voluntary program needed to be acknowledged at minimum.

The second issue related to the length of the program. The staff were unanimous in agreement that twelve weeks was insufficient time to provide reunification services for this client group. They believed that the average length of program involvement was approximately eight months. From their experience it required three months to engage with the family and establish a trusting relationship. The types of referrals the program received impacted on the length of time required to effect change. They indicated that most of the

cases were families with chronic histories with the Agency and a complex and chronic set of issues which resulted in the children being in the care of the Agency. A number of referring workers had viewed the Reunification Program as the "last chance" for a family before seeking a permanent order on the children. The staff articulated that as a result they were often receiving cases at the end of a Temporary Order or Voluntary Placement Agreement and were then required to negotiate with families regarding extending the Order or Voluntary Placement Agreement. This resulted in court work which was time consuming and an ineffective use of the program. They indicated that despite the fact that they were in practice increasing the program length, they felt that this practice was not supported and not endorsed. They felt subtle pressure to decrease program length in order to achieve system goals. Many expressed the view that in order to ascribe to a three month program length there would need to be substantial changes to the referral criteria and families accepted into the program.

Lastly, they identified the need to have an assessment phase as the initial stage of the program. They identified that this phase should be approximately three months in length. At the end of this phase, families would either be deemed ready to proceed with the Reunification Program or would be returned to regular protection services if not amenable to reunification services. They identified that this phase could achieve the following goals: increase readiness for the reunification service, assist families to recognize and identify problems, and establish a trusting relationship between the worker and the family. They viewed the Reunification Program as lasting approximately three to nine months following

the assessment phase.

The staff viewed the Reunification Program as primarily a Central Area program. They did not have any direct link or reporting relationship to the overall Volume Management Initiative structure.

7.12 Rationale

The staff expressed agreement with the program rationale outlined in the Documents Program Model and did not offer any suggestions or changes.

7.13 Staff Roles And Responsibilities

The primary issue with staff roles and responsibilities surrounded the duality of the roles maintained in the program. They indicated that they were responsible for all of the child protection/mandated roles with families, in addition to an intensive teaching/therapeutic role. They indicated that at times these two roles conflicted with each other and made the engagement phase with families difficult. They believed this increased the length of time required to establish a relationship with families. They cited as a benefit the amount of independence and control they were afforded by being the case manager. This became both a practical and philosophical discussion in terms of the ability of a therapist to provide therapy while maintaining a mandate. There did not appear to be a resolution to this issue as there was not consistent agreement on a solution. Some felt that this issue could be overcome as long as they were allowed an appropriate program length in which to work with

families. Other's indicated that they would prefer to only maintain the therapeutic role and have the child protection role remain with the family services worker. There appeared to be an understanding by the group that the option of providing only the therapeutic role would not be accepted by the Agency.

7.14 Funding

The staff group appeared to be cognizant of the funding emphasis on achievement of system goals. This may be the source of pressure that was felt by the group. The staff group were able to indicate that part of the pressure they felt regarding program length was due to the reality that the longer the program length, the fewer the families served by the program. Although this was not a direct statement regarding funding it does highlight the discrepancy between the service goals and system goals. A longer program period was perceived by the staff group as increasing their ability to achieve the service goals. It was also perceived as decreasing their ability to achieve the system goals and the overall goal of program self-sufficiency. The funding agreement appeared to polarize the system goals and the service goals. The funding agreement was contingent upon the achievement of system goals and not on the service goals. Staff viewed system goals as equated with a cost reduction and service goals with strengthening families. They therefore, placed their emphasis on strengthening families. It was not clear how aware the staff group were regarding the expectation that the program become self-sufficient. The staff were aware of the emphasis on successfully reunifying families and with the number of families served annually by the program. This was viewed as a performance or effectiveness indicator and not as a means to achieving self-

sufficiency.

7.15 Service Model

Client Population

There was no disagreement with the characteristics outlined in the Documents Program Model regarding the target population.   There appeared to be a lack of understanding of how these characteristics translated into reality for the program. The staff identified that the majority of families were chronic families with years of history with the Agency and were extremely high risk families. The chronicity of the problems the families were faced with, coupled with a lengthy involvement with the Agency were some of the reasons staff believed they required a longer program length. They also highlighted the reality that families were not voluntarily involved with Child & Family Services in Central Area particularly when their children were in care. Families were involved solely in order to have their children returned to them. Therefore, the voluntary nature of the clients described in the target population was not realistic.

The staff identified that there needed to be more clarity regarding the referral criteria for the program. In order to accomplish this, clarity was required regarding which types of families were being targeted by the program. The staff felt that reunification needed to be a real possibility and the program should not be the "last chance" for a family. They indicated that there was too much disparity between seeking a permanent order and achieving reunification. They indicated that despite the criteria for children under the age of eleven they were

receiving referrals and working with older children and teenagers.

Goals And Objectives

There were two main sources of disagreement regarding the goals and objectives. The first was the staff's perception of an overemphasis on system goals versus service goals. The second was the identification of the need for an assessment phase prior to a reunification phase. The staff group indicated that they perceived the system goals as being focused on providing a time-limited, crisis focused service that would save money. Instead the emphasis should be on an intermediate length of service that provided supportive case maintenance and long-term stability to families. They identified that closing cases should not be a goal as it was believed to perpetuate the crisis cycle experienced by families. Program staff believed that Central Area had a high recidivism rate for both reopening of cases and children reentering care. An emphasis on closing cases would just perpetuate this cycle. Supportive case maintenance was defined by program staff as the provision of intensive services followed by ongoing less intensive supports. This was viewed as being able to break the cycle of recidivism and provide longer term stability for families.

They did not disagree in principle with the goal of reducing child maintenance costs and all of its objectives, with the exception of the objective of reducing the degree children penetrate the system. They expressed concern that this objective may increase the risk factors for children. The disagreement revolved around the overemphasis on this goal and objectives to the exclusion of the service goals. They perceived the emphasis on this goal as

undermining the service goals and therefore directly impacting on both services to families and family functioning. They believed there needed to be a more balanced focus and emphasis between the service goals and the system goals. They also did not disagree with the goal of improving efficiency and effectiveness of services to families and its subsequent objectives. They did not agree with how this goal had been implemented in terms of programming and the emphasis on short-term programs and not long-term solutions. The program staff believed the programs should focus on developing long-term stability in families. Table 3 describes the system goals and objectives that the program staff developed after reviewing the Program Documents Model.

Table 3 - PROGRAM STAFF PROGRAM MODEL
SYSTEM GOALS AND OBJECTIVES

SYSTEM GOALS	SYSTEM OBJECTIVES
1.0 Reduce Child Maintenance Costs	1.1 Reduce the Number of Days Care
	1.2 Reduce Costs associated with Placing and maintaining children in care
	1.3 Reduce the length of time children remain in care
	1.4 Reduce the number of children in care
2.0 Improve Efficiency & Effectiveness of Services To Families	2.1 To provide a continuum of services to families
	2.2 Decrease Dependence on Protective Services Interventions
	2.3 A Redirection of Resources from Child Maintenance to families

There was general consensus regarding the service goals as stated. The group primarily

reorganized the goals and objectives, elaborated and added to the list. The group was able to provide more specific goal and objective statements than had been outlined in the documents. The staff group indicated that they felt that in order to achieve the system goals, the service goals must be achieved. If the service goals were not achieved the families would continue to be re-involved with protection services and the children would continue to re-enter care. They also expressed that reunification needed to be broadly defined. Success should be recognized when children were placed with extended family and not limited to only biological parents. They therefore, included extended family in their definition of reunification with family. Table 4 describes the service goals and objectives that were developed by the program staff.

Table 4 - PROGRAM STAFF PROGRAM MODEL
SERVICE GOALS AND OBJECTIVES

SERVICE GOALS	SERVICE OBJECTIVES
1.0 Reunify children in care with their families	1.1 Inclusion of extended family in definition of reunification
2.0 Improve individual functioning	2.1 Reduce anxiety about engaging in therapy
	2.2 Provide support in accessing therapy
	2.3 Increase ability to cope with family of origin/traumatic events
	2.4 Provide counselling regarding domestic violence
	2.5 Provide nurturing to the parents
	2.6 Assist in reducing relapses with substance abuse.
3.0 Improve family functioning	3.1 Improve parent/child relationship
	3.2 Improve parenting skills

	3.3 Increase attachment between parent & child
	3.4 Improve problem-solving
	3.5 Increase family stability
	3.6 Empower families
4.0 Protection Services	4.1 Increase child safety
5.0 Improve the children's emotional, social and behavioural functioning	5.1 Decrease the children's problematic behaviour
	5.2 Improve the children's developmental level
6.0 Assist families in creating a safe, stable, structured environment for all family members	6.1 Decrease incidence of domestic violence
	6.2 Role model parenting, structure & routine
	6.3 Increase family's abilities to meet their basic needs
7.0 Assist families to create links to community resources that are culturally appropriate	7.1 Decrease isolation
	7.2 Decrease dependency on services from the social worker & family support worker
	7.3 Advocacy with both internal and external resources

Referral And Intake

The program staff identified the need for clarity regarding the referral criteria. They expressed the need to have a better understanding of which families were appropriate for the

program and a clearer target population. In addition, they desired more control over which families were accepted into the program based on a specific criteria. They also felt they should have an increased ability to determine that cases were not appropriate once they had been accepted into the program. They indicated that many cases received, particulary from the Intake Unit, have a limited assessment in place and limited information regarding the family. They indicated that cases have few plans or resources in place, again, more particularly with the Intake Unit. They speculated that due to becoming the case manager there may be a workload relief for the referring worker and that may be the motivation for the referral as opposed to the referral criteria.

Intervention And Activities

There was agreement regarding the activity list developed in the Documents Program Model. However, it was highlighted that concrete services had become a primary intervention at the expense of the teaching and counseling activities. Staff believed that until a family's basic needs were met, they were unable to address the more therapeutic needs. This would suggest that families were entering the program with a multitude of basic needs that were unmet. The staff unit expressed dissatisfaction with this reality. Although they acknowledged that during the provision of basic needs significant relationship building was able to occur. The activities and interventions were constrained by the time-limits placed on the program.

Termination

The staff identified that there needed to be an appropriate termination phase with families in order to facilitate their move from an intensive service to one of lesser intensity. They also felt that it took time to connect families to community resources based on the ability to access resources and to transition families onto other services. They indicated that a follow up period would be beneficial for families after they have been transferred to the protection workers to ensure a smooth transition.

7.2 Advisory Committee Program Model

7.21 Structure And Staffing

The Advisory Committee identified that the original program model was developed expediently, with little direct experience in terms of a workable model. It was therefore, viewed as a starting point for the program. They expressed an openness and supported the changes implemented by the program, based on the direct experiences of the program, such as staffing changes. The Advisory Committee expressed the opinion that the twelve week original program duration was a test criterion. However, the program needed to remain short-term in order to be considered efficient. There was acknowledgment that the program length was four to six months. This was a discrepancy from the staff unit who indicated the average program length was eight months. This discrepancy in the length of the actual program would certainly contribute to the staff perception that they had been allowed to provide longer service without sanction.

The concerns identified with increasing program length beyond four to six months were the impact on program efficiency. This was described as being measured by the number of families served, compared to the cost of the program. The intensity of the program required the social workers to have a limited caseload. Therefore, in order to maximize the number of families the program was able to serve the service must be time-limited in nature. There was a concern that if the program length was extended, all families would receive this length of service when not all may need it. There was a conscious decision made to extend the service to address specific needs. If changed this might translate into an unconscious increase in service length without specific service plans.

The time-limited nature of the program was expected to reflect the intensity of the service. Traditional therapeutic services were considered longer in nature, the program was to provide practical, hands on services and support which the committee believed required less time. The Advisory Committee appeared to agree to an increase in program length to four to six months, as well as a longer period in specific cases, but not to an overall increase in program length beyond the six months.

The Advisory Committee disagreed with the program staff's proposal of an initial three month assessment phase for several reasons. This increased the program length. This would make the program similar to outside resources who were able to select which families they would service. Central Area's experience was that it was difficult to refer families to outside collateral agencies given the nature of multi-problem families. This was perceived as an

attempt to increase the numbers of families rejected by the program. It was believed that it would give individual workers too much power. This would create strain between the family services unit and the Reunification Program as it was workload intensive to transfer a case to the Reunification Program. However, once it was transferred there was the benefit of receiving workload relief. If families were rejected during this assessment phase that would reduce the benefit of this workload relief. Subsequently, a reduction in referrals was cited as possible. The Advisory Committee expressed the belief that all families should be given the opportunity to be reunified. They indicated that it was difficult to determine which families will take advantage of the program and which will not, therefore making it difficult to assess prior to the programs involvement. This would appear to support the need for an assessment phase. However, the Advisory Committee remained opposed to this primarily based on the issue of workload.

The Advisory Committee expressed the opinion that families that were unsuccessful in the Reunification Program and where a permanent order was sought should still be considered success cases. This kind of success should be measured in terms of an unintended outcome of the program that increased permanency planning for children and reduced the time children spend in temporary care. In addition, another unintended effect was the provision of a more complete assessment of the family.

7.22 Rationale

The Advisory Committee disagreed with the statements made in the program rationale

regarding the apparent bias of the system toward taking children into care. They also disagreed with the statement that the system does not support reunification. They interpreted this to mean that family services workers were not reunifying children with families and pointed out that this was not the case. They agreed that the program provided an intensity of service that could not be achieved by family services workers due to high caseloads. They acknowledged that this may translate into being unable to reunify families when there was a need for such intensity, in order to reduce the risk to children.

7.23 Staff Roles And Responsibilities

The Advisory Committee indicated that it was imperative that the Reunification Program maintain the case management role which included the child protection mandate and the therapeutic role. This was necessary in order to provide workload relief for the family services units. The workload relief component was deemed necessary in order to have the family services units accepting and supportive of the program and of the additional staff that had been added to the Area. As the family services units were the referral source for the program their acceptance and support was crucial to the success of the program. The program needed to be perceived as benefitting the family services units. The Advisory Committee identified that the program was considered useful because of the fact they take over the case management role. The family services units would not percieve the program as beneficial as an auxiliary service. There would be the danger that the Reunification Program would be perceived as an elitist unit. The anticipated outcome would be a reduction in referrals to the program.

7.24 Funding

There was an acknowledged understanding of the funding agreements and expectations as outlined in the Program Documents Model. This translated into the emphasis on efficiency in order to achieve the goals necessary to maintain funding.

7.25 Service Model

Client Population

The primary issue identified regarding the client population was the need to determine who the program should be targeting. The program should target specific client groups in order to determine which client group was most appropriate for the Reunification Program. This was consistent with the reunification staff.

Goals And Objectives

The Advisory Committee agreed with the service goals outlined by the Documents Program Model and the Program Staff Program Model. The discussion surrounding the service goals related to specific evaluation questions as to whether or not the service goals were achieved, and how this impacted on system goals. It was pointed out that the goals and objectives were not mutually exclusive.

There was general agreement regarding the system goals with the addition of several that had not been identified. It was first pointed out that the primary goal should be the reduction of the number of children in care. This should be a goal and not an objective. It was felt that

all of the objectives relate to this one goal and were a natural outcome of achieving this goal. An added objective would be to reduce the number of children in special rate placements or high cost placements through reunifying them with their families. This could also be considered a possible sub-category for reducing child maintenance costs of the Agency. If there was successful reunification of high cost children perhaps less children could still be reunified with the same cost saving. An additional goal identified was workload relief for family services workers. This was achieved by increasing the number of staff within the Agency, and by a reduction in the number of child in care cases carried by family services workers. Another goal was the increased skill development of staff through the specialization and training of the reunification staff.

The Advisory Committee discussed the unintended outcome of increased permanency planning for children. They agreed that this would not be an appropriate goal as it does not reflect the primary motivation of the program. However, they identified that the goal could be to reduce the amount of time children spend in temporary care through either reunification or permanency planning. The final system goals and objectives agreed upon by the Advisory Committee are described in Table 5.

**Table 5 - ADVISORY COMMITTEE PROGRAM MODEL
SYSTEM GOALS AND OBJECTIVES**

SYSTEM GOALS	SYSTEM OBJECTIVES
1.0 Reduce the Number of Children in Care	1.1 Reduce the Number of Days Care
	1.2 Reduce Child Maintenance Costs
	1.3 Reduce the length of time children remain in care
	1.4 Reduce the number of children in special rate or high cost placements
2.0 Improve efficiency and effectiveness of services to families	2.1 To provide a continuum of services to families
	2.2 Decrease dependence on protective services interventions
	2.3 A redirection of resources from child maintenance to families
3.0 Decrease workload for family services workers	
4.0 Increase skill development of staff	
5.0 Reduce the amount of time children spend in temporary care	

Referral And Intake

There was general agreement with both the Documents Program Model and the Program

Staff Program Model that there was a need for a clearer referral criteria. The Advisory

Committee identified the need to better understand the target population in order to

determine which families the Reunification Program would be most successful. The Advisory

Committee felt that evaluation questions should be focused on determining which client

group was best suited for the program. They felt this would enable a better referral and

intake process. The Advisory Committee highlighted that in order to remain as a viable program and continue to receive referrals, the program must continue to be considered useful to both the families and the protection units. The Advisory Committee indicated that this required flexibility in the referral criteria and the intake process.

Interventions And Activities

The Advisory Committee agreed with the activities outlined in the Documents Program Model and the Program Staff Program Model and did not add to the list.

Termination

The Advisory Committee identified that the Reunification Program should ensure a gradual phasing out of service prior to a case being transferred back to the family services worker.

7.3 Final Consensual Program Model

The Final Consensual Program Model was the aggregate of the information from the program documents, and the meetings with the program staff and the Advisory Committee. The model represents and reflects the reached agreement between the program staff and the Advisory Committee.

7.31 Structure And Staffing

The Reunification Program was an extension of the protection services provided by Winnipeg Child & Family Services Central Area. It was a specialization of the reunification process

in that it provided time-limited, intensive and in-home based service to families. It also fell under the overall Agency umbrella of Volume Management Initiatives, which was overseen by the Director of Program Planning. The Volume Management Initiatives were specific programs developed in each area of the Agency to either prevent children from entering care or to reunify children who were in care. Each area designed programs specific to the needs of families in their area. Central Area chose to implement the Reunification Program. Despite this larger umbrella, the program was accountable to Central Area management and reported directly to the Director of Services and the Area Director. The program was intended to provide an intensive, time-limited service to families in order to facilitate the reunification of children with their families.

The Reunification Program employed seven social workers, one family support worker, one administrative support person, and one supervisor. The program period was defined as four to six months. Families might be maintained for longer periods of time at the discretion of the supervisor.

7.32 Rationale

The rationale for the program was based on a study completed by Winnipeg Child & Family Services Central Area by Bruce Unfried in 1994. He indicated that a large percentage of people of First Nation ancestry were living in the inner city served by this Agency. The families of the inner city had children that were at risk due to socio-economic circumstances such as: poverty, homelessness, unemployment and underemployment, alcohol and substance

abuse, physical, sexual and emotional abuse, family violence, and violence generally, high suicide rates, over involvement in criminal activities, substandard housing, lack of access to daycare and other parenting supports, and inadequate health care. Family reunification was considered desirable, however, the needs of the families were such that intensive family support plans were required in order to facilitate reunification. The intensity of these supports was greater than what could be provided by family services workers given their high caseloads. There was an assumption that intensive programming would address the concerns that resulted in the children entering care. The emphasis was on returning the children to their families and thus reducing the time, expense and long-term damage children experienced in alternative care. The Reunification Program was considered a better use of resources than utilizing these same resources to create and maintain alternative care options.

7.33 Staff Roles And Responsibilities

The program social worker maintained a caseload of between four to six families. They were responsible for providing intensive reunification services as well as upholding the child protection mandate. As all of the families had children in care of the Agency, the child protection role commenced at point of referral. The staff were responsible for providing services that enabled the timely reunification of children with their families. They were also responsible for the provision of all related child protection services. This included a comprehensive assessment of the family's level of functioning and the family's potential to achieve reunification. The services were to be provided primarily in the family home and included weekend and evening work depending on the individual needs of the family. The

role of the family support worker was not defined.

7.34 Funding

The Reunification Program received funding from the Department of Family Services as a three year initiative. Winnipeg Child & Family Services embarked on what was termed a three year Volume Management Initiative with various programs being developed across the Agency, with the Reunification Program being one of them. The Reunification Program received direct funding from the Department while the other programs were incorporated into the overall budget of Winnipeg Child & Family Services. Initially, additional funding was required to establish the programs and was described as bridge funding. Once the programs were established, the funding became diversionary. The funding for the programs was to be diverted from the existing child maintenance budget. This would be done with the expectation that the program would reunify sufficient numbers of children such that the money would exist within the child maintenance budget to pay for the program, without increasing the overall Agency budget. At the end of the three years, the program was expected to become self-sufficient through this diversionary funding. The funding arrangements and assumptions increased the emphasis on achieving system goals, as the funding was predicated on the achievement of same.

7.35 Service Model

Client Population

The client population could be identified by either the original program description in terms

of a population targeted by the Reunification Program or by information collected in the initial stages of program delivery. The client population identified by the original program description was: 1) families who had children in alternative care primarily due to neglect issues; 2) families for whom an intensive family support program would facilitate the return of the children to their natural home; 3) families with children under the age of eleven; 4) families residing in the inner city catchment area of Central Area; 5) parents who were willing to effect change in their lifestyle and parenting approaches; 6) Aboriginal families; and, 7) families with children at risk due to the socio-economic factors of the inner city.

The client population identified by the program was described as: single parent female headed families, Aboriginal families, parents over the age of thirty, and families with children under the age of eleven. The children were described as at risk due to: parental substance abuse, parenting problems or lack of knowledge regarding parenting, family violence, abandonment of children and/or use of an inappropriate care givers, neglect and physical abuse. The children had generally been in care on at least one other occasion. At the beginning of program involvement the children had been in care on average between one to six months. Families were primarily motivated to participate in the program in order to achieve reunification with their children.

Goals And Objectives

The Reunification Program's goals and objectives were framed as system goals and service goals. System goals referred to those goals which could be expected to impact on the overall

Agency. The service goals referred to those goals which could be expected to impact directly on families. The goals and objectives outlined were agreed upon and articulated by the program staff and the Advisory Committee. Although the objectives were not presented in a format that reflects outcomes, they were representative of the agreement between the program staff, and the Advisory Committee. The system goals which were finally agreed upon for the Reunification Program are outlined in Table 6.

Table 6 - CONSENSUAL PROGRAM MODEL
SYSTEM GOALS AND OBJECTIVES

SYSTEM GOALS	SYSTEM OBJECTIVES
1.0 Reduce the number of children in care	1.1 Reduce the overall number of days care for Central area
	1.2 Reduce the costs associated with placing and maintaining children in care
	1.3 Reduce the number of children in high cost or special rate placements.
2.0 Improve the efficiency & effectiveness of services to families	2.1 To provide a continuum of services to families
	2.2 To provide an intensive, time-limited service
	2.3 A redirection of resources from child maintenance to families.
3.0 Reduce the workload of family services workers	3.1 Decrease the number of child in care cases carried by family services workers
4.0 Increase the skill development of staff	
5.0 Reduce the length of time children spend in temporary care	5.1 Provide a thorough assessment of family functioning
	5.2 Increase the effectiveness & efficiency of case planning for children

Table 7 outlines the agreed upon service goals and objectives of the Advisory Committee.

The Reunification Unit and the Advisory Committee agreed upon seven service goals for the

program.

Table 7 - CONSENSUAL PROGRAM MODEL
SERVICE GOALS AND OBJECTIVES

SERVICE GOALS	SERVICE OBJECTIVES
1.0 Reunify children in care with their families	1.1 Incorporate the extended family in the reunification process
2.0 Improve individual functioning	2.1 Reduce anxiety about engaging in therapy
	2.2 Provide support in accessing therapy
	2.3 Increase ability to cope with family of origin/traumatic events
	2.4 Provide counselling regarding domestic violence
	2.5 Provide nurturing to the parents
	2.6 Assist in reducing relapses with substance abuse.
3.0 Improve family functioning	3.1 Improve parent/child relationship
	3.2 Improve parenting skills
	3.3 Increase attachment between parent & child
	3.4 Improve problem-solving
	3.5 Increase family stability
	3.6 Empower families
4.0 Protection Services	4.1 Increase child safety

5.0 Improve the children's emotional, social and behavioural functioning	5.1 Decrease the children's problematic behaviour
	5.2 Improve the children's developmental level
6.0 Assist families in creating a safe, stable, structured environment for all family members	6.1 Decrease incidence of domestic violence
	6.2 Role model parenting, structure & routine
	6.3 Increase family's abilities to meet their own basic needs
7.0 Increase families linkages to community services	7.1 Decrease isolation
	7.2 Decrease dependency on services from the social worker & family support worker
	7.3 Advocacy with both internal and external resources

Referral And Intake

The referrals had been identified as coming from Central Area's Intake unit, or four family services unit. The referral process was described as the family services worker identified a family to be referred, and they completed a referral form which was signed by their supervisor. The referral was then reviewed by the reunification supervisor and was assigned to a reunification worker or placed on the waiting list for assignment. The reunification worker met with the referring worker and gathered information on the family. There was no identified systematic information gathering system, therefore, this was done at the discretion of the reunification worker. The reunification worker and the referring worker then met with

the family. This meeting involved the reunification worker outlining the program. The referring worker would identify the reasons the children were in care and the work completed by the family to date. In addition, the reunification worker completed a questionnaire with the family. The questionnaire identified possible goals for the family, previous services they had utilized, things they had done successfully, and things they had not found helpful. Once this meeting was completed the family was either accepted or rejected from the program. There was no specific criteria for rejection, although it was described as a family refusing to work with the program. If the family was accepted, the referring worker completed a transfer summary and the family was transferred to the Reunification Program. Figure 1 provides a summary of the referral and intake process.

Figure 1 - REUNIFICATION REFERRAL AND INTAKE PROCESS
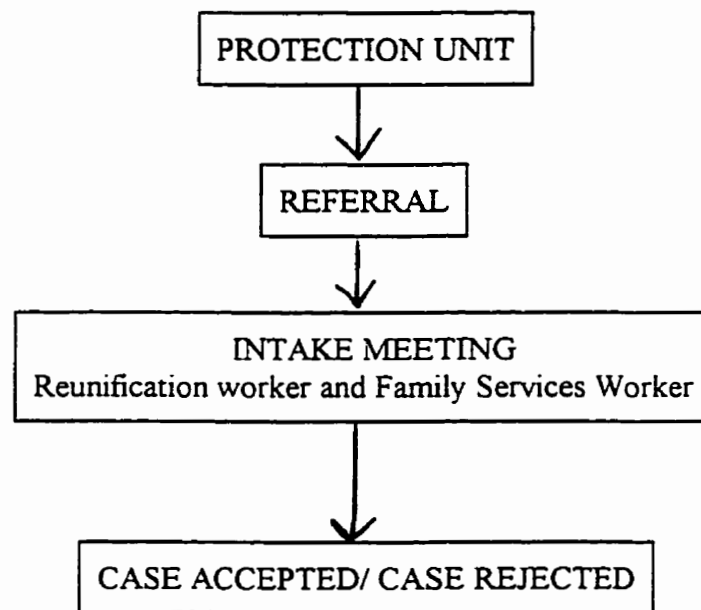
There was general consensus that there existed no standards or criteria for referrals. As well,

the identified target population to be referred was vague. The program had a limited ability to determine the appropriateness of families referred. There was no consistent process for decision making regarding referrals. It was agreed that this was an area that required further exploration and should be addressed prior to completing an evaluation.

Intervention And Activities

The program activities were divided into three areas of service: concrete services, counseling services and teaching skills. The concrete services were identified as: assistance with meeting basic needs such as financial assistance, shelter and medical care; provision of homemaking support; assistance in daycare or school placements; links to community resources; and the facilitation of visits between parents and children. The counseling services were described as providing counseling regarding: alcohol and substance abuse, domestic violence, childhood trauma, relationship and martial issues, parent/child relationship, and links to community resources. The teaching skills were described as focusing on the following areas: life skills, child development, appropriate child care skills, and healthy parent/child relationship.

Termination

There was no clear termination phase identified. Although both groups identified the need for a transition from the program to a lesser intensive service, there was no description of how this could be achieved. As well, there was no identified criteria for when termination was appropriate other than program length.

8.0 EVALUABILITY ASSESSMENT - PROGRAM ANALYSIS

In order to arrive at an Evaluable Program Model, a program model needed to be depicted that was agreed to by all parties, the program staff, the Agency management, and the Advisory Committee. If agreement could not be reached, then those program components where there was agreement were utilized. In order to achieve this, the Documents Model, the Program Staff Model and the Advisory Committee Model were developed. It was from these models that one could then derive a program model that included components that were agreed to by all and reflected the true nature of the program being delivered. This also allowed for discrepancies to be identified between expectations of various groups and discrepancies between what was being delivered and what was thought to be delivered.

The next stage following consensus on the components of the program model was to determine if the program model that was defined by the program staff and the Advisory Committee was evaluable. In order to accomplish this, program monitoring was completed. Program monitoring entailed the review of: program documents, current data collection methods, and file materials. It also included interviews and observations with program staff, as well as personal observations as both an evaluator and the program supervisor. This was completed in order to determine what services were being provided by the program.

8.1 Resources

8.11 Target Client Population

The target client population identified and described in program documents and in the program model appeared to be consistent with the actual clients served by the program, to the extent that the population was described. The client population was described in general terminology with few specific characteristics. Therefore, in a general sense the program was serving who it intended to serve. It was serving families who had children in care of the Agency for various child protection concerns.

The lack of specificity regarding families targeted made it difficult to determine the primary focus of the program, the primary intervention strategies, and the casual assumptions behind the program. As well, it made it difficult to address the issue of program outcomes. The generic nature of the descriptions and the fact that the issues identified were so varied, left one believing that the primary assumption was that intensive services that provided a combination of concrete, teaching and clinical services could address any identified problem. There was some support for this in the family support literature which identified that in multi-problem situations a variety of personal, family and environmental stressors have to be addressed in a simultaneous and sequential fashion for enduring progress to be made (Hayward & Cameron, 1993).

The issue of target populations was not unique to the Reunification Program. A common problem of family reunification and family preservation programs is the issue of target populations. There is wide diversity regarding target populations and child and family characteristics amongst various programs (Maluccio et al., 1994; Hayward & Cameron,

1993; Frankel, 1988). Targeting is the major issue facing program planners and researchers. Therefore, more theoretical and empirical work is required to specify the groups that are most likely to benefit from these services, to specify those service activities that are most effective with particular clients and to clarify the benefits that may be expected (Schuerman et al., 1992). However, the target group issue may be difficult to resolve as the decision to refer families requires an assessment of the tractability of family problems and of the capacity of the technology available to deal with those problems (Shuerman et al., 1992).

Both the program staff and the Advisory Committee raised questions and expressed interest in determining which types of families the program was more or less effective with in terms of outcomes. There was general interest in being able to refine the target population in order to improve the efficiency and effectiveness of the program. The refinement of the target population appeared to be a necessary step prior to an evaluation. A clearer target population would allow clarity regarding the focus of the program, the intervention strategies used, and the causal assumptions behind the program. This would allow for easier identification of the outcomes that could be expected from the program.

There is currently no agreed upon target population for family reunification programs as they are quite diverse. As well, there is no agreement as to what client characteristics should be documented by a program. There exists only preliminary research studies reviewing the impact of family and child characteristics on the likelihood of successful reunification. The research studies however, have begun to note some characteristics that impact on the

likelihood of successful reunification. The characteristics that have been noted are: 1) poverty and the related social problems; 2) multi-problem families, specifically families where the parents have more than four identified parental problems; 3) specific parental problems that have been identified include: parental substance abuse, parental emotional problems, and parental mental illness; 4) prior out-of-home placement of the children, as this is considered a reflection of the chronicity of issues facing the family and of past failed reunifications; 5) length of time the children have been in out-of-home placement, as the longer the children are in out-of-home care the less likely they are to be successfully reunified; 6) previous history of child maltreatment; and, 7) families with few resources (Rzepnicki, 1996; Frankel, 1988; Turner, 1986; Maluccio et al., 1993; Hess & Folaron, 1991; Walton et al., 1993; Maluccio et al., 1994).

The characteristics noted could be utilized as a foundation for refining the Reunification Program's target population. However, prior to refining the target population, one needed to have information on the clients that had been served by the program. The data collection methods used by the program gathered much of the pertinent information cited as having an impact on the likelihood of successful reunification. The program gathered the following information: the age of the caregiver, type of family unit, ethnicity, age of the children, issues that resulted in the children being in care, type of placement of the children, length of time children were in care at point of acceptance by the program, the number of times previously the children had been in care, the length of program service and finally the outcome of service. The outcome of service was defined in the following manner: children returned

home, family remained open to the Agency for service; children returned home, family closed to the Agency; children remain in care, Agency seeking a permanent order; children remain in care, relative applying for guardianship; and children in care, returned to the family service unit for ongoing service. Despite collecting all of the necessary data, and expressing a desire to clearly define the target population, the information had not been compiled in a meaningful way. This had prevented the program from utilizing the data to define the client population their were serving.

A cross tabulation program was developed in order to compile the collected data and to cross reference information in order to assess patterns in the information. As well, the cross tabulation program was expected to provide information which could assist the program in a preliminary refinement of the target population. The data was not consistently gathered in the first year of the program therefore, data had only been entered for the 1996 and 1997 program years when the data was considered to be fully maintained. Information on a total of 117 families and 220 children was included in the data base. The information that was cross referenced was: age of the caregiver, type of family unit, ethnicity, age of the children, length of time in care at point of program involvement, number of times in care, outcome of service and issues resulting in the children being in care, as well as referral source. The issues that resulted in children being in care were categorized as follows: neglect, substance abuse, domestic violence, parenting problems, physical abuse, abandonment and/or use of inappropriate caregivers, sexual abuse, parent-teen conflict, parent overwhelmed, child's acting out behavior, mental health issues of the parent, child's self-destructive behavior,

abuse history of the parent, inability to protect the children, parent isolated, and parent having no residence.

The information collected indicated that the families served were: primarily Aboriginal, poor, single-parent families. A large proportion (98%) of families were in receipt of social assistance. This was expected and outlined as an appropriate target of service. The parents were older than anticipated with an average age over 30 years. The program had anticipated that they would be targeting younger families. The length of service was indicated to be on average four to eight months. This was a longer program length than outlined and supported the program staff's belief that they were providing longer program services than sanctioned by the Advisory Committee and management.

The program numbers were relatively small and therefore, all conclusions must be cautiously regarded. However, the results were informative in terms of attempting to refocus the program, provided that any changes continue to be evaluated. Following a visual analysis, there does not appear to be any discernible difference between ethnicity, type of family unit, age of the caregiver and age of the children in terms of differential success rates. Success rates were defined as the number of children who were reunified with their biological parents, compared to the total number of children served by the program. The frequency of placement appeared to correspond to similar outcomes in terms of successful reunifications until the children had been in out-of-home care five times or more. There was a distinctive decrease in success rates after five times in out-of-home care. In families with frequency of

placement of five or more times, only 41% of families were successfully reunified. This was in contrast to families with lower frequencies of placement who were successfully reunified 62% when in care once, 53% when in care on two occasions, 57% when in care on three occasions, and 50% when in care on four occasions. Similarly, when one reviewed the duration of placement there was little difference until a child had been in out-of-home care for one year or longer. The success rates decreased at that point. Children who had been in out-of-home care for less than one year were reunified 60% of the time, this decreased to 46% for families with a duration of placement for longer than one year. In addition, the duration and frequency of placement appeared to impact on the length of service as 78% of these families received service for longer than six months.

The primary issues identified for families were: neglect (72%), substance abuse (71%), domestic violence (57%), and parenting problems (50%). These four primary issues were identified in almost 100% of families who had children in care five or more times or for one year or longer. The secondary issues were: physical abuse (35%), and abandonment and/or use of an inappropriate caregiver (38%). Although this information was not conclusive, it identified areas that required further exploration and could be potentially useful in refining the target population.

The type of families the program was targeting had implications for the funding expectations. The program had been described as targeting multi-problem families that required intensive involvement in order to be reunified. The data collected supported that the program was

serving poor, multi-problem families. The program was attempting to intervene with issues of child maltreatment such as: neglect, physical abuse, parental substance abuse, domestic violence, parenting problems and abandonment of children and/or use of an inappropriate caregiver. The types of families and their characteristics targeted by the program were also the same characteristics cited in the literature as indicators that decrease the likelihood of successful reunification. The literature reports that families are less likely to be successfully reunified or are likely to have children returned to out-of-home care if the parents have significant multi-problems. Significant multi-problems are described as parents having four or more problems. The severity of the parental problems is also considered to be a factor (Turner, 1986; Hess & Folaron, 1991; Turner, 1984). This appeared to result in a discrepancy between the families the program was expected to target and the outcomes the program was expected to produce. In particular, the expectation that the program would be able to reunify sufficient numbers of children to become self-sufficient appeared to be unrealistic given the target population. The funding agreement does not appear to take into account the reality of reunification programs with multi-problem families and may not be a realistic expectation. In addition, determining the program's success or failure based on this criteria, without taking into consideration the target population appeared impractical.

8.12 Program Staff

The program employed six social workers, one family support worker, one administrative person and one supervisor. One social work position was vacant and had not been filled due to an Agency policy of vacancy management. The social workers were all senior social

workers at Central Area with an average of seven years of experience. They all had their Bachelor of Social Work degree, with the exception of one who had a Bachelor of Arts degree. Three of the social workers were currently completing the Graduate Program in Social Work, including the person with the Arts Degree. The family support worker had been employed in the Agency for nine years in a variety of positions. The position in the program had been her first experience as a family support worker. She had a Bachelor of Arts Degree. The level of experience of the program staff appeared consistent with other programs. The literature supports the use of senior and skilled staff in the programs as the social workers are expected to have a wide range of case management skills, as well as, skills to facilitate cognitive and behavioral learning (Smith, 1995; Walton et al., 1993; Maluccio et al., 1994).

8.13 Budget

The budget for the Reunification Program was contained within the overall agency budget and therefore, could not be distinguished from it. There was an original budget when the program was created and proposals submitted. However, without separating out the program budget from the Agency budget, one was unable to determine how closely this was followed. The supervisor does not have any budgetary responsibilities in terms of maintaining a budget or working within a budget. However, she was responsible for the same cost saving measures employed by the Agency as a whole. The lack of a clear budget would create difficulty in determining the effectiveness of the program, as the true cost of the program would be unknown. The accounting department indicated that the majority of the

budget could be separated out, however, there were several costs that could not be distinguished. Some of these costs identified were: rent, office supplies, office furniture, office equipment, and the program's use of other Agency resources.

A pressure faced by the program was the current funding agreement. The program was expected to become self-sufficient and self-supporting in order to be maintained as a program. Although this is consistent with current trends, where there is increasing evidence that social programs will have to demonstrate their cost effectiveness to escape termination by governmental committees intent on reducing expenditures (Sonnichsen in Wholey, 1989). However, in this instance, cost effectiveness has been narrowly defined as self-supporting and self-sufficient. This appeared to be articulated as the primary goal with other goal attainment being of secondary consideration. In fact, the funding source does not identify any goals other than the reduction of children in care and thereby, an overall reduction in the cost of child maintenance. The secondary goals or the service goals had been primarily identified by program staff and agreed upon by management. There was no indication that the service goals were considered important by the funding source.

The funding expectations gave rise to numerous questions. The primary question involved the funding expectation that the program become self-sufficient. A reunification program targeting multi-problem families can expect limited success (Turner, 1986; Fein & Staff, 1993; Hess & Folaron, 1991; Maluccio et al., 1994). The expectation of self-sufficiency required that the program successfully reunify sufficient numbers of children to reduce the

overall child maintainenance budget of the Agency. Once there was an overall reduction in the child maintenance budget, the remaining funds would be redistributed to fund the program. This appears to be an unrealistic expectation based on the documented success rates for reunification programs. The documents which secured the funding for the program, projected it would be self-sufficient by the end of the third year of operation. The documents recognized that the Reunification Program would have a lower success rate, but did not adjust their projections accordingly. This resulted in securing funding for the program contingent upon expectations which appeared to be unachievable for the program. As well, there did not appear to be any contingency plan or alternative level of success that was considered.

Kaye & Bell (1993) note that there is considerable disagreement over the extent to which programs are expected to reduce foster care placements. There is also disagreement over the immediacy with which such reductions can be achieved. Most policymakers consider establishing a link between program services and a reduction in foster care placement to be essential. In contrast, program managers and staff consider foster care reduction as a by-product of the program. A by-product that may not be immediately applicable to all of the families served and may not be due to the receipt of program services alone. Some policymakers expect that program services will be less expensive than foster care and will ultimately result in a reduction of the costs of the child welfare system (Kaye & Bell, 1993). However, the Reunification Program disagreement revolved around not whether the program could achieve a reduction in foster care placements, but whether it could be self-sufficient.

8.2 Activities

The program activities centered around the philosophy of in-home, intensive service that was goal directed and built on strengths of family members. The activities covered a range of concrete, clinical and teaching, or skill building, interventions. The program activities were consistent with the activities reported in the literature (Maluccio et al., 1993; Maluccio et al., 1994; Simms & Bolden, 1991; Fein & Staff, 1993; Fein & Staff, 1994; Haapala et al., 1990; Walton et al., 1993; Frankel, 1988). The program service length was four to six months however, this period could be extended at the discretion of the supervisor. The criteria for extension was vague. If the family was considered to be able to benefit from continued involvement, and if the issues resulting in the children being in out-of-home care were not resolved, participation could be extended. Whether the family was engaged in the process of addressing the issues was also a factor considered.

The concrete services were described as the usual starting point with families. These services were frequently utilized during the assessment phase. It was believed, by program staff, that the provision of concrete services assisted with engagement and relationship building with families. The program staff believed that a family's concrete needs must be met prior to progressing to other types of interventions. This appeared to be based on Maslow's Hierarchy of needs which dictated that until one's needs were met at one level, one could not move onto, or master, the next level. This belief was supported in the literature, which indicated that in work with poor, multi-problem families, one must address survival concerns before meaningful progress could be made on developmental issues (Hayward & Cameron,

1993; Stiffman et al.; Walton et al., 1993; Kaye & Bell, 1993). Other programs had cited that concrete services were considered to be an effective tool to aid in engaging with families (Kaye & Bell, 1993). The concrete services provided by the program included: assisting families to find housing; moving families; home repairs; house cleaning; transportation; provision of bus tickets or cabs; homemaking for respite or to attend appointments; financial assistance such as emergency food or cribs; advocating for families with other community resources; and increasing access between parents and children.

The teaching component was described as an educational approach that incorporated role modeling, feedback and skill development. It included using reading materials, video materials, role plays and discussions. It occurred immediately after the assessment phase, in particular regarding parenting skills and parent/child interaction. The program staff indicated that the parenting component was done consistently with all families during visits. The program followed a visiting philosophy whereby visits were utilized to provide the parents with a gradual opportunity to reassume the parenting role. Therefore, the purpose of visits, and the quantity and duration of visits, reflected this philosophy. The teaching interventions included: budgeting, parenting skills, basic child care, child development, daily structure and routine, discipline strategies, meal planning, problem solving, assertiveness training, communication skills, and anger management.

The clinical component of the program employed a variety of intervention techniques such as: cognitive-behavioral approaches, rational emotive therapy, relapse prevention, reflecting

team approach, and family therapy approaches. The social workers were knowledgeable in the dynamics of sexual abuse, physical abuse, domestic violence and substance abuse. Program staff reported that the clinical component was not utilized with all families, as some never moved beyond the concrete services and teaching skills component. The clinical component included interventions in the following areas: substance abuse, domestic violence, physical and sexual abuse of children, couple or relationship issues, and past traumatic events.

All interventions were geared toward resolving the issues which resulted in the children entering out-of-home care. The family participated in identifying the issues, setting goals and contracting to work on the issues. However, as the social worker also maintained the mandated protection role some of the issues that placed a child at risk, must be identified and worked on, even if the family does not identify or prioritize them. The program activities appeared to be based on a multi-level service delivery system. The program started with the basic needs and provided concrete services and then moved toward the teaching component. If a family was able to successfully achieve this level they then moved toward the more insight oriented clinical component. An underlying assumption of the program was that the provision of an intensive, in-home based service would have a greater impact than services delivered in a less intensive and office based format. Smith (1995) outlined several advantages of home-based service delivery. The home-based services tended to produce more accurate and sensitive assessments. Home-based services allowed practitioners to interact with family members in their natural setting. Home-based services were considered

to improve the efficacy of outreach work. Finally, home-based services facilitated any necessary modification of the environment and behavioral adjustments in family members.

The target population for the program was broad and captured families with a variety of issues, therefore, the intervention activities were diverse. The activities were broadly defined and varied according to each individual family. There was also a sense that perhaps the interventions also varied according to each social worker. The program staff indicated that they each bring an individual style and focus to their work with families and that there was not necessarily a specific program model that was followed. This was consistent with the literature which reported that models stress the development of individually-tailored service packages and relied on the skills of single workers to respond to a broad range of needs and circumstances (Hayward & Cameron, 1993). Such an individualized service delivery model is frequently used in social programs in order to address the various goals identified for individual families (Rossi, 1990).

The family support worker role continued to be an overlooked and poorly defined component of the program. There was no clear differentiation between the activities performed by the family support worker and those performed by the social worker. There was little documentation outlining the family support worker role, therefore, it was difficult to describe the roles and responsibilities of the family support worker.

8.3 Results

8.31 Goals And Objectives

In order to be included in the Evaluable Program Model the goals and objectives had to meet the preconditions for evaluability. There were three preconditions for evaluability: the program components were well defined and could be implemented in the prescribed manner; goals and effects were clearly specified; and causal linkages were plausible (Rutman, 1980).

System Goals

The primary goal was to reduce the number of children in care with the following objectives: reduce the overall number of days care for Central Area; reduce the costs associated with placing and maintaining children in care; and reduce the number of children in high cost or special rate placements. This goal and its subsequent objectives were not cited in the family reunification literature (Rzepnicki, 1996; Walton et al., 1993; Frankel, 1988; Fein & Staff, 1993; Fein & Staff, 1994; Haapala et al., 1990; Maluccio et al., 1993; Maluccio et al., 1994; Simms & Bolden, 1991). The assumption behind this goal appeared to be that if the program was able to successfully reunify children that would not be reunified through conventional services, this would reduce the overall number of children and days care reported by Central Area. This assumed that the program would reunify a significant number of children and families through the course of one year. The assumption behind this goal may be faulty as the literature reports significantly lower success rates for reunification programs than preservation programs (Staff & Fein, 1993; Maluccio et al., 1994; Frankel, 1988). As well reunification programs are typically of longer duration than preservation programs (Staff & Fein, 1993; Maluccio et al., 1994; Frankel, 1988). If these two statements were considered

to be accurate then the program's ability to impact on overall agency functioning was limited.

Although the program may be able to demonstrate success with families, the program's ability to demonstrate success on a large enough scale to impact on overall Agency functioning appeared limited. This goal would be difficult to measure, should the Agency's days care or numbers of children either increase or decrease, it would be difficult to solely attribute these findings specifically to the program. Rossi (1990) notes that there are a number of problems in using effects on overall statistics as outcome measures. The number of children placed is subject to myriad influences, many of these outside the child welfare system. These influences change over the course of time, so it is impossible to claim success for a program merely because improvements in gross statistics occur or to declare program failure when the statistics deteriorate. This was supported by other studies which stated that the effectiveness of any program will be limited by the broader social environment, including the level of community support and social problems evident in the communities and neighborhoods in which many child welfare clients live (Dylla & Berry, 1998; Frankel, 1988; Wells, 1994; Smith, 1995; Hayward & Cameron, 1993; Unrau et al., 1992; Rzepnicki, 1996). There are numerous extraneous variables which impact on the numbers of children in care. Therefore, the program impact would be difficult to discern from the other variables.

One must recognize the limits to the technology of family preservation and reunification services. The literature is beginning to report that it is unlikely that these services will have a substantial direct effect on overall placement rates or on the numbers of children in

substitute care (Rzepnicki, 1996; Dylla & Berry, 1998; Smith, 1990; Hayward & Cameron, 1993). These programs may contribute to a general change in the balance that is struck between the safety of children and the preservation of families such that there is decreased dependence on foster care (Schuerman et al., 1992). Although many of these statements were applied directly to family preservation programs, they were equally applicable to family reunification programs. Family reunification programs were noted to have longer program periods, fewer families served annually, and lower success rates than family preservation programs (Maluccio et al., 1994; Staff & Fein, 1993; Frankel, 1988).

Defining family reunification as the successful outcome of placement appears to undermine both the essential process of assessing with parents their ability and interest in parenting and the practitioners ability to achieve permanency for children (Hess & Folaron, 1991). The singular definition of reunification as "the" rather than "a" successful placement outcome reflects a rigid and potentially dangerous implementation of family preservation and family reunification (Hess & Folaron, 1991). It would be of importance to determine that the program demonstrated some level of success and was having an impact on families prior to attempting to determine the impact on the overall Agency. An evaluation design that does otherwise would be premature.

The objective to reduce the number of children in high cost or special rate placement appeared to be an unintended effect. If the child happened to be placed in a high cost placement and was reunified, this objective may then be satisfied. It was not noted that the

program was targeting children who were in high cost placements for reunification. If this was indeed the case it should be noted in the target population and referral criteria.

The second goal was to improve the efficiency and effectiveness of services to families, with the following objectives: to provide a continuum of services to families; to provide an intensive, time-limited service; and a redirection of resources from child maintenance to families. This goal needed to be more clearly defined in order to be measurable. Was the goal to increase the efficiency and effectiveness of services provided to families in Central Area by having a Reunification Program available which some families may access? This appeared to be the implication as it was consistent with the objective of providing a continuum of services to families. In order to determine that there was an increase in effectiveness and efficiency of service since the inception of the Reunification Program, one would need to determine a baseline of service provision prior to the Reunification Program. This would be necessary in order to determine if the program had an impact on efficiency and effectiveness. In addition, it was unclear how efficiency and effectiveness would be measured, or what specific service was targeted to improve. One could assume that the Agency desired increases in the efficiency and effectiveness of reunification services since the inception of the Reunification Program. If that was the specific service being targeted one would need to define the reunification service being provided by the Agency prior to the program. In addition, the family services units continue to provide reunification services, so it would be possible to compare this to the reunification services provided by the Reunification Program. However, once again the terms efficient and effective would need

to be operationally defined in order to be measurable.

The objective of providing a continuum of services was difficult to measure as it was not defined. It was unclear what continuum of services was desired. As well, in order for this objective to support the goal of improving the efficiency and effectiveness of services; the assumption upon which it was based would have to be considered valid. The objective appeared to assume that the provision of a range of services would impact on efficiency and effectiveness. The Reunification Program could only be considered one service on this continuum, therefore, this objective was not specific to the program. It relied on other services being provided as well.

The objective of providing an intensive time-limited service could be interpreted in two ways. It could be considered the desired program model and therefore, would not be an outcome objective. It could be used to monitor implementation of the program to ensure that the services were being provided in an intensive and time-limited manner. A second perspective would be to assume that services delivered in an intensive and time-limited fashion would impact on the efficiency and effectiveness of Agency services. If this assumption was considered valid, then this objective supported the goal. However, what would be measured is the service delivery model and not the actual services provided.

The objective of redirection of resources from child maintenance to families appeared to focus on improving overall agency services. It also appeared to be an objective which the

program does not have full control. This was a statement of funding and appeared to be linked to the concept that the program would eventually become self-sufficient through the number of days care saved by reunifying children. The savings achieved through reductions in days care would then be utilized to fund the program with no overall increase in funding to the Agency. If this was the objective then it would be necessary to have a separate budget for the program so this could be measured.

The overall difficulty with this goal was the question of what was being measured. Was it how the Reunification Program improved the efficiency and effectiveness of services offered by Central Area? If so, this would be based on the assumption that one program could impact on overall Agency functioning. The alternative was to measure the efficiency and effectiveness of services being provided by the program. Even if the ultimate goal was to determine how the program impacted on overall Agency services it would be important to first determine that the services being provided by the program are beneficial. This goal would need to be reconceptualized to determine what was being measured and then the concepts would need to be operationally defined so as to be measurable. If the goals and objectives were based on a need to demonstrate effectiveness and efficiency based on the original funding criteria, then this would need to be articulated.

The third goal was to reduce the workload of family services workers, with the objective of decreasing the child in care cases carried by family services workers. This goal appeared clearly defined as stated. It assumed that the workload would be reduced through the

transfer of cases to the Reunification Program. Should the program be successful, when the family was transferred back to the family services worker it would be a family file only, without children in care cases.

The fourth goal was to increase the skill development of staff. This referred to the skill development of program staff. The assumption would be that since the Reunification Program had a limited caseload and was expected to deliver intensive services that were clinical, teaching and concrete in nature, one would be afforded the opportunity to increase one's skills. This goal would be difficult to measure as the program had completed its third year of operation. It would not be possible to determine a baseline of each worker's skill prior to joining the program. Any retrospective measure would require workers to assess and remember what their skill level was like three years previous.

It would be possible to compare family services workers to the Reunification Program staff. However, this would require a number of assumptions. This would assume that family services workers possess a generic level of skill in order to perform their job. In addition, this could be skewed by the employment reality at Central Area. Central Area had a high staff turnover rate and therefore, had a high proportion of new social work graduates. The program staff all had a number of years experience with the lowest being six years. If one assumed that years experience on the job improved skill, then comparing experienced staff to new graduates would not measure program impact or skill development, as much as it would measure impact of years experience on skill development.

The final goal was to reduce the length of time children spend in temporary care, with the following objectives: provide a thorough assessment of family functioning, and increase the effectiveness and efficiency of case planning for children. Reducing the length of time children spend in temporary care could be measured by three outcomes. It could be achieved through the reunification of children with their parents; through the reunification of children with extended family; or through the decision to begin permanency planning for children.

This goal resulted from the identification of an unintended effect of the program. It was identified that a large proportion of cases that were not successfully reunified resulted in permanency planning for the children. This might be a result of the types of families referred to the program. As one study noted that referring workers were more likely to refer cases that had made little progress and required a longer-term investment. Some of the referrals were viewed as a last effort before an alternative plan was pursued (Rzepnicki, 1996). The rationale behind these referrals was that the intensive nature of the program was useful in demonstrating to families the difficulty in having their children live with them and was able to document for the courts the need for an alternative plan. This unintended outcome of permanency planning could also be considered a program success (Fein & Staff, 1993; Walton et al., 1993).

The objectives were consistent with literature recommendations that it was time to consider alternative purposes or program objectives other than placement issues. Comprehensive assessments and timely case planning have been cited as other possible program objectives

(Wells, 1994; Kaye & Bell, 1993; Frankel, 1988; Hayward & Cameron, 1993; Nelson et al., 1990; Pecora et al., 1992; Unrau et al., 1992; Smith, 1995; Dylla & Berry, 1998; Rossi, 1990; Rzepnicki, 1996).

Although the goal itself appeared measurable and the objectives were consistent with literature recommendations, the objectives required clarification. A thorough assessment of family functioning could be assumed to be necessary in order to make decisions regarding a family's readiness to reunify or inability to do so. This would also be necessary in order to case plan for children. A thorough assessment of family functioning needed to be clarified in order to determine specifically what was being looked for, and perhaps a specific format could be outlined. The efficiency and effectiveness of case planning would also require operational definitions. It was unclear if case planning was referring to services provided specifically to the child such as play therapy, school placements or out of home placements. Case planning could also be referring to the child within the context of the family, in terms of case planning towards reunification, or if unsuccessful, case planning that involved permanency planning. The efficiency and effectiveness of case planning could also be referring to the timeliness of key case planning decisions. Therefore, this objective would require clarification in order to be measurable.

This goal raised the question of why social workers referred families to the Reunification Program. It had been noted that sometimes families were referred for reasons other than those of the referral criteria (Rzepnicki, 1996; Fein & Staff, 1993; Walton et al., 1993). The

characteristics of families were considered to impact on program outcomes (Rzepnicki, 1996; Frankel, 1988; Maluccio et al., 1993; Walton et al., 1993; Maluccio et al., 1994). It would be useful to gather information as to the reasons families were referred to determine if there was any correlation between family characteristics, reason for referrals, and program outcomes.

Service Goals

The primary service goal was to reunify families, with the objective of incorporating extended family in the reunification process. This was a primary goal of all reunification programs reviewed in the literature (Maluccio et al., 1993; Maluccio et al., 1994; Simms & Bolden, 1991; Fein & Staff, 1993; Fein & Staff, 1994; Haapala et al., 1990; Walton et al., 1993). This goal appeared to be clear and measurable. It would be possible to determine the numbers of children who left Agency care to be reunified with family during participation in the Reunification Program. It would be possible to determine how many children remained at home following the termination of the Reunification Program. It would also be possible to determine if extended family had contact with reunification staff during the course of the program's involvement. The program staff and the Advisory Committee viewed the inclusion of extended family as significant in terms of viewing it as a successful reunification if children were reunified with extended family. Therefore, it would need to be clear that successful reunification was measured by the exit of children from paid Agency care to the home of a family member.

The second goal was to improve individual functioning, with the following objectives: reduce anxiety about engaging in therapy; provide support in accessing therapy; increase the ability of the individual to cope with family of origin/past traumatic events; provide counseling regarding domestic violence; provide nurturing to the parents; and to assist in reducing relapses with substance abuse. The identified program activities described under the clinical services would be assumed to impact on individual functioning. Therefore, if the clinical services were being implemented, improved individual functioning should be the result and attributable to participation in the program. There were numerous measures that could be administered to assess change in individual functioning however, they required some specificity regarding the characteristics being measured such as improved self-esteem, improved problem-solving, or improved personal satisfaction.

The objectives were difficult to assess for several reasons. There were several objectives which were activities such as: provide support in accessing therapy, provide counseling regarding domestic violence, and provide nurturing to the parents. These could all be considered program activities that would assist in achieving the goal of improved individual functioning. The objective to provide support in accessing therapy could be changed to make it measurable, such as to increase the number of families who access individual therapy. The objective to provide counseling regarding domestic violence could be measured by a decrease in the number of incidents of domestic violence in the family. This could be measured through a combination of self-report and external reports such as the Winnipeg Police Services and Winnipeg Child & Family Services After Hours Service. A decrease in

incidents of domestic violence could be considered to improve an individual's sense of self-esteem and personal safety.

The objective of increasing the ability of the individual to cope with family of origin/past traumatic events may be difficult to measure as it was unclear specifically what one was measuring. It might be made measurable by looking at increasing an individual's coping responses or problem-solving ability. This would assume that what was being referenced was how a past traumatic event continued to impact on day to day functioning and the objective was to improve one's ability to function in the present.

The objective to assist in reducing relapses with substance abuse would simply need to be reconceptualized. It could be stated as either decreasing the number of relapses with substance abuse during the period of program involvement or as supporting the individual to maintain sobriety. However, this would require some information or a baseline about the families previous substance use or relapse pattern in order to determine if there had been a reduction in relapses. If the family had or was attending a specific program regarding substance abuse, it would be difficult to determine which program had the impact.

Overall, the goal required some refinement in terms of what it intended to measure. This would need to be done first in order to ensure that the objectives were supporting this goal and were also measurable. Once the goal was clearly defined the objectives could then be revisited in order to ensure consistency and that they supported the goal.

The third goal was to provide protection services, with the objective of increasing child safety. This appeared to be an activity rather than a goal unless it was intended to improve protection services. Protection services may be considered to have improved based on the decreased number of cases carried by the social workers and amount of time they were able to spend with the family.

The fourth goal was to promote healthy family functioning with the following objectives: improve parenting skills; improve parent-child relationship; increase attachment between parent and child; improve problem-solving skills; increase family stability; and empower families. Healthy family functioning appeared to be divided between a focus on the parent-child relationship and overall family well being. It may be useful to divide these two themes into separate goals. The objectives which focused on the parent-child relationship were all measurable but required some refinement in order to determine how they would be measured. The objective of improving problem solving skills appeared to be an individual goal that had already been cited, unless it specifically addressed family problem solving and communication. The objectives to increase family stability and empower families would need clarification and definition in order to determine what was being measured.

The fifth goal was to assist families in creating a stable, structured and safe environment for all family members, with the following objectives: decrease the incidence of domestic violence; role model parenting, structure and routine; and increase the families abilities to meet their own needs. It would be possible to collapse some of the previous goals and

objectives and include them here such as: decrease substance abuse relapses, problem solving skills, and improved child safety. The objective of role modeling appeared to be an activity that would improve parenting skills and the home environment, and was not an objective. The objective to increase families' abilities to meet their own needs might best be captured under the next goal as it appeared to be linked to the utilization of community resources and decreased dependency.

The sixth goal was to increase the family's linkages to community resources with the following objectives: decrease isolation; decrease dependency on services from the social worker or family support worker; and advocacy with both internal and external resources. This goal appeared to be clearly defined and measurable with the exception of the objective regarding advocacy. It appeared to be the social worker advocating for the family in which case it would be an activity. However, it could be considered an objective if the focus was on increasing the families ability to advocate for themselves, in which case assertiveness skills and communication skills would be addressed.

The final goal was to improve the child's emotional, social and behavioral functioning, with the following objectives: to decrease the child's problematic behavior and to improve the child's developmental functioning. There were numerous child specific measures that could be utilized to measure changes in the child's emotional, social and behavioral functioning.

The service goals and objectives provided a foundation from which to build, however, they

were not evaluable as stated. Some of the goals and objectives were inconsistent, poorly defined and difficult to measure as stated. Several of the objectives were cited under more than one goal. Several of the objectives did not appear to support the goal in terms of being an intermediate point toward the end result of goal achievement. As well, several of the objectives appeared to be activities rather than objectives. When one reviewed all of the service goals there appeared to be little consistency amongst the goals and objectives. This appeared to be a result of having such a broadly defined program that addressed a multitude of issues. The service goals appeared to be an effort to capture all of the possible areas in which the program may intervene, as opposed to identifying the key areas of focus for the program. In order to proceed with an evaluation, the service goals and objectives would require refinement.

8.32 Measurement System

The program had implemented a number of information gathering mechanisms. However, most of this information was simply being collected and not utilized. The program maintained paper records which outlined all of the demographic characteristics of families that had been served. This included: age of parents and children, employment status, financial status, marital status, ethnicity, and education level. The presenting issues which brought the children into care were also recorded and included: neglect, substance abuse, domestic violence, parenting problems, physical abuse, abandonment/inappropriate care giver, sexual abuse, parent-teen conflict, parent overwhelmed, child acting out, mental health of parent, child self-destructive, abuse history of parent, inability to protect, parent isolated,

and no place of residence. The program also recorded the number of times the child had been in care, and the length of time in care at point of referral. The program kept records at termination of the program regarding the length of service and outcome of service. Outcomes of service were recorded as: child returned, family remains open to the Agency; child returned, family closed to the Agency; child remains in care seeking a permanent order; child in care relative applying for guardianship; and child in care, returned to the family services unit.

This information was structured to accommodate entry into a computer program. However, the Micro Soft Access program available to the Reunification Program had been nonfunctional for over a year. Therefore, the information had not been kept up to date and had not been utilized. Through the course of the evaluability assessment a spreadsheet program was developed and all of this information had been entered and continued to be regularly updated. This provided information on the basic demographic characteristics of families, as well as specific characteristics of families, parents and children. It also provided information regarding placement outcomes.

The social workers complete the Family Assessment Form developed by the Children's Bureau of Southern California (Morales & Sladen, 1995). The Family Assessment Form (FAF) was developed within the Children's Bureau by staff who work in the home-based services and relied exclusively on staff assessments of client functioning and performance. The instrument has been researched regarding its validity and usefulness. The FAF is used

at assessment and at case termination to help guide the practice of social workers in assessing client strengths and weaknesses, developing appropriate service plans, and observing and recording client change (McCroskey & Nelson, 1989). The FAF is used to evaluate family strengths, weaknesses and progress made in six domains of family functioning. The six domains are: parent-child interactions, support to caregivers, physical living environment, interaction between caregivers, financial conditions and child developmental stimulation. The six domains contain scales which, when rated, indicate whether the family is in the safe or danger zone regarding risk to maltreat the child. The instrument is considered to be valid and reliable (McCroskey & Nelson, 1989; McCroskey et al., 1991; Morales & Sladen, 1995).

The FAF was originally intended to be completed as a pre and post test instrument to demonstrate changes in family functioning within the program. However, it appeared that for most families this form had only been completed on one occasion during program participation. Therefore, until recently, there was little information on families that had completed the program in the first two years in which to demonstrate impact on family functioning. The FAF had been adopted by the family services workers as the assessment format completed in meeting recording standards. This would enable one to use a comparison group as the same instrument was being completed by all Agency personnel. The information that had been completed was collected in its paper format but was not being utilized.

The social workers and family support workers completed a daily activity record for a one

month period of time following the model developed by Staff and Fein (1994). The daily activity records was divided into activities and purpose categories and had been developed by program staff of the Casey Family Services Reunification Programs. The model had been used by Staff and Fein (1994) to determine the level of intensity of the service delivery system. It was also utilized to determine if the level of intensity varied at different stages of intervention such as: assessment, working toward reunification and post-reunification. It identified role differentiation between social workers and family support workers, as well as the specific services provided to families. Since the Casey Family Services Reunification Program has several sites, it was also utilized to determine site differences in intensity of service.

The program staff did not complete the daily activity record for an entire program period with any families. Therefore, the information does not match the information gathered by Staff and Fein in their study. The information gathered examined differences in roles and services provided by the social worker and family support worker; the services provided to families during this time period; and the level of intensity of the services provided. The decision to complete the daily activity record for only a one month time period appeared to be based on the program staff's perception that the process was too time consuming to include it on an regular basis.

At program completion the referring worker and supervisor completed a satisfaction survey. As well, the family was mailed out a family satisfaction survey. The family received a $5.00

money order when they had completed the survey. The family surveys were coded and returned to the program administrative support person in order to receive the money order but were non-identifying. The family satisfaction surveys were developed when the program model had four social workers and four family support workers who worked as teams. The questionnaire reflected this team work and had several questions specific to the clarity of roles, and the working relationship of the team. These questions may not be as relevant now that there is only one family support worker and not all families have one assigned with the social worker. These were self-report measures that indicated either the referring worker or the family's satisfaction with the services they had received and their perception of whether or not there was an impact. The referring worker survey could be adapted to include questions that would address the reasons for the referral. Although the information was being collected it was not being utilized.

The Agency has a CFSIS and accounting computer program. The CFSIS system appeared to be limited in its usefulness in evaluating the program. Information needed to be reviewed manually, and there was not a capacity to generate reports or information that could be useful. In order to determine recidivism of children who had been successfully reunified, one needed to manually enter each family's name into the computer and view the various screens to determine if the children had reentered care up to that point in time. The information that was contained within the CFSIS system is basic demographic information, there was no case specific information such as reason for Agency involvement. One was unable to generate reports even with the demographic information, such as a list of all single parent families.

The accounting computer system is able to generate information regarding the cost of the out-of-home placement per child, but it too must be generated manually.

After completion of a review of the data collection instruments, it appeared that the program staff were gathering useful information that could be utilized in an evaluation. However, information was not being compiled into meaningful data that could be used by the program or the Advisory Committee. It would be important to compile the data being collected in order to formulate a baseline of information. As well, this would reassure program staff that their efforts had been worthwhile, prior to adding any additional information systems.

There are two areas which may require additional data collection methods. One of the goals of the program was to improve the child's emotional, social, and behavioural functioning. However, there was currently no data being collected that was child specific. Therefore it would be impossible to measure progress in this area without adding a child specific measure to the data collection base.

Secondly, other than the brief period when the program recorded their daily activities with families, there was no data collection method in place to identify the interventions or program activities being used with families. A data collection instrument appeared to be necessary as upon reviewing the files and the program staff's daily dictation, the specific activities and interventions were not captured in either forum. The file records had been developed to meet the standards for child protection services and since the social worker maintained the role of

the child protection worker the file records must still be maintained in the same fashion. This may be of interest since the literature reported a connection between the types of services provided and success rates in reunification. Specifically, families who had received the majority of interventions in the concrete and skill building areas tended to have a lower success rate and the reunification tended to be shorter lived (Fraser et al., 1996).

Of utmost importance would be the agreement to provide a viable computer program in which the data gathered could be entered and then compiled in order to make use of this information. This could be accomplished through making the current computer program viable. If this was not possible the installation of another computer program would be necessary. Another option would be to hire an outside person to collect, input and analyze the data. However, this would be a one time investment as opposed to developing an ongoing evaluation capability for the program. A one time evaluation would not assist the program in its ongoing management. As management decisions would be made on an ongoing basis with respect to a variety of program matters. An ongoing evaluation could perform an invaluable service in meeting these continuing information needs. However, one of the key elements of an ongoing evaluation system is the data sources that can provide information regarding performance indicators (Hudson, 1992).

9.0 EVALUABILITY ASSESSMENT - FEASIBILITY ANALYSIS

The feasibility analysis examined the feasibility of implementing program evaluation designs and methodologies. Therefore, the purpose and the information requirements of the evaluation, as well as the feasibility of implementing data collection methods were examined.

9.1 Purpose Of The Evaluation

The program documents clearly identified the general intent to evaluate the Reunification Program at an unspecified point in time. The documents outlined a commitment to incorporate an evaluation component into the overall programming, although they did not specify how this would be accomplished. Although there was a commitment to evaluation, there appeared to be two separate and competing purposes for the evaluation. One of the purposes had remained unstated throughout the completion of this evaluability assessment.

The stated purpose for the evaluation was to determine the effectiveness and efficiency of the program and its services, and how this impacted on overall Agency functioning. This included the impact on family functioning, individual functioning, as well as the ability of the program to successfully reunify children with their families. The stated purpose for the evaluation was clearly supported and articulated by program staff. This was demonstrated by their primary involvement in creating the service goals. The Advisory Committee supported this through their agreement with the service goals. However, they did not add to or participate in the creation of the service goals. They simply agreed to the program staff

representation of the service goals, which implied support.

The unstated purpose for the evaluation was to determine if the program was self-sustaining and, if not, was it capable of becoming self-sufficient. This unstated purpose had been demonstrated by the identification of the system goals, which had been created by the Advisory Committee or from management documents. The documents clearly outlined the government position that the funding for the program was contingent upon the program becoming self-sufficient. The program proposals all articulated and projected that the program would become self-sufficient by its fourth year. Self-sufficiency was described as occurring through the days care saved by successful reunification of children and the funding saved reverting back into the program. Even though this was clearly articulated in the documents and was agreed to by management by virtue of the proposals submitted, this position was not being clearly articulated or verbalized by the Advisory Committee. There appeared to be a preference to leave this unstated and to address it through the setting of the system goals. The goals which described the impact on the overall functioning of the Agency appeared to be addressing the issue of self-sufficiency.

The discrepancy between the program staff, the Advisory Committee and the government was not unusual. Policymakers believe that family preservation and family reunification programs were intended to improve family functioning and child well-being to a degree that would alleviate the need for foster care placement. Therefore, in translating program goals into measurable objectives, evaluation indicators of improved family functioning alone would

not provide an adequate basis for answering the questions of program effectiveness. Policymakers believe that ultimately, the evaluation must determine whether or not there was an actual reduction in foster care (Kaye & Bell, 1993). However, what was unusual was that the goal required not simply a reduction in foster care, but self-sufficiency. As well, it was unusual that the goal was not articulated. If the primary purpose of the program evaluation was to prove that the program could become self-sufficient in order to maintain funding, it would be necessary to state this intent. This intent would explain the discrepancy between the Advisory Committee and the program staff in terms of their differential focus on system goals and service goals. The Advisory Committee, which was made up of management staff, was invested in issues of funding, while the program staff were invested in issues of service delivery to families. This difference in focus between program staff and management has been cited in other studies. Dylla & Berry (1998) noted that family functioning can be considered a treatment question of most interest to social workers and placement issues can be considered a policy question of most interest to administrators, legislators and funders. The diversity of interests usually result in social programs having three types of goals. Process goals which pertain to questions of whether the program has been implemented as planned. Treatment goals pertain to program impact on family, individual or child functioning. Finally, policy goals, which in this case, pertain to either prevention of out-of-home placement or reunification of children (Dylla & Berry, 1998). Although these goals were not mutually exclusive, the Advisory Committee appeared focused on the policy goals.

The purpose of the evaluation would need to be reconciled in order to proceed further. The current unstated purpose would need to be addressed in order to ensure that all three types of goals were articulated. The program staff do not appear to be aware of the necessity to become self-sufficient. They were aware that the program needed to demonstrate success and an impact with families but not the extent of the impact required. The emphasis placed on the different goals would need to be reconciled. Child welfare directors and program managers recognize that policymakers funded their programs with the expectation that the programs would lead to a reduction in foster care placement. Although program managers share this expectation, they tended to take a more long-term view of reduction in foster care placements. They consider the goals of improved family functioning and child well-being as more immediately applicable to a greater proportion of the families that they serve (Kaye & Bell, 1993). These different views resulted in discrepancies in the purpose of the evaluation.

If either the purpose of an evaluation is unclear or several, perhaps competing, purposes are being served, it is very difficult to design and undertake an evaluation (Mayne & Hudson, 1992). The difference among stakeholders in expectations concerning the goals and outcomes of programs has several implications. These differences mean that programs may operate somewhat differently than policymakers expect, and are therefore, unable to demonstrate the desired outcomes of policymakers. An evaluation that utilized outcome measures that were not plausible to achieve would be poorly designed. An evaluation that ignored the outcomes of interest to policymakers would not likely be useful or acceptable (Kaye & Bell, 1993). Therefore, the various purposes of the evaluation identified by the

program staff, the Advisory Committee, and the government need to be reviewed. It would be important to ascertain whether a common purpose could be found. If not, whether these competing purposes could be reconciled in order for an evaluation to occur.

A secondary part of the evaluation was to determine who would be the primary users of the evaluation. It appeared that the primary users of the evaluation would be the program staff, the program supervisor, the Advisory Committee and the management team. However, unstated was what portion of the evaluation would be shared with government officials. All of the evaluation, portions of it or none of it? What would determine if the evaluation was shared with government? It would be reasonable to assume that government would have access to the evaluation as a primary funder of the program. However, how the report would be utilized would require clarification and again addresses the need to be clear on the purpose of the evaluation. If management was expected to conduct evaluations as a process of accountability, then the standards for practice must be established by those demanding the accountability (Myers, 1992). The purpose, the users and the expectations for the evaluation were not clear.

Outcomes expected from a program must be theoretically consistent with the program goals and the program service delivery model. Expected outcomes should naturally emerge from the goals of the program and they should not involve more than what the goals outline. Program developers often overstate on the goals that a program can achieve (Dylla & Berry, 1998). This appeared to be the case in the program proposal documents reviewed. The

documents did not reflect a position regarding the status of the program should it not become self-sufficient. There was no discussion as to whether or not there would be an acceptable level of success that may fall below self-sufficiency, or what would occur should self-sufficiency not be achieved. There was an unstated concern that the program would be terminated should it not become self-sufficient. The government had expressed the expectation that the program would become self-sufficient. They had not articulated how this was to be demonstrated other than the expectation of an absolute reduction of 40-60,000 days care. They had indicated that funding utilized for the program must have a corresponding reduction in child in care costs. They had not articulated a clear evaluation criteria.

The practice of stating requirements in broad terms is in keeping with a rather general mandate for a program to ameliorate a given problem. This approach is necessitated by political compromise whereby a general program that is applicable to a wide range of constituencies is more politically viable than a program targeted to a small subpopulation (St. Pierre, 1983). This appeared to be the case both by management and government. Management had utilized a broad, generalized program description in order to receive funding for the program. The government in turn had required accountability in broad statements that were difficult to define and implement. Any evaluation that would be undertaken should include discussions with the government in order to allow them the opportunity to identify their expectations for an evaluation and to provide clarity regarding these expectations. The Agency management system had not articulated their expectations

of the program. It was unclear if they expect self-sufficiency or if that was an imposed expectation. It would be important to determine if there was a level of success below self-sufficiency that was acceptable to all parties, such as a reduction in foster care and increase in numbers of children reunified.

9.2 Information Requirements Of The Evaluation

An initial focus articulated by program staff and the Advisory Committee was the identification of client groups that the program demonstrated success with and those it did not. Both groups indicated a desire to refine the target population and to create a more specific referral criteria. This appeared to be a necessary preliminary step prior to a program evaluation. The program model and the program components were difficult to define due to the complexity of the program. The program served an ill-defined target population which presented a vast array of problems. The program activities, although designed to address the multitude of issues, were varied and individualized. Therefore, as an initial strategy refining the target population and referral criteria would provide clarification in a number of areas.

Much of the information needed to refine the client population was currently being collected and had simply not been compiled in a meaningful way. The crosstabulation system developed during the course of the evaluability assessment indicated that families whose children had been in out-of-home care five or more times or had been in out-of-home care longer than one year had differential success rates than families with children who had been in out-of-home care for less or fewer times. This information was consistent with the

literature that also cited duration and frequency in out-of-home care as variables that affect success (Hess & Folaron, 1991; Maluccio et al., 1993; Turner, 1986; Turner, 1984; Walton et al., 1993). This information had been reviewed in a preliminary fashion and therefore, other themes would be expected to arise from the information that could be utilized to refine the referral criteria. Once a clear target population and referral criteria is identified one would be in a position to then refine the goals and objectives of the program accordingly. A clearer target population would assist in the process of clarifying the goals and objectives.

The program may wish to experiment with some of the recommendations from current research studies which suggest developing specialized programs for particular client groups. This specialization of programs has been identified as the beginning stage in addressing the question of what types of services are most beneficial for different client groups (Rzepnicki, 1996).

In order to determine the information requirements of an evaluation, the expected outcomes of the program must be clear. An issue that appeared to be unstated and was related to the evaluation purpose was the importance placed on evaluating program effects on the overall Agency. There appeared to be a difference in emphasis between the Advisory Committee and program staff. The Advisory Committee remained focused on the effects or outcomes of the program in terms of successful reunifications and corresponding impact on overall Agency statistics. Whereas the program staff were focused on the program impacts on family functioning, individual functioning and child functioning.

The difference in focus and emphasis between the groups was not unusual. Kaye & Bell (1993) in a state-wide analysis identified the differences among stakeholders regarding program goals. Policymakers believed programs improved family functioning and ensured child well-being. They believed that such changes would reduce foster care placements in the short-term and related reductions in child welfare expenditures in the long-term. Program managers believed programs could improve family functioning and child well-being and produce an eventual reduction in foster care placements. Program staff believed programs could improve family functioning and child well-being where families were motivated to change. Staff were aware of foster care reduction goals but did not necessarily believe the program could impact on this. They questioned the realism of program measures that pertained to long-term avoidance of foster care. These goals should not be considered mutually exclusive. The goals were interdependent, as in order to achieve successful reunification one could assume that the program must impact on family and individual functioning. If one successfully impacts on family and individual functioning this would in turn effect the child's functioning. However, the development of program goals and objectives had resulted in a mutually exclusive division between the service goals and the system goals.

The goals developed for the program appeared to have three main themes. The three themes could be categorized as: goals which target specific child protection concerns; goals which target overall family and individual functioning; and goals which impact on Agency functioning. The program staff, in developing the program goals, appeared to have separated

child protection concerns from family and individual functioning. This may be a result of the duality of their roles with families. They had identified the dilemma of maintaining both a protection role with families, as well as a clinical/supportive role. As staff had struggled with defining their role with families, they had also struggled with defining program goals.

The program activities appeared to be primarily directed toward the goal of targeting specific child protection concerns. The program activities were described as stemming from the identification of issues that resulted in the children being in out-of-home care. The program activities centered around resolving these conditions in order to reunify the children with their families. Therefore, the program staff focused on achieving a reduction in the risk factors to children in order to achieve reunification. This reduction in risk factors contributed to achievement of the goal of improving individual, family, and child functioning, to the extent that stable reunification could be achieved. Therefore, despite the presentation of the goals as mutually exclusive, they were in reality interdependent and build from one another. The interdependence of the goals needs to be understood by all stakeholders. This will assist in developing clear and consistent goals for the program.

Implicit in all programs was the assumption that these programs impacted on placement by improving family functioning. However, the relationship between family functioning and the ability to achieve stable reunification is unknown and not delineated (Kaye & Bell, 1993; Dylla & Berry, 1998; Smith, 1995; Frankel, 1988; Maluccio et al., 1994). If one is unable to directly link family functioning to achievement of reunification then perhaps a more direct

link must be explored. The program activities were focused on reducing the risk factors that resulted in the out-of-home placement of children. If the program was able to reduce these risk factors, it appeared logical to assume that this would increase the ability to achieve reunification. This appears to produce a more direct link between interventions and achieving reunification. This also appears to bring the two positions of the Advisory Committee and the program staff closer together. The Advisory Committee appeared less invested in the goals of individual, family and child functioning. One could assume that this would be connected to the issue of funding, as the program was not funded to improve individual and family functioning, but to reunify children. The program staff viewed the individual and family functioning as important, however they still maintained their protection role. Therefore, their emphasis was directed towards the eventual goal of individual, family and child functioning while not necessarily working on it directly. Thus changing the emphasis, and creating goals and objectives that target the issues that resulted in the children being in out-of-home care would reduce the redundancy of the articulated goals and objectives. It would also assist in making them more congruent and consistent with the actual program focus and activities. This would assist in bridging the gap in the discrepancies between the program staff, the Advisory Committee and the government.

The goals and objectives could be structured to reflect the issues identified by the data collection instruments that resulted in children coming into care. This goal and objective setting would be consistent with the program activities, as the program activities are already focused on reducing the issues that brought children into care. This measurement of goal

attainment would also assist in further refining the target population regarding which issues the program is considered to have an impact. This is consistent with other reunification programs which identify program goals as the expectations and requirements for the family to achieve reunification (Fein & Staff, 1993). This appears to be a consistent method of measuring program impact, as the literature identifies the number and severity of parent's problems impact on reunification. In addition, whether or not the problems of the parents that precipitated placement are resolved is considered to be one of the most frequent contributors to placement re-entry (Hess & Folaron, 1991; Turner, 1986; Turner, 1984). This would also assist in clarifying the parameters of the family assessment completed by the Reunification Program, as they would complete assessments that are specific to the risk factors which result in the children entering out-of-home care.

Although some of the goals and objectives were currently measurable, on the whole they required refinement. They did not speak directly to the purpose for the evaluation and as stated, did not provide a consistent framework from which to conduct an evaluation. As such the above recommendations would be worth pursuing in order to complete a program evaluation as they would provide consistency and continuity between program activities and program goals.

9.3   Feasibility Of Data Collection

Many of the necessary data collection methods were already in place in the program and the data was being collected. The primary issue was the fact that most of the information had

to be reviewed manually or the information had been gathered but not compiled. The biggest obstacle appeared to be the lack of a computer program that could compile the necessary data and readily generate meaningful reports. The most cost effective solution is to correct the current non-functioning Micro Soft Access computer program, as it is already programmed to the data collection instruments used by the program. This would allow for an ongoing evaluation design to be implemented and updated as opposed to a one-time evaluation project.

The program does not require a lot of modification in its data collection methods. However, it might require some augmentation of the current data collection methods dependent upon the final development of the program goals and objectives. If the program adopts the practicum recommendations of program goal development, this would result in three goal areas. The primary goal areas would be reducing the risk factors to children and reunifying families. The secondary goal area would be to improve individual, family and child functioning.

The program collected information regarding the risk factors which resulted in children entering out-of-home care. The Family Assessment Form could be utilized to measure a decrease in risk factors which lead to child maltreatment as it indicates whether a family is in the safe or danger zone regarding risk (McCroskey & Nelson, 1989; McCroskey et al., 1991; Morales & Sladen, 1995). However, the FAF would need to be consistently completed by the program staff as a pre and post test in order to measure this.

There existed data collection methods for the goal of reunifying families. At program termination, the program collected information regarding the outcomes of service. It would be possible to collect information on families to determine if children reunified have remained at home. This could be done manually on the CFSIS computer system. This information could be utilized to demonstrate whether the program is having an impact on numbers of children in care and days care.

The goal of improved individual, family and child functioning may require additional data collection instruments. The FAF could be utilized to measure changes in family functioning in the six domains. The FAF provides systematic information on clients and multiple aspects of family functioning at service entry and at termination. The FAF has been utilized for continual program monitoring, evaluation, and development (McCroskey & Nelson, 1989; McCroskey et al., 1991). However, it would need to be consistently completed as a pre and post test measure.

The FAF was less useful in measuring changes in individual functioning. The program did not utilize a data collection instrument which would measure changes in individual functioning or in child functioning. If these are to remain as goals, then additional measures for individual and child functioning would need to be utilized.

The other data collection instruments used by the program were: the daily activity record, the family satisfaction survey and the referring worker survey. The daily activity record

could be reintroduced in order to gather information regarding the services provided to families and the level of intensity of the services. If it is maintained for a longer period it could also identify differences in services and intensity across program phases. As well, it could assist in defining the roles and responsibilities of the family support worker. This would be helpful, as to date, there was no documentation regarding this role.

The family satisfaction survey and the referring worker survey may require modification. The family satisfaction survey contained questions specific to the social worker and the family support worker team approach that was no longer utilized. Therefore, the questions were no longer relevant and require modification to increase their relevancy. The referring worker survey could include a question regarding the primary reason for the referral. This would allow the program to identify reasons families are referred that are outside of the referral criteria.

Overall, the program had a substantial data collection system in place. The staff appeared to be committed to completing the instruments and collecting the information. The primary problem was in translating the raw data into useable information. Program staff's willingness to compile information could be enhanced if they are able to receive feedback on program performance.

10.0 RESEARCH DESIGN

The original program proposal clearly stipulated that the Reunification Program was to be evaluated. Should such an evaluation take place, I would recommend that it initially focus on the program and not on Agency impact. Once program effectiveness has been demonstrated, it may be possible to address broader issues such as impact on the overall Agency. However, without first evaluating the program it would be difficult to link impact or outcomes from the program to the overall Agency with any certainty. In order to accomplish an evaluation of the program with a focus on program outcomes the funding body would need to be in agreement with this evaluation focus. The government had only identified a focus on evaluating the program impact on the overall Agency.

Much of the research to date on family preservation and family reunification programs had been driven by the effort to prove the utility of the programs and by the effort to define and measure placement. This has resulted in flawed methodological evaluations. This emphasis had been misguided because placement is affected by factors that are unrelated to the child's need for placement. Placement rates for a community are more likely to be influenced by broad societal conditions underlying child abuse and neglect, than by implementation of such programs (Schuerman et al., 1992; McCroskey et al., 1991; Frankel, 1988). Variations in placement can not be considered a linear function of child and family functioning in that placement can be affected by many system-level factors (Walton et al., 1993). Therefore, the expectation that the program would be able to impact on the overall Agency functioning in

terms of numbers of children in care, numbers of days care and overall Agency expenditures appears unrealistic. The government may need to make a decision about the program based on a criteria other than self-sufficiency. The goal of self-sufficiency does not appear to be a reasonable or achievable goal. However, that does not mean the program was without merit. The program may be able to demonstrate some impact on reducing days care which would result in some savings to the Agency. Discussions would need to be occur in order to determine if there are other acceptable goals by which the program can be measured. The consideration of other outcome measures and program impacts besides placement was recommended in the literature. In addition, other family reunification programs have not had the same expectation of achieving self-sufficiency, although they were expected to reduce days care (Frankel, 1988; Hayward & Cameron, 1993; McCroskey et al., 1991; Maluccio et al., 1993).

Evaluations are frequently used solely for accountability purposes rather than for generating knowledge about social programs. The ultimate goal of evaluation should be: to provide information on the effectiveness of various service interventions in ameliorating certain social problems; to examine what makes programs or program elements effective or ineffective; and to build our knowledge base in understanding of effective social interventions (Stahler, 1995). There is increasing interest in outcome research and performance standards for government sponsored social programs. Political pressures rather than clinical and administrative concerns have dominated the realm of program accountability and they inexorably are moving the human services system from process to outcome evaluation.

Some service delivery programs are adequately funded and reflect current "state of the art", while others are hastily conceived programs, aimed at highly visible or politically relevant "target populations" displaying a host of social, personal and economic ills. Their clients present problems for which there are few meaningful interventions. Meaningful outcome measurement thus is confounded by the inherent problems of human service programs themselves (Neigher & Schulberg, 1982).

Recently, the profession has acknowledged that the effects of intensive family services programs may not be the same for all children and families, across program models, across geographic regions, and across varying types and degrees of family problems. It is important to begin examining not whether the service is effective, but for whom it is effective, and through which service elements (Stiffman et al., n.d.). In order to achieve this, programs must have the support of their funding source. Without this support, funding arrangements can complicate and undermine a program's service delivery efforts. This occurs through continual threats to decrease funding, and through the imposition of uncoordinated and ineffective documentation expectations intended to provide accountability and evaluation (McCroskey et al., 1991). The program appeared to be experiencing similar pressures for accountability and outcome evaluations which were primarily motivated by cost saving. Any evaluation effort would need to include the government in determining the purpose and emphasis of the evaluation. It does not appear to be reasonable to undertake a program evaluation to determine if the program can achieve self-sufficiency as the information indicates that this is not a realistic or achievable goal for this program.

The following recommendations are based on the assumption that agreement could be reached to conduct a two phased evaluation that would initially consider evaluation of the program itself and then consider the impact the program has on the overall agency. The evaluation of the impact the program has on the overall Agency will be contingent upon the program evaluation being conducted. Therefore, this practicum will not make specific recommendations regarding it. The following recommendations comprise a program evaluation which can be undertaken, which focuses on program effects and addresses the service goals and the system goals.

The comprehensive program evaluation I recommend would utilize a quasi-experimental program evaluation design with a comparison group. The non-equivalent control group design could be utilized with a minimum of changes to the current program. The experimental evaluations that have been conducted provide impressive evidence for the necessity of continuing to perform rigorous experimental evaluations involving random assignment of cases to experimental and control groups (Schuerman et al., 1992). In practice the experimental design is still difficult to successfully conduct as a rigorous field experiment. Program sites must have considerable funding for the evaluation in order to collect data on a control group (Stahler, 1995). The control group in the traditional laboratory sense of a no treatment group can rarely be established given all the social service resources that are typically available (Stahler, 1995). Within the Agency, there could be no control group that does not receive services as the children are in the care of the Agency. The family and children would still need to receive the regular family services that would work towards the

possible reunification of the children. Therefore, an experimental design would involve comparing regular services to the reunification services. Despite the recommendations that an experimental design is needed and will ensure that appropriate estimates of program effect are made, it is not possible to implement an experimental design. There was objection within the Agency to the use of a control group design as it was believed it would impact on the number of families served by the program. The use of a control group was thought to impact negatively on the number of referrals the program would receive. Finally, the control group design was considered to be unethical as families should not be denied this service, even if its effectiveness has not been proven. As it was felt that the recommended evaluation design should be a design the Agency could implement, a comparison group format was selected.

The comparison group could be derived from families on family services workers caseloads. As the referrals the program received were from the family service workers or intake, and the program was only able to provide services to 24-28 families at a given time; there existed, on the caseloads of the family services workers, many other families who shared similar characteristics to the families referred. In order to be relevant, the comparison group must be comparable to the experimental group at the outset of service. The majority of the work with this design would be on selecting the families that meet a specific matching criteria. The matching criteria selected is a critical component of this design.

To the extent that it is possible to construct subgroups of individuals who are alike on key variables that have been shown or can be assumed to lead to similarities in the behavior of

interest, then it is reasonable to believe that the matching of experimental with "controls" within these subgroups should lead to the construction of reasonably equivalent experimental and comparison groups (Graves, 1992; Rossi, 1990). The characteristics that I recommend be matched are: families with children in care; age of the children; the risk factors which resulted in the children being in care; the length of time the children have been in care; and the number of times the children have been in care previously. These were the characteristics that had been noted in the research studies to have an impact on the likelihood of successful reunification (Hess & Folaron, 1991; Maluccio et al., 1993; Turner, 1984; Walton et al., 1993; Maluccio et al., 1994). The selection of this comparison group would be labor intensive as it would require a lot of manual labor, such as reviewing files and CFSIS, for individual families and children. The main threat to this design is the threat to internal validity which is dependent on the effectiveness of the defined matching criteria.

The Reunification Program employed experienced social workers, while the family services units had been noted to have high staff turnover, with the resulting effect that each unit had a number of newly graduated social workers. In order to ensure that the program impact is being measured and not years of experience it will be necessary to match experience of the social workers. This can be done by including cases in the comparison group which are derived from family services worker's caseloads who have a minimum of two years experience.

Once a comparison group is determined there are several outcome measures that can be

utilized. The final decisions regarding outcome measures will be dependent upon the final program goals and objectives that are to be developed. The literature is recommending that the outcome measures be expanded to include measures other than placement. Outcome measures that have been used by other programs and are recommended in the literature are: family functioning, parenting skills, child functioning, subsequent maltreatment, social support available to family, environmental changes, goal attainment and client satisfaction (Kaye & Bell, 1993; Craig-Van Grack, 1997; Maluccio et al., 1994; Smith, 1995; Haapala et al., 1990; Frankel, 1988; Rzepnicki, 1996). In order to remain consistent with the current literature I recommend the following outcomes for evaluation: reunification of children with biological families, family functioning, parenting skills, and child functioning. However, these outcomes will be subject to the finalization of program goals and objectives. It will also be important to determine the interventions and activities utilized by the program in achieving the outcomes, therefore information on program processes should also be collected.

The experimental group and the comparison group can be examined on such factors as: level of success in reunifying families; the length of time to achieve successful reunification; and following reunification, the length of time children remain at home. The families that do not achieve reunification can also be compared regarding the outcome for the child in terms of case planning, and any differences in the length of time it took to make critical case decisions, such as permanency planning. The family services workers are not completing the data collection instrument that program staff complete, which contains this outcome information. However, this information would be readily available through file and CFSIS reviews.

The literature supports the broadening of the criteria for success to include other standardized measures for outcomes regarding family and child functioning (Smith, 1995; Stiffman et al.; Wells, 1994; Frankel, 1988; Hayward & Cameron, 1993; Nelson et al., 1990; Pecora et al., 1992). However, few measurement instruments have been designed that support feasible and affordable evaluations of family reunification programs. Frequently measures are inadequate because they are too general, ignore context, and are inappropriate for use with low-income and poorly educated families (Beincke et al., 1997; Wells, 1994). With these limits in mind I have recommended measurement instruments that have been utilized in other family preservation and family reunification programs (Hayward & Cameron, 1993; Pecora et al., 1992; Frankel, 1988; McCroskey et al., 1991).

I recommend continuing to utilize the Family Assessment Form. The FAF is currently being completed by both the program staff and the family services workers. The FAF assesses the family's physical, social, and financial environments; the care givers' history, personal characteristics, and child-rearing skills; and the interactions between adults and children and among adults in the family (McCroskey, 1991). The FAF can be utilized to compare the experimental group and the comparison group regarding the family's progress in the following domains: parent-child interactions, support to care givers, physical living environment, interaction between care givers, financial conditions, and child developmental stimulation.

In addition to the FAF, I recommend the introduction of the Child Well-Being Scales

(Magura & Moses, 1986) and the Parenting Stress Index (Abidin, 1990). The Child Well-Being Scales (Magura & Moses, 1986) have been developed for evaluating programs in child welfare. It measures four areas of functioning: the parental role performance, the familial capacities, the child role performance and the child capacities. It is completed by the social worker and research studies have shown that it can be considered valid and reliable in differentiating between neglect and control cases. The concurrent validity of scales as measures of child caring has been supported. The internal reliability has also been supported. The scale has been normed on 240 families accepted for child welfare services and has good interitem, interrater, and test-retest reliability. It has been used in evaluations by other Family-Based Services (Pecora et al., 1995).

The Parenting Stress Index (Abidin, 1990) is a self-report measure that requires a fifth-grade reading level. It can be utilized to identify: parent and child systems which are under stress, dysfunctional parenting and the development of emotional pathology in children. It was developed to assess source and levels of stress in parents. It believes that the total stress of a parent's experience is a function of child characteristics, parent characteristics, and situations that are directly related to the role of being a parent. It is used for parents with children under twelve. It measures parent characteristics such as depression, sense of competence in the parenting role and parental attachment. It measures child characteristics such as adaptability, demandingness, mood, hyperactivity/distractibility, acceptability, and child reinforces the parent. It measures situations that are directly related to the role of being a parent such as parents relationship with each other, social support available, parental health,

and restrictions caused by the parental role. It has been shown to be useful in family functioning and parenting studies. The measure is considered to be reliable and has demonstrated test-retest reliability. The norms are based on families from pediatric clinics serving both normal and problem children. It has been used to assess effectiveness of interventions directed at improving parenting skills (Pecora et al., 1995).

The FAF and the Child Well-Being Scale are both completed by the social worker, therefore, there exists the possibility of bias in the workers ratings as they may have an investment in seeing progress in the family. It is important that the evaluation therefore, include a self-report measure such as the Parenting Stress Index. The combination of these three measures will provide information on changes in family functioning, parental functioning, environment and financial situation, and the social support network. The program staff can complete the FAF and the Child Well-Being Scale and have the family complete the Parenting Stress Index within thirty to sixty days of receiving the case and then at termination of the program. The family services workers can complete the FAF and the Child Well-Being Scale and have the family complete the Parenting Stress Index shortly after intake and at regular six month intervals, since the duration of service may differ.

The program will need to determine while setting program goals and objectives, whether they are targeting impact on children. If so, specific child attributes will need to be measured, such as child behavior and self-esteem. Measures such as the Achenbach Child Behavior Checklist (Achenbach, 1978) and the Piers Harris Children's Self-Concept Scale (Piers &

Harris, 1964) may be appropriate for use in this regard.

In order to determine the program processes that occurred during the course of the evaluation I recommend the reintroduction of the daily activity record (Staff & Fein, 1994). The daily activity record will need to be completed for the duration of the program period and will provide information on: the level of intensity of the service delivery system across program stages, the types of services and activities that were provided to families, and the differences in roles and services between the family support worker and the social worker. This will provide clear information on the services provided which can be compared to the family services workers. In order to compare this information, file reviews will need to be conducted to determine the services which are provided by the family services workers.

The Reunification Program currently collects a referring worker satisfaction survey and a family satisfaction survey. These surveys can be maintained although the program may wish to restructure the questions. The referring worker survey could include a question which addresses the reasons the family is being referred which may fall outside of the referral criteria. The program may wish to consider deleting the questions regarding the social worker and family support worker team approach on the family satisfaction survey as they are not relevant.

The use of a comparison group will assist in alleviating some of the concerns articulated in the literature about the difficulty with reunification and preservation program evaluations.

In addition, because of the small sample size in the Reunification Program it will be difficult to generalize effects or impacts. Although the comparison group will not assist with the generalizability of the results, it will assist with the credibility of the findings. The non-equivalent control group design will be a one time evaluation that would be necessary to demonstrate the program's impact. Once completed, the program will be able to maintain similar data collection methods to continue to evaluate the program without utilizing the comparison group.

The constraints with this recommendation are that it will require significant time to create the comparison group in terms of identifying families who meet the matching criteria. It also assumes that the matching criteria identified will accurately create a comparable group of families. This design also requires the implementation of additional measures that must be completed by the family services worker and the program staff. This may be problematic as the family services workers maintain high caseloads. Consequently, additional workload activities may be difficult to introduce. The secondary issue will be the compilation and inputting of the data gathered in order to make meaningful and useful comparisons. This will be necessary if the program is to continue to maintain a program evaluation component.

10.1 Summary of Recommendations

The Reunification Program needs to refine the current target population as its first step. This should be done prior to conducting a program evaluation. This will assist in providing a more specific referral criteria for the program. The Reunification Program can utilize the

information from the cross tabulation program as a starting point. Therefore, the program can immediately begin screening for frequency and duration of out-of-home care. These two characteristics have been shown to impact on success rate and program length. The program may also consider refining the target population to specialize in providing services to families with specific issues.

At this stage of program development the Reunification Program cannot support a program evaluation. The program goals, effects and components are not sufficiently defined to undergo a methodological and meaningful evaluation. The discrepancies and differences in focus between the government, the Advisory Committee and the program staff regarding the purpose of the evaluation, and the system and service goals, create barriers to a program evaluation. The system goals that have been identified are not evaluable, primarily due to the emphasis on demonstrating impact on the overall Agency and its budget. At this point the number of families served by the Reunification Program are not sufficient to produce the generalized impact desired by the Advisory Committee and the government. In addition, the Agency is impacted by numerous other factors that can affect the number of children in care and associated costs. Unless those factors are selected out, it is difficult to say with any certainty what impact the program had on the overall Agency. Therefore, the purpose of the evaluation will need to be reconciled between the various stakeholders. It will need to be determined if the program can utilize other outcome measures besides self-sufficiency.

There is an inherent contradiction between the expectation that the program achieve self-

sufficiency and the expectation that the program target multi-problem families. It is unlikely that a reunification program targeting multi-problem families can achieve self-sufficiency. The characteristics of these families are cited as characteristics which decrease the likelihood of successful reunification. Therefore, the characteristics of the families targeted need to be taken into consideration in setting program goals and outcome measures. If the Reunification Program is to continue targeting these same families this must be reflected in the stated goals, objectives and expected outcomes.

The Reunification Program will need to redefine the program goals and objectives. Although they currently provide a starting point, many are not evaluable as stated. I recommend that the program consider focusing the goals and objectives on reducing the risk factors that resulted in children being in out-of-home care, reunifying children with their families, and improving individual, family, and child functioning. This would assist in ensuring there is continuity and consistency amongst the goals and objectives, as well as the program activities. Once the program goals and objectives are outlined the current and recommended data collection instruments will need to reevaluated to ensure that the necessary information will be collected.

In order for the Reunification Program to maintain an ongoing evaluation component, the program must have access to a computer system which can compile and analyze the collected data and generate meaningful reports. This will allow for corresponding alterations in the program based on the information generated.

Once the recommendations have been implemented, the Reunification Program will be in a

position to support a program evaluation. I recommend utilizing the quasi-experimental

design with a non-equivalent control group. This could be followed by a program evaluation

which reviews the cost/benefit analysis, and the impact the Reunification Program has on the

Agency.

11.0 EVALUATION OF THE PRACTICUM EXPERIENCE

11.1 Analysis Of The Evaluability Assessment Model

This practicum involved the implementation of an evaluability assessment in a family reunification setting. A specific aim of the practicum was to test the utility of the model and to assess its practical application. I discovered that although there were benefits to the evaluability assessment model, there were also limitations. A second aim was to examine the role of the internal evaluator. The final aim was to develop the knowledge and ability to apply the evaluability assessment model and then to critically examine my application of the model through self-analysis as well as external feedback from participants and an external expert.

In reviewing the literature, the evaluability assessment appeared to be the most effective evaluation model for a newly developed program. In some literature it was considered to be a program evaluation model, in other literature it was considered to be a preliminary evaluation planning model utilized prior to completing a program evaluation. In conducting the evaluability assessment I considered it to be a preliminary stage toward the program evaluation. It was considered to be a model that would be of assistance in providing immediate feedback to the program and would assist in the development of the program, to the extent that it would make the program amenable to a program evaluation. This also appeared to be an ideal model for an internal evaluator, as it did not involve the completion of the actual program evaluation and therefore, many of the negative issues of internal

evaluation would not apply. I felt that as an internal person, I would be in a good position to facilitate the evaluability assessment. As well, my knowledge of the program would be of assistance.

My experience in conducting the evaluability assessment presented several issues which do not appear to be addressed by this model. The model began with a complete documents review from which a Program Documents Model was developed. This was advantageous as it identified the gaps in the program description, the program components, and the goals and objectives. It provided a clear indication of how the program was developed and outlined the expectations of the funders. The documents provided the only information which described the expectation of the government. The expectation of the program to become self-sufficient was not identified by the Advisory Committee or the program staff. The documents provided the only opportunity to identify this goal. The documents review and the Documents Program Model were especially useful for the beginning evaluator as it allowed time to conceptualize the goals and objectives and prepared for the next stage.

The next stage involved direct interviews with the Advisory Committee and program staff. The evaluability assessment model involved creating a program model for each group interviewed. In this case, this resulted in two additional models being developed. Cohen et al., (1985) found the development of several program models confusing for individuals and laborious for the evaluator. He recommended utilizing one program model which was a working document and is developed by all parties. I would agree with Cohen's findings, as the use of several models was limiting in this situation. The program staff developed their

model first. They primarily focused on the development of the service goals. As the system goals were not their primary focus they concurred with the majority of the system goals as described in the Documents Model. The Program Staff Model and the Documents Model was then presented to the Advisory Committee. The Advisory Committee concurred with the service goals developed by the program staff and primarily focused on the system goals. This process resulted in each group focusing and emphasizing a particular set of goals without elaborating on the other. I believe this contributed to the lack of consistency and congruity between the system and service goals, as they were for the most part developed in isolation of each other. I believe this process contributed to the perpetuation of the government goals and expectations remaining unstated. The evaluability assessment process did not assist in bringing forward the unstated purpose or goals. The issues of funding and the expectation of self-sufficiency remained unstated. The process appeared to support the differential focus and emphasis between the two groups, even though it resulted in agreement on a program model. It appeared that the program staff developed the service goals and the Advisory Committee developed the system goals, exclusively. If each group had been responsible for developing the entire program model including developing both service and system goals; and then participated in a refining process, it may have resulted in an increased commitment to all of the goals. The participation of both groups may have increased the consistency and continuity of the program model and may have raised the unstated issues to the forefront.

The Advisory Committee and the program staff were able to develop a Consensual Program

Model. However, this model was not evaluable, primarily because it was focused on two separate issues; the impact of the program on the overall Agency and the impact of the program on families. This did not become clear until the program analysis and the feasibility analysis was completed. The evaluability assessment model did not address: the lack of congruity and consistency between the service goals and the system goals; the differential focus and emphasis of the Advisory Committee and the program staff; the issues of funding; and the government's expectations. The model did not address the need of the program to complete an evaluation that simultaneously meets the needs of funders when they were incongruent with the needs of the program staff. The only mention of such conflict, was the conclusion that the program could not be evaluated. This conclusion may not be helpful if continued funding is contingent on a program evaluation occurring. In many circumstances, the conclusion that an evaluation is not possible would not be acceptable, as the evaluation may not be a voluntary decision. The evaluability assessment aims to make a "go-no go" decision regarding program evaluation. It recognizes the importance of specification of major program goals, objectives and plans, the development of suitable measures to assess the extent to which these are fulfilled, and identification of appropriate data sources. However, it places relatively greater emphasis on documenting their absence than on assuring their presence (Cohen et al., 1985). The evaluability assessment identified the program goals, objectives and components that were able to sustain a program evaluation. It did make recommendations to increase the ability of the program to support a program evaluation. However, it did not address the conflicting and incongruent goals of the Reunification Program or the expectations of the stakeholders. The recommendations in this

practicum are an attempt to provide a compromise, as simply defining the program as unable to support an evaluation is not considered useful. However, this compromise is not reflective of the evaluability assessment process.

The evaluability assessment does not appear to address issues of implementation in a timely manner. The Consensual Program Model did not appear to be a reflection of the program as implemented. This did not become clear until the program analysis and the feasibility analysis were completed. The recommendation that the goals and objectives derive from the issues which result in the children entering care and from which the intervention strategies were aimed, was more consistent with the program as implemented. The evaluability assessment appears to make an assumption of program rationality. It assumes that the organization and their programming efforts are tightly coupled and highly structured. It assumes that there are: clearly defined and measurable goals agreed upon by managers and policy makers at higher levels; plausible activities designed to achieve the goals; and causal hypotheses with a discernible logic. It assumes that the decision makers could be identified. In many practical situations, however, these assumptions do not hold true. Goals may be intentionally ambiguous to satisfy a number of diverse stakeholders. Means may be indistinguishable from goals and may even precede the attributions of goals. Decision making may be diffuse with no one individual or group having the responsibility or power (Smith, 1990). Following a true evaluability assessment framework would have resulted in simply declaring the Reunification Program unevaluable or would have resulted in evaluating the few goals which were considered evaluable. This would not necessarily have been

reflective of the program.

The evaluability assessment is intended to help assure that program designs stand a reasonable chance of accomplishing the agreed-upon purpose, prior to evaluation; it is not intended to question those purposes (Smith, 1990). Therefore, the evaluability assessment did not allow the discrepancy of emphasis between system and service goals to surface at a time when it could have been addressed. It did not provide a format for addressing the issues of funding or the politics between the Agency and the government. The unrealistic nature of the primary goal of self-sufficiency for the program could not be addressed as it remained unstated. The fact that this was a primary goal, but not identified, was not addressed using this model. The incongruence between goals and program activities was not identified at a point in time in the process when they could be modified.

Evaluability assessment was originally conceived for top-down designed programs to be used by outside evaluators who involved program staff only for securing data for evaluability assessment conclusions (Smith, 1990). It did not include staff in resolving goal discrepancies or the congruence between the goals. This resulted in the discrepancy of emphasis between the service and system goals remaining unresolved. Smith (1995) reports that inclusion of the program staff in the evaluation planning results in the program staff becoming increasingly aware of the objectives of the program and the need for objective methods of measuring its success. This appears to be a relevant issue if one is considering developing an ongoing evaluation component. It would be vital that program staff consider it important,

as the evaluation will rely on program staff to implement many of the data collection instruments.

It was difficult to determine where the evaluability assessment ended and where the preliminary program evaluation work began. Many of the steps articulated in the program evaluation literature encompass the steps in the evaluability assessment. The evaluability assessment did not provide program evaluation information back to the program, therefore the information it did provide simply made the program and the stakeholders more aware of the necessity and intricacies of the eventual program evaluation. It also provided information regarding the conclusion of whether or not the program was currently able to support a program evaluation. The evaluability assessment did provide information that could be utilized to make the program ready for the evaluation and did uncover the division between the system goals and the service goals. A program evaluation may have focused only on the identified system goals and determined that the program was not achieving these goals.

In this period of fiscal restraint, where evaluations are frequently demanded in order to continue funding of programs, one wonders if programs can afford to complete an evaluability assessment and a program evaluation. What appears to be needed is a program evaluation model that has a strong focus on evaluation planning incorporated into the program evaluation. I believe that a program evaluation that incorporates many of the evaluability steps into the evaluation planning stage would provide a program with

comprehensive information. I believe that a comprehensive program evaluation may have addressed the unstated issue of discrepancies of purpose and goals for the evaluation sooner and provided a forum to proceed and resolve the conflict. The evaluability assessment addresses the use and purpose of the evaluation at the end of the process, which in this case needed to be addressed in the initial stages. The evaluability assessment also leaves the program with recommendations to follow up, but with no direct assistance. A comprehensive program evaluation could assist the program in following up on the recommendations and moving towards the next stage of evaluation. I feel the evaluability assessment should be incorporated into the program evaluation and not be considered a separate function. I feel this would provide program managers with a more effective and useful evaluation.

11.2 Self-Assessment

It is difficult to separate the learning opportunities provided by conducting an evaluability assessment and acting as an internal evaluator, therefore they will be discussed simultaneously. In my role as an internal evaluator conducting an evaluability assessment I subscribed to the role of a program manager conducting an internal evaluation. I found that these were difficult roles to balance. The knowledge base inherent in being the program manager was clearly useful during the process of completing the evaluability assessment. As the program manager I was aware of the Agency environment, the internal dynamics and expectations. I was in a good position to determine key stakeholder groups who needed to be included in the evaluability assessment process and was able to determine who to

approach for access to information. Although an external evaluator would be able to identify the same, being internal expedited the process. The first area of learning occurred with the simple task of trying to locate all possible documents. Although this appears to be a straightforward task it entailed searching through records and determining who to approach to request documents. As the program manager I erroneously assumed that I had previous access to all documentation regarding the development of the program. Upon requesting documentation from several people I discovered that I had not reviewed the majority of documents that existed. The documents review afforded me the opportunity to review the documents that outlined the process in which the Reunification Program was developed. The documents provided a sense of the context within which the Reunification Program was developed. This assisted both in increasing my understanding of the program emphasis, but also assisted in understanding the rationale behind the emphasis on system goals and objectives.

The process of determining goals, objectives and activities can be daunting as goals and objectives can easily be confused. The review of the documents allowed me the opportunity to begin the identification of program goals, objectives and activities. I began the process by first simply identifying concepts stated in the documents without determining if the concept was a goal or an objective. Once that was done I began the process of separating the concepts into the appropriate category of goal, objective or activity. This enabled me to gain confidence in differentiating between goals and objectives and to become familiar with the specific goals and objectives of the program. This prepared me to move into meetings

with the program staff and the Advisory Committee where I would be called upon to assist these groups in the process of identifying and differentiating between goals and objectives.

The review of the documents also improved my critical analysis skills in the sense that I was required to identify information in the documents that could be utilized to define a program model. The document review is an excellent starting point as it enables the reviewer to determine the context within which the program was originally created, affords a slow assimilation of the information in order to feel confident for the next stage. The process of creating a program model out of information contained within the documents has enormously assisted me in determining what is relevant information that should be contained in reports, as well as what information is required to develop a program model. I have had the opportunity to assess the information contained in the documents and identify the information that is lacking. This will assist me in my report writing in the future as I have a clearer idea of what is relevant and necessary information.

The most difficult task has been to separate what I know as the program manager from what is recorded in the documents. To ensure integrity to the process I have had to be cautious to ensure that what is recorded is actual information contained in the documents and not my knowledge from my involvement in the program. This has required consistent note-taking, and double checking of information, more than would normally be the process.

In order to remain objective and to ensure that my role as program manager did not influence

or inhibit the program staff I assumed a facilitator role in conducting the goal and objective setting interviews with program staff and the Advisory Committee. In assuming this role, I was not able to participate in the process in terms of contributing my own thoughts or opinions about the program. Although I believe this was necessary, I feel this did not provide me with an opportunity to participate in a meaningful way as the program manager. I feel this is a drawback with the combined role of internal evaluator and program manager. The premise for internal evaluation is that program manager's knowledge and expertise is best captured and utilized when they conduct the internal evaluation. However, I feel this may be best captured if the organization employs a research department or an internal evaluator who works in conjunction with the program managers. This would provide the evaluator with the same knowledge of the organizational milieu, environment and internal politics. It would also allow the program manager to freely participate in the evaluation process. Conducting the evaluability assessment myself inhibited and constricted my participation in the evaluability assessment. My primary responsibility was conducting the evaluability assessment as an evaluator. I was therefore, not able to both facilitate the discussions of program goals and objectives and to participate in them. I feel a program manager's input into identifying the program goals and objectives and the program model is important and relevant, and feel the process was flawed without this participation.

As a program manager it was useful to be able to witness and facilitate the program staff and the Advisory Committee develop the program model. It enabled a better understanding of what each group values and emphasizes and the reasons for this. It is possible that a program

manager's participation may have hindered the program staff's openness in this process. A possible option would be to conduct interviews with the program staff separate from the program manager to ensure that there is no inhibiting influence. This would still provide the program manager the opportunity to have input into the development of the program model.

Despite the agreement on a Consensual Program Model the evaluability assessment did not facilitate the development of a program model that was consistent between the two groups or one which both groups could commit equally. The Consensual Model depicted the service goals of the program staff and the system goals of the Advisory Committee. The service goals and the system goals became independent and mutually exclusive. I feel utilizing the Documents Program Model with both the program staff and the Advisory Committee circumvented the participation and the eventual commitment of both groups in developing a comprehensive program model. It allowed the differential emphasis and focus between the two groups and resulted in a fragmented program model. I believe that balancing the program manager role and the internal evaluator role also compromised this process. As the program manager I am the only person who is a member of both the program staff group and the Advisory Committee. As the program manager I could have played a bridging role between the two groups, however, the role of the evaluator did not allow this to occur. There may exist strategies for how to balance these two roles, and how to include your own participation in the process, but they are not articulated in the literature. It is possible that an external evaluator or an internal evaluator who was not the program manager may have been able to challenge these two groups during the interviews in order to

develop a comprehensive program model. As the program manager challenging the staff during the interviews could have resulted in inhibiting staff input, as well, there is the possibility of the authority between the two roles of evaluator and program manager becoming confused. In interviewing the Advisory Committee who is comprised of management staff, it was difficult to challenge without some concern of creating conflict within the current management relationships. An external evaluator or an organizational internal evaluator would not have faced the same dilemmas and would have been able to challenge both groups from an evaluation standpoint without any misinterpretations.

My inexperience with this process and with program evaluation impacted on this process. Utilizing the Documents Program Model as a starting point is outlined as a step in the evaluability assessment. Although the Documents Program Model circumvented the development of a consistent and congruent program model, it was helpful to me as a beginning evaluator. It provided me with a starting point that already outlined some programmatic goals and objectives from which the groups could begin. This increased my comfort level in sorting out the goals and objectives. Due to my own tenuousness in identifying goals and objectives I encouraged free discussions to generate ideas and thoughts and would after the meetings incorporate these ideas into goals, objectives and activities. I would then present this back to the groups for further discussion and refinement.

Many of the issues that were identified during the program analysis and the feasibility analysis may have been identified at an earlier stage by a more experienced evaluator. Conducting

the program analysis and the feasibility analysis was a valuable learning opportunity, as it provided the opportunity to critically analyze what had been developed and to determine the consistency and congruity between the program model developed and what was being implemented. This process has developed my skills in the development of program models and implementation issues. This will be useful in the future in engaging in ongoing program monitoring, or if I have the opportunity to be involved in the development of a new program. I have an increased knowledge base and understanding of the components of a comprehensive program model, the process of identifying and setting of program goals and objectives, and the process for increasing the amenability of a program to a program evaluation.

I believe that the final recommendation that the program adopt goals and objectives that are consistent with their program activities and interventions was assisted by my knowledge of the program and the interventions utilized with families. I would suggest that a student evaluator begin with the identification of program activities and utilize these as a framework to determine possible goals and objectives. This may assist in providing clarity and consistency for the student. Once program goals and objectives are formulated and are linked to program activities, they can be presented to key stakeholders in joint sessions. These individuals can collectively review the proposed goals and objectives and the original goals and objectives, and make decisions that will affect the direction of subsequent evaluation efforts.

11.3 External Feedback

A summary of the findings and recommendations of the evaluability assessment was completed (see Appendix 2) in order to share this with the participants of the evaluability assessment and with a recognized expert in the field of program evaluations in family preservation and family reunification programs.

The summary has been submitted to an external expert who has been involved in numerous program evaluations of family preservation and family reunification programs. The expert was to review and complete a questionnaire (see Appendix 3) which provides feedback on the information produced by the evaluability assessment, as well as feedback on the utility of the recommendations. Unfortunately, the expert did not respond to the submission, therefore, this could not be utilized for feedback.

The evaluability assessment participants were the program staff and the Advisory Committee. The program staff signed a consent to participate in the evaluability assessment prior to it being conducted. This was done in order to ensure that participation was voluntary and to avoid any conflict of interest, as I am also the program manager. The consents were returned to a third party, who notified me of their return, in order to ensure confidentiality. All program staff consented to participate. The program staff and the Advisory Committee were provided with the summary and the questionnaire mentioned above. In addition, they were given another questionnaire (see Appendix 4) which is designed to provide feedback on their participation in the evaluability assessment. The questionnaires were to be returned to a third

party who would compile the responses to each question in order to ensure the confidentiality of the participants.

The summary and the two questionnaires were sent to the ten individuals who participated in the evaluability assessment. I received five completed questionnaires in response. I believe the timing may have impacted on the response rate, as several people were on holidays during this period.

The Evaluability Assessment Questionnaire was designed to elicit feedback on the information produced by the evaluability assessment, as well as its recommendations. All of the respondents felt that the evaluability assessment increased the Reunification Program's amenability to a program evaluation. The evaluability assessment appeared to have achieved the aims for which it was designed based on the responses. The respondents cited that it provided clarification of program goals and objectives, and the service delivery model, as well as data collection methods. The identification of the conflict between program staff and other stakeholders, and between program goals was cited as useful. In addition, the majority of respondents felt it was beneficial that information was provided on the practical application of the program regarding the client population.

The respondents all identified that the evaluability assessment provided useful information and recommendations. The recommendations were considered useful in the following areas: highlighting the need for consistency in goals, objectives, and outcome measures; highlighting

the need for consistency between stakeholders and program staff; suggestions for improving

data collection methods; suggestions to improve service delivery; suggestions to refine the

target population and referral criteria; and increased knowledge and practice.

Although they felt the recommendations were feasible, they noted that they would be time

consuming and costly. The Agency restructuring was also considered to impact on the ability

to implement the recommendations.

All the respondents felt that the evaluability assessment addressed the methodological

limitations cited in the literature and provided solutions to overcome these limitations. This

supports the premise upon which this practicum was based, and supports the use of this

model with the Reunification Program. Three respondents felt that a program evaluation

would have resulted in the same information in terms of identifying that the program goals

and objectives were inconsistent and would require redefinition in order to be measurable.

However, one person felt that the program was not amenable to an evaluation. The

respondents did not identify any additions or revisions to the approach or the information

provided.

The Participant Questionnaire was designed to elicit feedback regarding the participation in

the evaluability assessment and any impact it may have had on the participant. As well the

impact of the program manager conducting the research was raised. The responses were all

positive and the respondents all identified that they benefitted from participating in the

process. In particular, it was noted that the process assisted the program staff team in

clarifying goals and areas to intervene and focus with families. Two respondents noted that their role was limited. It was also noted that verbal feedback throughout the process would have been beneficial. This is useful information, as there was a gap between the participation in the program model development and the dissemination of the summary report. This could be remedied by providing verbal progress reports to participants.

The respondents noted the same positive and negative considerations of an internal evaluator, such as direct experience and knowledge of the program, as well as the issues of credibility. This role was identified as either facilitating participation or having no impact on participation. It was considered to facilitate participation through the creation of a personal and informal process.

The respondents felt that the process increased their understanding of the program goals and objectives and the difficulties in administering a program and measuring its success. It was also noted to have increased awareness of the external factors which impact on the numbers of children in care. As well, it was identified that it increased awareness and understanding of the importance of the data collection methods and increased willingness to continue to maintain these records. This supports the involvement of program staff in evaluation, as they are the primary sources of information.

The respondents noted that it would have been helpful to have completed this process when the program first began. This would have allowed the program to have addressed issues

sooner and would have allowed the program to have assistance in developing standardized goals, objectives and a service delivery model. I would agree with these comments, as the program manager I would have welcomed this experience in the initial stages of program development.

This process did not change respondents willingness to participate in a program evaluation for four of the respondents. However, one participant does not wish to participate again.

Overall, the evaluability assessment appears to have been a useful evaluation methodology to have utilized. It has produced results and recommendations which appear useful and beneficial to the participants and to the program. The recommendations are believed to be useful in increasing the program's amenability to an evaluation which is the primary purpose of the evaluability assessment. As well the role of the internal evaluator appears to have facilitated the participation of the program staff and did not inhibit feedback.

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APPENDIX 1

Program Documents Summary

The primary and most comprehensive document described the process that resulted in the Volume Management Initiative Programs, which included the Family Reunification Program. This document was titled Managing Volume Of Children In Care: A Management Plan, October, 1993 (Document 1). This document outlined the primary impetus for these initiatives was the gradually increasing number of days spent by children in out-of-home placement, the subsequent costs associated with children in care, and the yearly deficit position experienced by Winnipeg Child & Family Services.

During the first quarter of 1993/94 it was forecast that Winnipeg Child & Family Services would experience an increase in the volume of children in care. It was projected that this increase would be 76,513 days care above funding levels resulting in a funding deficit. In response to this projected deficit Treasury Board agreed to the development of a plan to address the increasing volume of children in care. This resulted in the formation of a Steering Committee made up of a staff representative of Winnipeg Child & Family Services, the Treasury Board Secretariat, Policy Management Secretariat, and the Management Services and Child and Family Services Divisions of the Department of Family Services. This committee was overseen by an Executive Review Committee consisting of the Deputy Minister of the Department of Family Services, the Secretary of Treasury Board, the Secretary to Cabinet for Policy Management, and the President and Treasurer of Winnipeg Child & Family Services. This document was written after the Volume Management

Initiatives had been drawn up as draft programs, as the possible programs were cited and

costs attached, therefore, this document appeared to be a retroactive account of the process.

The document outlined the number of children in care with Winnipeg Child & Family

Services and the resultant costs for the five years previous to this document. The years

1987-1993 were reported to have seen an annual average increase of days care of 7.5%, and

an overall increase of total days care of 43.2%. The expenditures related to children in care

were reported to have increased from $18 million in 1980/81 to just under $50 million in

1993/94. The increases in days care and the related expenditures were attributed to increased

numbers of children coming into care, children remaining in care for longer periods of time,

and steadily increasing costs for the basic care of those children. These statements were not

referenced or supported by any statistical figures in the report. Therefore, it was difficult

to determine if these attributions were based on reported facts or assumptions and conjecture

on the part of the author of the report and/or the Steering Committee.

Document 1 then identified that Manitoba had the highest per capita number of children in

care in Canada as of March 31, 1991. Manitoba's high rate was reported to be related to a

number of factors including: a large per capita Aboriginal population, the fact that Manitoba

defined "child" as being up to eighteen years of age, socio-economic factors such as

unemployment, increased marital disruptions and single parent families, raised expectations

and resulting requests for service, and the highest incidence of teenage pregnancies in

Canada. The source of this information was not cited in the document. One could assume

that the facts such as highest per capita number of children in care in Canada and the highest

incidence of teenage pregnancies in Canada were based on some statistical material.

However, as the source of the information was not documented it was unclear if all of the

information was based on statistical studies. The document reported that on examination of

the approximately 6000 children who were currently in care in Manitoba, Winnipeg Child &

Family Services was responsible for 70% of these children. Of this 70%, Winnipeg Child

& Family Services had permanent guardianship of 1908 children, and 1300 children were

placed in care through a Voluntary Placement Agreement. The legal status of the remaining

children was not identified in this document.

The document then examined the funding structure of Winnipeg Child & Family Services.

Of the $88.8 million spent on Child & Family Services programs in 1993/94, $65 million or

73% was spent on children in care costs; $22.4 million or 25% was allocated to protective

services; $1.4 million or less than 2% was allocated to services to communities and families.

Protective services was defined as services where a primary goal was to intervene in

situations where children were considered to be at risk and to take steps to resolve the

situation without separating the family. Services to communities and families was defined

as early intervention programs which prevented the need for protective services or child in

care services.

The document identified a number of systemic barriers and issues which it claimed exacerbate

the rising volume of children in care and impede solutions. The primary barrier was identified

as the current funding model between Winnipeg Child & Family Services and the Province. The funding model was described as having a significant relationship between the number of children in care and the funding level the Agency received. This was described as a systemic disincentive to reducing high cost services and thereby, the funding base of Winnipeg Child & Family Services. The second barrier identified was the lack of agreement regarding acceptable staffing ratios. This was cited as precluding Winnipeg Child & Family Services from allocating staff time to provide adequate staff/supervisory services to the children who were admitted into care. As additional staff had not been made available, staff resources had been redeployed from Protective Family Services programs thus weakening the Agency's capability to prevent children from being admitted into care. The high volume and related high expenses of children in care was cited as precluding the identification of funds for services which would prevent children from coming into care or assist children to exit paid care. The relevance and accuracy of these statements were compromised by the lack of documentation supporting these claims.

It would appear that these statements were derived from the Winnipeg Child & Family Services perspective as an explanation for the increasing numbers of children in care and the expenses of the Agency. It was unclear whether the Steering Committee agreed with the validity and accuracy of these statements. It also appeared that Winnipeg Child & Family Services was acknowledging an inability in the present system to provide preventive and reunification services.

Document 1 identified that there was a need to rearrange the components of the service delivery system more effectively. In order to do this it identified that a major restructuring of the system was required that would reorient the system towards the central values of: family support, family preservation and permanency, and family responsibility. In order to accomplish this the Steering Committee was purported to have examined several approaches. The approaches were examined with respect to their ability to reduce the number of children in care and/or reduce the length of stay in care or the degree to which children in care penetrate the Child & Family Services system. They were also interested in approaches which could provide an alternative to bringing children into care. Finally, they examined approaches that had the possibility of generating offset revenue or would lower the costs associated with current programs.

This section appeared to contradict the earlier section which identified the systemic barriers to be the funding model and staffing ratios. This report appeared to suggest that Winnipeg Child & Family Services was not supporting its own systemic values, and at the same time identified the need to make fundamental changes to this value base. It was certainly clear that the primary mission was to reduce the number of children in care, the numbers of days care and the resultant expenses, and was not driven by a desire to improve services to families. It appeared that services to families became the vehicle upon which to achieve the goal of reducing the ever increasing budget of Winnipeg Child & Family Services.

The Steering Committee proposed a change in the funding structure which would allow the

redirection of funds from the children in care program to the protective family services program. The Steering Committee proposed that the protective family services programs should receive block funding and the children in care program should receive per diem funding. It was suggested that the block funding to the protective family services programs could be considered a three year initiative. This would include the design of new programs to support and prevent children from entering care and would have predetermined and measurable outcome evaluations and reporting requirements. The intent was reported to be the implementation of predetermined evaluative measures to ensure that those programs which did not have a fairly immediate effect could be modified, discontinued or replaced. The document outlined all of the proposals for the Volume Management initiatives. As this practicum is specific to the Family Reunification program, only this program will be reported.

The Family Reunification Program was estimated to cost $160,800; it was targeted to reduce 6000 days care at a projected offset of savings of $174,000. The savings were based on a $29.00/day care rate. This document contained no information regarding the Family Reunification Program other than what was reported. There was no outline of how the estimated figures were arrived at or how the cost savings were derived. There was no information which would assist in formulating a program model. This document does not indicate how the Family Reunification Program was developed as a draft proposal, whether this was the responsibility of the Steering Committee or another group. It was also not clear at what point the Family Reunification Program draft proposal was drawn up. It was not apparent whether this was done as a result of the Committee's direction or if it already

existed and the need to reduce costs was the vehicle to introduce this program.

The next substantial document was the Family Focused Service Initiatives Steering Committee Report, March 30, 1994 (Document 2). The Steering Committee was made up of various supervisors and Directors of Service from each area in Winnipeg Child & Family Services, and was chaired by one Area Director. The document outlined that this was a task group set up to develop program designs which would assist Winnipeg Child & Family Services in responding to the Provincial Volume Management Initiatives. These initiatives were to result in reductions in days care, expenditures and children in care.

The document clearly highlighted the restraints and limits that were placed on this committee. The committee met for four and a half days between March 14 to 28/94 and the resulting document suffered from these obvious time constraints. The program proposals that were developed lacked clear program descriptions and did not define program goals or activities. With these time constraints placed on the committee one can assume that much of the information utilized by this committee was related to the committee members direct experiences in Winnipeg Child & Family Services and was not based on reports or documentation. It should be noted that the report itself indicated that it suffered from the obvious constraints of time and the complexity of the subject.

The document reviewed the process followed by this committee in choosing their focal points and eventual recommendations. The committee started with a review of current

programming and reported that many innovations in family preservation and reunification within Winnipeg Child & Family Services were in a precarious situation. The programs were few in number and were in their infancy or pilot stage. The traditional family support programs were inadequately funded. The steering committee chose as their emphasis the timely reunification of children and diversion at or near intake. They chose to focus on the discriminating factors of children who were in care or were on the verge of coming into care. The committee acknowledged that many intensive programs demonstrated significant impacts initially, however, the impact decreased over time. They therefore suggested that consideration should be given to the provision of supports beyond these front-end initiatives in anticipation of diminishing impact. This recommendation does not appear to have been followed up as it was not mentioned again.

The report highlighted three themes of service: the intensive application of treatment and concrete services, targeted collaborative initiatives, and existing service system changes. The intensive application of treatment and concrete services was described as being applicable at three intervention points. First, treatment and concrete services should be provided at point of intake as a preservation service. This provision of alternative supports to the family was viewed as enabling the at risk child to remain at home. Second, interventions should be implemented immediately after children enter into care. The emphasis would be on timely reunification, thus reducing the time, expense and long-term damage of alternative care. Finally, the ongoing family services caseloads should be the last focus of service. The emphasis was on families where family reunification was desirable, but needed more intensive

family support than could be provided by the family services worker due to high caseloads. The intensive application of treatment and concrete services was described as being based on the tenet that children and families were better off being maintained in the family unit, provided that a reasonable safety plan and supports to assist families were available. This was described as a better use of existing resources to maintain families, than to create and maintain alternative care resources. The only description of the service system was a brief definition of concrete services. There was no description of what this service would look like at any of the three intervention points identified. The document identified the intervention points where a service could be effective but does not take the next step to then outline what that service should be.

Targeted collaborative initiatives were described as joint venture opportunities for diversion strategies prior to referral to Child & Family Service intake department. The document acknowledged that this initiative would have less of an opportunity to identify children on the verge of or already in care. The assumption of this initiative was that without targeting, the probability was that these children would likely be in need of protection if left unattended or undetected much longer. This assumption was not elaborated on or supported. Clarification would be required to determine what children were being targeted through the initiative in order to justify such an assumption. In addition, the document does not describe how children would be identified, and there was no description of targeted collaborative services. The only identified collateral organization was the school system and there was no description of what a joint venture with the school would target, what services would be

delivered, or how such services would prevent future protective services. This was a particularly weak section of the report as there was no description of a service delivery model or a clear target group. The assumptions on which the initiative was based were weak and unsupported. There was no indication of how this approach would impact on preventing children and families from needing protective services.

The final theme was existing service system changes which focused on the need to change the Agency's current prevailing philosophies and practices in order to support these initiatives. It was identified that consideration needed to be given to the assessment and referral procedures of the initiatives. It recommended that the initiatives provide a training/orientation to staff regarding the assessment and intake criteria for the various initiatives. The document had earlier identified that intensive program's impact would fade over time and longer term supports were required for families to maintain the impact. This would have been the opportunity to identify areas in the service system that could be changed to provide this longer term support service. The document does not discuss how the initiatives could be created within the existing service system but discussed how, once created, they would need to be incorporated into the existing service system through training/orientation.

This heading seemed to be misleading as it does not appear to be a separate theme but a discussion of implementation of either the intensive application of treatment and concrete services or the targeted collaborative services. Which of these services was being referenced

was not identified as it was discussed generally as "initiatives".

The report then indicated that the theme of intensive application of treatment and concrete services was identified as the priority. Programs that would fit into this definition and would target families where children were already in care or where children were at high risk of coming into care were considered a priority. The committee considered a broader purpose for these initiatives, which was to change the nature and focus of the service itself. The philosophy of the initiatives was that there are too many children in care, some of whom may well be able to be at home if an adequate care plan could be put into place. There was no description of how specific programs or initiatives were chosen or developed. The document proceeded to describe the selected initiative for each area within Winnipeg Child & Family Services without elaborating on how it was developed or the rationale for the program.

The Family Reunification Program was described as a counseling, concrete services and parenting support program directed towards the low socio-economic and largely Aboriginal clientele of the inner city. The client population was described as families with younger children coming into care under Voluntary Placement Agreements or Apprehension due to neglect issues. The program was to consist of four social workers and four family support workers with an operational budget of $456,562 plus an estimated $25,000 of set up costs. The program was expected to serve 128 families with at least 256 children over a one year period. It was anticipated that 70% of these would be referred from existing caseloads; the remaining 30% would come from intake and would consist of children who had just come

into alternative care. The program period was expected to be twelve weeks in duration. Success was defined as the reunification of children with their biological families.

The program was expected to reunify 50% of children, and the children were expected to remain at home for the following twelve week period. The program was targeting a minimum of 21,504 reduction in days care. This represented 75% of program days care operational costs if a $16.00 average per diem was used. The committee made the assumption that of the families served by the program only half of the participants would complete the program. Of the families who completed the program only half of the children would remain out of care for one or two subsequent program periods. It was identified that reunification families posed greater challenges than preservation families and could only expect success for one program period following termination. The committee identified that it may not be a feasible expectation that these programs pay for themselves by simply diverting regular rate dollars. However, these assumptions do not appear to have been taken into consideration when estimating the projections for the program. The document does not describe how the projections were estimated. However, if the assumptions were taken into consideration the numbers appeared to change significantly. Four social workers during the course of one year would work with families for four program periods of twelve weeks. Each would carry a caseload of six families which would amount to 96 families not 128. If each family had an average of two children, that would be 192 children. If, as was assumed, only half the families completed the program that resulted in 48 families and 96 children. If the families were only successfully reunified for one program period after, which would be

90 days, this would result in days care saving of 8640. I was unable to decipher how it was determined that the program would serve 128 families. However, if one calculated the subsequent reported 256 children by 90 days one arrived at 23,040 days care. If this was reduced by 15% one arrived at the reported 21,504 days care. In contrast to the assumptions documented, it would appear that the report expected only 15% of families to not complete the program.

The document then recommended that an evaluation component be built into the programs. It was recommended that initially the evaluation focus on formative evaluation and implementation in order to provide program managers with timely feedback. The feedback would allow program managers to stabilize the program, and once stable, outcome measures could be implemented.

The next document reviewed was the Winnipeg Child & Family Services Program Description/Summary - Family Centered Reunification Program (Document 3). This document was undated and was included as an appendix with many of the other documents. It was not clear at what point this document was created. The Family Centered Reunification Program was described as a program providing therapeutic counseling, concrete services, and parenting support to families with children in care or at high risk of being placed in care. The families in the program had identified neglect issues and the children were in care under a Voluntary Placement Agreement or under Apprehension. The target families were identified as those with children who were ten years of age or younger. The program's focus

was to be on families with a history and assessed potential for neglect but who were willing

to effect changes in their lifestyle and parenting approaches. The provision of services to

families with children who were at risk of coming into care appeared to have later been

deleted from the program description as it does not appear in any of the other program

descriptions that were used as appendixes in other documents. Other than this, the Program

Description/Summary documents were identical. The program staffing complement was

described as four social workers and four family support workers.

The rationale for the program was outlined in this document. The majority of Central Area

clients were described as of First Nation Ancestry, and living in what is historically known

as the inner city. Many Aboriginal children were described as at serious risk because of the

socio-economic circumstances that confronted most urban families. These risk factors were

described as: poverty, homelessness, unemployment and underemployment, alcohol and

substance abuse, family violence, and violence generally, high suicide rates, especially among

young people, sexual exploitation of women and girls, over-involvement in criminal activities,

sub-standard housing, a lack of access to child day care and other parenting supports, and

inadequate health care. The high rate of alcohol and substance abuse among women put

many children at risk from the time of conception. Presumably the program was designed

to address and reduce these risk factors.

The document outlined three program goals. The first goal was to reduce the number of

children coming into care. The second goal was to reduce the days care of children currently

in care. This was described as occurring through reunification of the children with their families. The final goal was to reduce the present and future risk of reoccurrence to acceptable identified community levels. As it was not described, what was considered an acceptable level of risk as per community standards remained unclear. This made it difficult to measure the success of the programs in reducing risk.

The social worker and family support worker teams were described as having caseloads of an average of six families. They were expected to work flexible hours dependent on the families needs. The program activities were divided into three areas: counseling, teaching and practical support. Counseling was described as the provision of therapeutic counseling regarding: substance abuse, domestic violence, past sexual abuse, childhood trauma, relationships either marital or parent/child, and community networks. Teaching was described as teaching skill development in the following areas: life skills, child development, appropriate child care, and healthy parent/child relationship. Practical support was the provision of concrete services to families such as: basic needs, day care/school, homemaking, other community resources, and legal issues.

The document then provided a projected budget as well as projected families served and the possible outcomes. Table 8 indicates the projected costs of the family reunification program and indicates that the program was expected to serve 128 families. The program expected 70% of families to have children in care and 30% to have children at imminent risk of entering care. The report does not outline how these figures were derived.

Table 8 - Family Reunification Projected Budget

Budget - Salary	$428,562
Budget - Program Costs	$53,000
Total Costs	$481,562
Number of Families Served	128
Number of Families with Children in Care	70%
Number of Families with Children At High Risk of Entering Care	30%

Table 9 outlines the projections for the two categories of families anticipated to be served by the program. Reunification families were expected to make up 70% of the families and 30% would be preservation families. The table outlines the projected rate of success and number of days care saved if the program had a 75% success rate or a 50% success rate. Success was defined as the reunification of children with their biological families or maintaining children at risk in their own homes. The first two sections project the number of families and children reunified after six weeks, if the program had either a 75% or 50% success rate. The next two sections project the number of families and children who were maintained in their own homes if the program had success rates of either 75% or 50%. The next section projects the number of days care saved for children who had been reunified after twelve weeks of program involvement. The following section projects the number of days care avoided for families whose children were maintained in their own homes.

The projections were based on the assumption that the number of children reunified after six weeks remained home for the following six weeks. The savings were calculated by

multiplying the number of children reunified by six weeks. However, savings for preservation families was calculated by the number of children who remained at home by twelve weeks, as the children were considered to have never entered care. The number of days care saved for twelve weeks following program termination was determined by taking the number of children reunified and the number of children preserved and multiplying it by twelve weeks and then by six months. This assumed that all of these children would remain at home during this period of time.

Table 9 - Family Reunification Projected Outcomes of Service

128 Families Per Year	75% Success Rate	50%Success Rate
Number of Families with Children Reunified after 6 Weeks	67.5	54
Number of Children Reunified (average 2 children per family)	135	108
Number of Families with Children Maintained at home after 6 Weeks	28.5	23
Number of Children Maintained at Home (average of 2 children per family)	57	46
Number of Days Care Reduced After 12 Weeks for Children In Care	5670	4536
Number of Days Care Avoided For Children At Risk After 12 Weeks	4788	3864

Number of Days Care Reduced for 12 Weeks Following Program Termination	16,128	12,936
Potential Total Days Care Reduced in Six Months	26,586	20,336

The tables emphasize the ability of the programs to reduce days care and subsequently reduce costs to the Agency. This consistently appeared to be the impetus for the creation of the programs. While goals such as reducing risk were mentioned, they were not defined in measurable terms, thereby diminishing their significance as goals. These projections appear over simplified and do not take into consideration that children may re-enter alternative care following program termination.

The next document was the Winnipeg Child & Family Services Family Focused Services Initiatives Committee Report (Document 4) dated March 14, 1994. This document reviewed an article by Sandra Scarth entitled Child Welfare at the Crossroads: Can the System Protect Canada's Most Vulnerable Children? This article reviewed the child welfare system across Canada and indicated that although there was a national trend of the number of children in care declining across the country due to a focus on serving children in their own home. Manitoba in contrast had shown startling increases in the number of children in care. Manitoba had increased the volume of children in care from 3197 in 1985 to 5412 children in 1992. The article suggested the increase was mainly due to an increase in the number of voluntary placements of children in care of Aboriginal Agencies, as these placements more

than doubled between 1989 and 1992. The article indicated that a disproportionate number of Aboriginal children were in the child welfare population. An estimated 20% of the children in the care of child welfare agencies in Canada were Aboriginal children, yet Aboriginal people made up only 3.5% of the total population. In 1991 Manitoba had 1.9% of the total population of Aboriginal children in care, the third highest in the country.

This document appeared to provide factual support for the creation of the Volume Management Initiatives as it placed the Winnipeg Agency in the context of an overall movement across the country to provide services to children in their own homes. One could draw the conclusion that since Winnipeg had not emphasized this to date, this may account for the failure to follow the national trend. This would therefore support the creation of such programs.

The next document was undated and was titled Working Paper on Target Indicators (Document 5). This document identified program focal points as the same three intervention points as Document 2. It reported statistically the days care experienced by Winnipeg Child & Family Services since 1991 and indicated the yearly pattern of increasing days care. The document identified five possible outcome characteristics or performance indicators for the programs. The first outcome characteristic identified was the number of families anticipated to be served annually by the programs. The second characteristic was the percentage of families in each of the intervention categories identified as: children in care at intake, children in care on family services caseloads, and children at high risk of entering care. The third

outcome characteristic was the number of children in care reunified during the program. The fourth characteristic was the number of children at high risk of coming into care who were referred to the program. The final outcome indicator was the length of time children remain out of care following termination of the program. Days care saved would be calculated by the amount of time children were diverted from paid days care over the duration of the program. Subsequently, days care saved would be calculated by the length of time children remain out of care following the program.

The document does not mention any other possible outcome measures, it was focused on the reduction in days care and number of families served. This document drew the conclusion that without a change in service delivery the days care would have continued to increase yearly following the current trend. This document appeared to support the implementation of a new service delivery approach that targeted days care in order to change the increasing numbers experienced by the Agency.

Document 6 was titled Project Plan: Implementation Contract and was dated May 29, 1994. This document outlined the expectations from the Department of Family Services regarding the Volume Management Programs and the goals for the implementation of the area projects. The programs were outlined as three year initiatives with the following priorities: reduction in Agency's days care, reduction in expenditures, and reduction in the numbers of children in care. This was expected to be achieved through an emphasis on family focused services and placements of permanent wards. Specific expectations from the Department of Family

Services were stipulated as follows: no increase in days care over 1993/1994 year end figure, plus an absolute reduction of about 40-60,000 days care for 1994/1995. The identified targets of service were: children at the point of having to come into care, children who had been in care a short while and were able to return to family with intensive supports.

This document clearly demonstrated the emphasis on reduction in days care and expenditures and provided a minimum expectation which needed to be achieved in order to maintain the programs. The creation of the programs was clearly an effort to provide services which would enable the Agency to achieve these goals.

The next document was a memo to Keith Cooper from Ken Murdock entitled Summary of Initial Package for Treasury Board Submission (Document 7) dated July 25, 1994. The program description of the Reunification Program had now been changed to reflect the target population as only children who were currently in care. The criteria for referral was described as an assessment that a relatively short-term but intensive family support program would facilitate the return of the children to their natural home. The projected budget of the program was $549,231. The program was described as serving 128 families with 256 children. The program was expected to function with an efficiency rate of 50% and therefore, to reunify 128 children for a days care saving of 13,824. The projected days care saving had been reduced from earlier documents. It was not reported how the days care figures were arrived at, however if one calculated 128 children for 90 days the days care savings were 11,520. So it appeared that the calculation was anticipating children would

remain home longer than the twelve week program period following termination of the program.

The document included an agreement that Winnipeg Child & Family Services would receive 50% of the basic maintenance allocation established to support children in care in the form of a grant. Funds may be diverted to support new family support initiatives conditional upon a corresponding reduction in child in care costs consistent with the policy. The policy for transfer of funds was conditional upon the reduction in Agency's days care, expenditures and numbers of children in care. There was a clear expectation that if programs were utilizing child maintenance grant funding they must demonstrate a corresponding reduction.

Document 8 was a memo from Ken Murdock to Keith Cooper titled Cost/Benefit Analysis of Volume Management Initiatives dated Oct. 7, 1994. The document indicated that the programs were projected to have an impact on days care at between 40-60% of the cost of the programs. The programs were expected to demonstrate efficiency increases of 15% each year from this baseline. The programs were projected to be operating at a 50-75% efficiency level by the third year. The programs were expected to increase in efficiency until the fourth year at which time they were projected to be serving enough children to pay for themselves. After the third year the programs would be self-sufficient through the diversion of child maintenance dollars. The programs were expected to reunify a sufficient number of children such that the child maintenance dollars could be diverted from child maintenance to cover the costs of the family support programs. The programs were also expected to contribute

to the lessening of the overall child maintenance expenditures and provide a substantial family support program.

The document failed to outline how the projections were calculated, how the efficiency rate of programs would be evaluated or how programs with a poor efficiency rate would be handled. The primary goal was clearly outlined as an overall reduction in days care and to become self-sufficient through this reduction and subsequent diversion funding. The possibility of the programs not becoming self-sufficient was not addressed.

The next document was a letter to the President of the Board, Helen Hayles from the Minister of Family Services (Document 9) dated Nov. 18, 1994. The letter indicated the approval of funding for the Reunification Program and stated that Manitoba had embarked on a strategic shift in child and family services towards an increased emphasis on programs that emphasize the values of family preservation and permanence, family support and family responsibility.

The following document appeared to be a working agreement between Winnipeg Child & Family Services and the Department of Family Services entitled Funding and Partnership Agreements: A Working Paper (Document 10) dated December 1994. The Volume Management Initiatives were described as a number of targeted programs designed to either prevent children imminently about to come into care from doing so or to return children to their own homes once in alternative care. The programs had a concentrated and time-limited

duration and would focus on those issues and activities which would stabilize families, so as to maintain the child or receive back the child. The document outlined the program assumptions. The program intervention would be selective in what it focused on in problem-solving with the family. The program would provide a relatively short-term but concentrated intervention. The program would have a reasonable impact on the family situation both during and afterwards, to support the child remaining with or returning to the family. The program would differentiate between those children who must be in alternative care as compared to those children who may have been in care, since no family support programming had been available in the Agency up to this point in time.

These were all broad statements which to be meaningful required clarification and definition in order to be implemented. What were the issues and activities that would assist families in stabilizing? How would the stability of the family be measured? What was considered a reasonable impact? How would it be measured? How would a program differentiate between children who must be in alternative care and those who required a family support program? There appeared to be an undertone with this statement that perhaps there were children in care who do not necessarily need to be in care. These questions were not addressed in this document nor in any other documents. Addressing these questions would have provided clarity regarding the program being implemented.

The document then described the funding agreement for the programs. The funding was not considered new funding but was bridge funding for a period of time wherein such programs

would start showing an impact. Once programs demonstrated an impact the funding then becomes diversion funding. Whereby the funding was released from existing child maintenance budgets that would be unused due to children either remaining at home or being reunified. The implication was clear that the programs were expected to become self-supporting.

Document 11 was a memo to Keith Cooper from Ken Murdock entitled Monitoring and Evaluation of Volume Management Initiatives dated June 12, 1995. The document outlined anticipated program outcomes. The outcomes were described as: children and families who were at risk continuing to live together; less dependence upon protective service intervention, particularly alternative care for children; a redirection of service resources, with possible savings in the process; increased service effectiveness and efficiency. Increased service effectiveness and efficiency was focused on alternative care being considered less productive and cost-effective than serving children in their own homes. These programs were anticipated to reflect 10% of the current annual child maintenance costs. Although this document was titled monitoring and evaluation it does not describe or propose an evaluation plan. It raised the goal of decreasing dependence on protective service intervention however, it was not clear if this was a goal to decrease family's dependence or social worker's dependence.

The next document was the Volume Management Initiatives Evaluation Plan (Document 12) dated September of 1995. The programs were described as alternatives to bringing children

into care and a means of assisting children to exit formal care in a timely manner. The programs were viewed as part of a continuum of services to enhance the welfare of children and as part of a strategy to reduce the number of children placed in the child welfare system. The evaluation plan was described as a design for the evaluation of the programs over a three year period. As the programs were in the formative stage the evaluation efforts would focus primarily on describing program processes with the view to providing feedback to program staff to ensure services were being delivered as planned. Once the services had been defined as intended, then outcomes would be evaluated.

The evaluation plan was broken down into three areas: program description, program implementation, and program effectiveness. The program description included collecting descriptive information on clients such as: age, gender, ethnic origin, marital status, religion, child's school and grade level, educational level, employment status, placement history, and presenting issues. The program description included program characteristics such as: program costs, placement costs and days care information. The plan for the program description does not appear to include information on program activities or services delivered. It appeared to have been focused on the cost saving aspect of the program. However, this information was contained within the program implementation area which was divided into three areas: service provider activity, descriptive data and consumer perspective. The service provider activity would be documented through staff recording their activities with families on a Daily Contact Form. This was described as providing information that would allow the mixture of activities that define programs to be examined. Descriptive data

was described as information on caseload size, program duration, support services available as well as characteristics of clients served. It was not described how this information would be collected. The consumers' perspective was described as gathering information from Agency staff, collaterals and the families. This would be done by surveys asking participants to comment on their perceptions of the timeliness, appropriateness and usefulness of the service activities. Program effectiveness would be assessed through placement outcomes, cost effectiveness and clinical outcomes.

The evaluation plan included the use of a comparison group of children at home with their families or in foster care who were receiving the usual services from the Agency. The placement outcomes would be measured by the percentage of children returned to their family during the course of reunification services, at the end of services and at six month and twelve month follow up periods. The number and timing of placements would be tracked for children upon termination of the program. The number of days children spent in their own home during the program and up to one year following completion of the program would be tracked. The type and restrictiveness of placements for children would be tracked. Cost effectiveness would be calculated by the total number of days a child remained in the home multiplied by the average cost of an agency placement, and then compared to the data collected on the comparison group children. The cost-effectiveness had been narrowly defined and appeared limited to days care saved. This was in keeping with the other documents which primarily focused on saving days care. Clinical outcomes would be measured by collecting data on family functioning.

The following document was a memo from Ken Murdock to Keith Cooper titled Volume

Management Initiatives Overview: Interim Report (Document 13) dated Sept. 22, 1995. The

memo provided an update of the status of the Reunification Program since its start up in

April of 1995. The clients of the Reunification Program were described as multi-problem

families with children chronically coming in and out of care. The staffing complement was

noted to be four social workers and four family support workers, working as a team with

families. The program duration was noted to have changed to a four to five month period.

The program was reported to have served 26 families and 42 children since May of 1995.

The reasons for the children being in care were described as: 19 children due to neglect, 10

children due to combination of physical abuse and neglect and 2 children for sexual abuse.

The remaining 11 children were not described. The program to this date was considered to

have saved 1,247 days care through reunifying 21 children.

This document was limited as it provided very little information. A key program change

occurred in the length of service delivery of the program, having expanded from 12 weeks

to 4-5 months. However, the rationale for the change was not documented.

Document 14 was a memo from Ken Murdock to Keith Cooper titled Volume Management

and Days Care Impact Analysis dated April 29, 1996. The Reunification Program was

described as having longer involvement with each family and increased case preparations

resulting in longer periods of post program stability. This was not supported by a statistical

reference, and if post program stability existed it was not clear that this necessarily derived

from lengthier involvement or increased case preparation.

The document cited an absolute reduction in days care for the Agency when all projections showed an increase would have occurred without the programs. The projection had been for an increase in days care of between 1.7 - 4%. The 1995/1996 estimate was originally for 797,798 days care and the actual days care was 753,448, showing a decrease in days care. This was also a decrease from 1994/1995 days care which was 767,494. Based on this, the conclusion was drawn that the programs were demonstrating an impact on days care. The Reunification Program was cited as saving 7,343 days care. The days care was calculated using sixty days post program. This document does not outline the necessary supporting data from which to draw the conclusion that the decrease in days care was a direct result of the Volume Management Programs. Given the projections for an increase and the trend of annual increases in days care some of the reduction may be attributable to the programs but without the necessary evaluation methodology cause and effect cannot be proven.

Document 15 was an informal document describing a staff meeting of the Reunification Program where program staff brainstormed possible goals for the program. The resulting list provided the majority of the service goals relied on in the Documents Program Model. The goals developed by the staff reflected a service perspective and did not identify system goals.

The next document was the Quarterly Report of the Family Centered Reunification Program

(Document 16) which covered the period April 10,1995 to July 14,1995. This document described the program as providing an intensive service to families where the children were currently in care in order to allow an expedient and successful reunification of children to their families. Following reunification, intensive services were maintained in order to allow the family to achieve stability, maintain their progress, and prevent the children from reentering Agency care at a later date. The program period was described as twelve weeks and the staffing complement was four social workers and four family support workers. During this time frame the program accepted 20 families into the program with 29 children. The children had been in care for a period of time ranging from three months to two years. Of these 29 children 10 had been reunified, and of these, 3 had returned to care.

The following document was the Annual Report of the Family Reunification Program (Document 17) for the period April 1995 to March 1996. The program was described as providing an intensive service to families whose children were in care to enable reunification of the children with family. The program was intended to be intensive and short-term in nature. The program period was described as 3 to 6 months which was an increase in program length. The rationale given for this program modification was that program staff found it difficult to achieve successful reunification within the original twelve week program length due to the nature and chronicity of the issues facing the families.

The document outlined the various reasons the children had entered care and stated that the majority of families had several issues that were interconnected and impacted on their ability

to provide safe care to their children. The most common issues identified were: substance abuse (61%); parenting problems or lack of knowledge regarding parenting (59%); domestic violence (51%); abandonment of children or use of inappropriate care givers (38%); neglect (34%); and physical abuse (29%). The demographic characteristics of the families and children were: the majority of parents were over the age of thirty, single parent families headed by females, and Aboriginal. The majority of children had been in care between 1-3 times and had currently been in care for a period of 1-6 months. The document outlined the program as having provided service to 47 families. Of these, 23 families were successfully reunified allowing 43 children to be returned home, 14 families were still engaged in the reunification process and 10 families were unsuccessful, with 16 children remaining in care. Of the unsuccessful families 5 had extended family applying for guardianship of 8 children.

The document outlined a staffing change which occurred in October changing to five social workers and three family support workers and indicated that the staffing would be changing to seven social workers and one family support worker. The change was described as enabling the program to increase the number of families served by the program.

The last document was the Summary Report on Volume Management Initiatives April 1, 1996 - December 31, 1996 (Document 18). The document described the framework upon which the data analysis was developed as having three components. The first was the pre-program experience which was based on actual costs of children in care. The second was the program period experience which included the cost of the program and the actual cost of

children in care during the program. The third was the post-program experience where savings were calculated for a maximum of six months after program termination where there was no evidence that the child re-entered care. Savings were based on the average per diem cost of the children in care. The document outlined the number of children served by the program, and the costs of the program. It then reviewed the cost savings of the program based on the number of children reunified and the subsequent days care saved. The summary reflected the emphasis on reduction in days care and cost savings for the Agency and was limited to days care analysis. There was no information regarding family or child characteristics, improved family functioning or reduction in risk factors for the child. It was not clear if this information was not being collected or was not being reported.

APPENDIX 2

SUMMARY OF EVALUABILITY ASSESSMENT: FAMILY REUNIFICATION PROGRAM

INTRODUCTION

In recent years there has developed a broad concern about the high cost of family breakdown and the placement of children in out-of-home care, both in terms of the financial consequences of these options as well as the prohibitive toll on children, parents and communities. The concerns have focused upon foster children being allowed to drift into adulthood in foster care, systematically isolated from their biological parents and moving from foster home to foster home without establishing significant attachments (Hayward & Cameron, 1993; Lewis & Callaghan, 1993; Nelson et al., 1990; Walton et al., 1993; Maluccio et al., 1993). In the last three decades, child welfare agencies have been criticized by professionals and the public for expending massive resources while providing care of questionable quality to children who have been removed from their own homes (Frankel, 1988). The emergence of family centered services is a response to changes in public policy, economic pressure facing human services, and the availability of new theoretical perspectives and treatment technologies focused on the family (Nelson et al., 1990). The term family centered services reflects a continuum of services including family preservation, family reunification and permanency planning for children. Although the initial emphasis was on family preservation services which were designed to prevent placement of children in out-of-home care, this growing emphasis on preserving families has led to renewed attention to

reunification of children in out-of-home care with their families of origin (Maluccio et al., 1993). This emphasis is based on the growing recognition that the vast majority of children who spend time in out-of-home care are eventually reunified with their families. A substantial proportion of children who are returned to their families, however, sooner or later reenter some form of out-of-home placement or another helping system, such as juvenile justice or mental health (Maluccio et al., 1993; Fein & Staff, 1993).

Family reunification is the planned process of reconnecting children in out-of-home care with their biological families to help them achieve and maintain their optimal level of reconnection. Reunification practice embodies the following four features: conviction about the role of the biological family as the preferred child-rearing unit, if at all possible; recognition of the potential of most families to care for their children if properly assisted; awareness of the impact of separation and loss on children and parents; and involvement, as appropriate, of any and all members of the child's family (Maluccio et al., 1993). Beyond these general philosophical beliefs family reunification programs are a diverse group of programs. There is wide variation in: 1) the target populations they are serving; 2) the child and family characteristics identified; 3) the length of program service (90 days to 2 years); 4) length of placement of the child (30 days to permanent wards); 5) identified problems' resulting in the child's placement (family characteristics such as physical abuse, sexual abuse, neglect; and child characteristics such as child out of control, and parent/teen conflict); and, 6) service delivery factors (duration, intensity and range of services) (Maluccio et al., 1993; Maluccio et al., 1994; Walton et al., 1993; Haapala et al., 1990; Frankel, 1988). The primary goal of

programs is the successful reintegration of the child into the family home and this tends to be the primary measurement of success at termination of the program.

Current research studies on family reunification programs are reporting various rates of success in the reunification of children with their biological parents. Many of these studies have been criticized for various methodological limitations. First, the current empirical knowledge base about reunification is limited. The assumption that reunification services impact on placement by improving family functioning is implicit in all programs. However, relatively few programs have examined how they affect family functioning and no studies have evaluated the relationship between changes in family functioning and placement (Maluccio et al., 1994; Frankel, 1988; Berry, 1993; Wells, 1994; Smith, 1995; Dylla & Berry, 1998). Second, the wide variation in program models makes comparison and evaluation difficult. Inadequate descriptions of various programs make it difficult to determine the possible effects of differences between programs related to service delivery characteristics. The ability to specify the essential features of family centered services, including program processes and specific program components, will facilitate the evaluation of the program components and would allow for the replication of successful programs (Nelson et al., 1990; Maluccio et al., 1994; Frankel, 1988; Staff & Fein, 1994; Dylla & Berry, 1998). Third, research has been dominated by the effort to define and to measure placement. This emphasis on placement has been misguided as placement rates for a community are more likely to be influenced by broad societal conditions underlying child abuse and neglect, such as economic and cultural impoverishment, than by implementation of such programs. The

use of placement as the only or the most important outcome of programs disregards the value and significance of process and treatment outcomes (Rzepnicki, 1996; Frankel, 1988; Smith, 1995; Hayward & Cameron, 1993; Unrau et al., 1992). An expansion needs to occur in the studies to give consideration to other program impacts such as child well-being, parenting skills, family functioning and environmental changes. No studies examine the achievement of critical clinical goals such as ensuring the safety of the child, stabilizing families and improving specific skills that families are believed to need to stay together (Rzepnicki, 1996; Pecora et al., 1992; Hayward & Cameron, 1993; Smith, 1995; Frankel, 1988). Finally, the most serious limitation regarding current outcome studies has been the almost complete lack of comparison or control groups, this makes it almost impossible to determine if the outcome is related to the program (Wells, 1994; Frankel, 1988; Hayward & Cameron, 1993; Pecora et al., 1992; Smith, 1995; Rzepnicki, 1996).

In this current era of governmental fiscal restraint and accountability, social programs are being called upon to demonstrate effectiveness in order to secure or maintain funding. There is a greater expectation that programs must demonstrate their ability to meet their programmatic goals and objectives. The primary accountability mechanism for social programs is the program evaluation. Many social programs have been reluctant to embrace the concept of program evaluation. Program evaluations have been criticized as being unresponsive to program needs, study findings have limited utility, and programs are evaluated prior to the program achieving stable functioning (Rossi & Freeman, 1982; Rutman, 1980; Weiss, 1973). As a result of the criticisms of program evaluations and in an

effort to increase the utility of such evaluations for program managers, the evaluability assessment was developed. Evaluability assessments are considered to be a method of evaluation planning. The evaluability assessment aims to determine whether program performance is likely to be adequate and whether program evaluation is likely to be useful in improving program performance, and the feasibility of implementing the required methodology (Russ-Eft, 1986; Cohen et al., 1985; Smith, 1990; Rutman, 1980). An evaluability assessment is the front-end analysis that can be used to determine the manner and extent to which a program can be evaluated. The results of the evaluability assessment should assist program managers in increasing the readiness of the program to undergo an evaluation. It is considered to be particularly useful for newly developed programs or innovative programs (Weiss, 1972; Rossi & Williams, 1972; Rutman, 1980).

An evaluability assessment was completed on the Family Reunification Program of Winnipeg Child & Family Services, Central Area in partial fulfilment of the Master of Social Work requirements. The student completing the assessment was also employed as the program manager. The evaluability assessment was considered to be an appropriate evaluation method for the family reunification program given that the program was still in its developmental phase and had undergone substantial changes in staffing and service delivery characteristics since its inception. The evaluability assessment was considered to be a prelude to an eventual program evaluation and it was anticipated that it would increase the program's amenability to a program evaluation. The evaluability assessment was considered to be useful in ensuring that the program evaluation did not duplicate the methodological

limitations cited in other studies.

THE EVALUABILITY ASSESSMENT

The evaluability assessment relied on Rutman's model (Rutman, 1980). Rutman (1980) outlines the development of several program models during the course of completing the program analysis. The first model was the Program Documents Model which was developed by conducting a review of all available program documents. This model was then shared with program staff in order to develop a Program Staff Program Model. These two models were then shared with the Advisory Committee. The Advisory Committee was a management structure utilized to guide and direct the development of the Reunification Program. It was made up of the Area Director, Director of Program Planning, the Director of Services, the Supervisor of the Family Support Program and a Supervisor of a Family Services Unit. The Advisory Committee developed a program model based on information provided in the previous program models and their expectations of the Reunification Program. Once each group had developed a program model, work was done independently with each group in order to develop a Consensual Program Model that was reflective of both group's feedback.

HISTORY, STRUCTURE AND STAFFING

The Family Reunification Program was developed in response to the growing concern about the number of children in out-of-home care of Winnipeg Child & Family Services, and the length of time children were spending in out-of-home care. Winnipeg Child & Family

Services had been experiencing a gradual increase in number of days in care and the subsequent costs associated with children in care and was in a yearly deficit position. This position was projected to continue, therefore, the Agency developed the "Volume Management Initiatives" as part of an overall Agency plan to address the increasing volume of children in out-of-home care. The Volume Management Initiatives were specific programs developed in each area of the Agency to either prevent children from entering care or to reunify children who were in care. Each area designed programs specific to the unique needs of families in their catchment area. The families served by Winnipeg Child & Family Service Central Area were considered to have children who were high risk to experience abuse and neglect due to the level of poverty, unemployment, substandard housing, substance abuse, family violence and lack of community resources experienced by families. Three primary risk factors had been identified that were considered to significantly increase the possibility of risk for children; these were Aboriginal status, lone parent status and children living in poverty. The numbers of low income, single parent and Aboriginal families was projected to increase within the Central Area over the next five years (Unfried, 1994; Prairie Research Associates, 1996). Central Area chose to develop the Reunification Program. Although the program was contained under the overall Agency umbrella of Volume Management Initiatives which had a Director of Program Planning, the program was accountable to Central Area management and reported directly to the Director of Services and the Area Director in Central Area. The Reunification Program was an extension of the protection services provided by Winnipeg Child & Family Services Central Area. It was a specialization of the reunification process in that it provided a time-limited, intensive and in-home based service

to families. The program provided a combination of concrete, clinical and teaching services to families whose children were in out-of-home care. The families were considered to be challenging to reunify without intensive services but assessed as capable of reunifying provided they received an intensive service. The target families were identified as those with children who were ten years of age or younger. The program would focus on families with a history and/or assessed potential for neglect but who were willing to effect change in their lifestyle and parenting approaches. The Family Reunification Program was implemented in April of 1995. It was originally comprised of four social workers and four family support workers. The staffing complement had changed to seven social workers and one family support worker. The program was originally designed to provide service to families for a three month period of time. This was subsequently changed to a four to six month program length. Families may be maintained for longer periods of time at the discretion of the supervisor on a case by case basis.

STAFF ROLES AND RESPONSIBILITIES

The social worker maintained a caseload of between four to six families. They were responsible for providing intensive reunification services as well as upholding the child protection mandate. As all of the families had children in care of the Agency the child protection role commenced immediately at point of referral. The staff were responsible to provide services that enabled the timely reunification of children with their families. They were also responsible for the provision of all related child protection services. This included a comprehensive assessment of the families level of functioning and the family's ability to

achieve reunification. The services were to be provided primarily in the family home and included weekend and evening work depending on the individual needs of the family.

FUNDING

The Reunification Program had received funding from the Department of Family Services as a three year initiative. Winnipeg Child & Family Services had embarked on what was termed a three year Volume Management Initiative with various programs being developed across the Agency with the Reunification Program being one of them. The Reunification Program had received direct funding from the Department while the other programs were incorporated into the overall budget of Winnipeg Child & Family Services. The funding was described as bridge funding in order to establish the programs, therefore, it was initially additional funding. Once the programs had been established, the funding was described as becoming diversionary. The funding would be diverted from existing child maintenance funding to the programs. This would be done with the expectation that the program would reunify sufficient numbers of children that the money would exist within the child maintenance budget to pay for the program without increasing the overall budget of the Agency. At the end of the three years the program was anticipated and projected to become self-sufficient through this diversionary funding.

CLIENT POPULATION

The target client population identified and described in the program model appeared to be consistent with the client population served, to the extent that the population was described.

The client population was described in general terminology with few specific characteristics. Therefore, in a general sense the program was serving who it intended to serve. The information utilized to determine who the program was targeting was based on the two studies completed which identified the demographic information of the catchment area and the risk factors which resulted in children experiencing maltreatment and eventually entering out-of-home care. The program had maintained demographic records of families served by the program. The children had generally been in out-of-home care on at least one other occasion and at the beginning of program involvement had been in out-of-home care on average between one to six months.

The lack of specificity regarding families targeted made it difficult to determine the primary focus of the program, the primary intervention strategies, and the causal assumptions behind the program. The generic nature of the descriptions and the fact that the issues were so varied left one believing that the primary assumption was that intensive services that provided a combination of concrete, teaching and clinical services could address any identified problem. There is currently no agreed upon set of client characteristics that should be documented by a program. There has been only preliminary research studies reviewing the impact of family and child characteristics on the likelihood of successful reunification. Characteristics that have been noted to impact on the likelihood of reunification are: 1) poverty and related social problems; 2) multi-problem families, specifically families where the parents have more than four identified parental problems; 3) specific parental problems including: parental substance abuse, parental emotional problems and parental mental illness;

4) prior out-of-home placement of the children, which is considered a reflection of the chronicity of the issues facing the family and of a history of past failed reunifications; 5) length of time children have been in out-of-home placement; this is considered to be a significant variable in an inverse relationship, as the longer the children are in out-of-home care the less likely they are to be successfully reunified; 6) previous history of child maltreatment; and, 7) families with few resources (Rzepnicki, 1996; Frankel, 1988; Turner, 1986; Maluccio et al., 1993; Hess & Folaron, 1991; Walton et al., 1993; Maluccio et al., 1994). Both the program staff and the Advisory Committee raised questions and expressed interest in being able to determine which types of families the program was more or less effective with in terms of outcomes. There was general interest in being able to refine the target population in order to improve the efficiency and effectiveness of the program. The current data collection methods used by the program gathered the information cited in the literature as having an impact on likelihood of successful reunification. The program collected the following demographic information: type of family unit, date of birth of parents and children, marital status, racial/ethnic background, education, and employment/income. The program collected information on previous out-of-home placements of the children, length of time in the current out-of-home placement, type of out-of-home placement, and other resources involved with the family at the point of referral and at termination of the family. The program maintained records of the issues which resulted in the children being in out-of-home care such as: physical abuse, sexual abuse, emotional abuse, neglect, abandonment or use of an inappropriate care giver, parent overwhelmed/unable to care for child, domestic violence, substance abuse by caregiver, parent/teen conflict, parent's mental

health/functioning, child acting out/ out of control of parent, parent isolated, parent's history of childhood physical and sexual abuse, parenting problems or lack of knowledge, child self-destructive, parent's inability to protect the child, and no place of residence.

Despite collecting all of the above data, the data had not been utilized in a meaningful way in order to clarify or characterize the target population. A cross tabulation program was developed in order to compile the collected data. This program had the capacity to assess patterns in the information and to assist the program in a preliminary refinement of the target population. The data was not consistently gathered in the first year of the program therefore, data had only been entered for the 1996 and 1997 program years when the data was considered to be fully maintained. The information that was cross referenced was: age of the caregiver, type of family unit, ethnicity, age of the children, length of time in out-of-home care, number of times in out-of-home care, and issues which resulted in the children being in out-of-home care, and outcome of service. The information collected indicated that the families served were: primarily Aboriginal, poor, single parent families. The average age of the caregivers was over thirty years old. The length of program service was on average between four to eight months. The cross tabulation results indicated that there was not any discernible difference between ethnicity, type of family unit, age of the caregiver and age of the children in terms of impact on successful outcomes. Success was narrowly defined as reunification of the children with their biological parents. The number of times children had previously been in out-of-home care appeared to result in similar outcomes in terms of successful reunifications until the children had been in out-of-home care five or more times.

There was a distinctive decrease following this in terms of success rates. Similarly, when one reviewed the length of time children had been in care there was little difference until a child had been in out-of-home care for one year or longer. The success rate significantly decreased at that point. The length of program service appeared to vary accordingly, in that program length increased for families where the children had been in out-of-home care one year or longer, or the children had been in out-of-home care five or more times. Although the issues identified for families were consistent, there was an increase in the issues based on these categories as well. The primary issues identified for families over 50% of the time were: neglect (72%), substance abuse (71%), domestic violence (57%) and parenting problems (50%). The secondary issues were: physical abuse (35%) and abandonment or use of an inappropriate care giver (38%). Families who had children in out-of-home care five or more times, or for a year or longer had the primary issues identified in almost 100% of the families. Although this information can not be considered conclusive and must be viewed with caution given the small sample size, it identified areas that required further exploration and had the potential to be useful in refining the target population.

GOALS AND OBJECTIVES

The goals and objectives were separated into system goals and service goals. The system goals reflected goals which were intended to impact on the overall Agency functioning, while service goals were goals which were intended to impact on individual or family functioning.

The following tables reflect the goals and objectives that were articulated and agreed to by

the program staff and the Advisory Committee.

CONSENSUAL PROGRAM MODEL

SYSTEM GOALS	SYSTEM OBJECTIVES
1.0 Reduce the number of children in care	1.1 Reduce the overall number of days care for Central area
	1.2 Reduce the costs associated with placing and maintaining children in care
	1.3 Reduce the number of children in high cost or special rate placements.
2.0 Improve the efficiency & effectiveness of services to families	2.1 To provide a continuum of services to families
	2.2 To provide an intensive, time-limited service
	2.3 A redirection of resources from child maintenance to families.
3.0 Reduce the workload of family services workers	3.1 Decrease the number of child in care cases carried by family services workers
4.0 Increase the skill development of staff	
5.0 Reduce the length of time children spend in temporary care	5.1 Provide a thorough assessment of family functioning
	5.2 Increase the effectiveness & efficiency of case planning for children

SERVICE GOALS	SERVICE OBJECTIVES
1.0 Reunify children in care with their families	1.1 Incorporate the extended family in the reunification process

2.0 Improve individual functioning	2.1 Reduce anxiety about engaging in therapy
	2.2 Provide support in accessing therapy
	2.3 Increase ability to cope with family of origin/traumatic events
	2.4 Provide counselling regarding domestic violence
	2.5 Provide nurturing to the parents
	2.6 Assist in reducing relapses with substance abuse
3.0 Improve family functioning	3.1 Improve parent/child relationship
	3.2 Improve parenting skills
	3.3 Increase attachment between parent & child
	3.4 Improve problem-solving
	3.5 Increase family stability
	3.6 Empower families
4.0 Protection Services	4.1 Increase child safety
5.0 Improve the children's emotional, social and behavioural functioning	5.1 Decrease the children's problematic behaviour
	5.2 Improve the children's developmental level
6.0 Assist families in creating a safe, stable, structured environment for all family members	6.1 Decrease incidence of domestic violence
	6.2 Role model parenting, structure & routine
	6.3 Increase family's abilities to meet their own basic needs

7.0 Increase families linkages to community services	7.1 Decrease isolation
	7.2 Decrease dependency on services from the social worker & family support worker
	7.3 Advocacy with both internal and external resources

The system and service goals as developed by the program staff and the Advisory Committee are not currently evaluable in terms of meeting the criteria for evaluability. In order to meet the preconditions for evaluability, goals and objective must be well defined, must be able to be implemented in the prescribed manner; and causal linkages must be plausible (Rutman, 1980). The system goals all appeared to be based on the assumption that the program would be able to successfully reunify children that were not able to be reunified through conventional services of the Agency. Further, it was assumed that the program would be able to reunify a sufficient number of children in order to reduce the overall number of children and days care reported by the Agency. These assumptions may be faulty in that reunification programs report significantly lower success rates than preservation programs and typically have a longer program length (Staff & Fein, 1993; Maluccio et al., 1994; Frankel, 1988). In addition, the types of families the program was targeting had implications that impacted on system goal achievement. The program had been described as targeting multi-problem families, this had been supported by the data collected by the program as the population being served. However, the types of families and their characteristics targeted by the program are also the same characteristics cited in the literature as indicators that decrease the likelihood of successful reunification (Turner, 1986; Hess & Folaron, 1991).

This appears to result in an apparent discrepancy between the assumptions of system goal achievement and the desired target population. The program's ability to impact on overall Agency functioning appears limited with the current target population. An added difficulty is that it would be difficult to attribute impact on the overall Agency to the program. Should the Agency's days care or numbers of children in care either increase or decrease it would be difficult to solely attribute these findings specifically to the program. There are a number of problems in using effects on overall statistics as outcome measures. The number of children placed in out-of-home care is subject to a myriad of influences, many of these outside the child welfare system. These influences change over the course of time, so it is impossible to claim success for a program merely because improvements in gross statistics occur, or to declare program failure when the statistics deteriorate (Rossi, 1990).

The service goals were inconsistent, poorly defined and difficult to measure as stated. Several of the objectives were cited under more than one goal and not all of the objectives appeared to support the goals in terms of being an intermediate point towards the end result of goal achievement. The service goals appeared to be an effort to capture all of the possible areas the program might intervene. This appeared to be a result of having such a broadly defined program and target population. The service goals attempted to address a multitude of issues and did not provide a clear program focus.

REFERRAL AND INTAKE

The referrals had been identified as coming from Central Area's Intake unit, and the four

family services units. The referral process was described as the family services worker identifies a family to be referred. They completed a referral form which was signed by their supervisor. The referral was reviewed by the reunification supervisor and was assigned to a reunification worker or placed on the waiting list for assignment. The reunification worker met with the referring worker and gathered information on the family. There was no identified systematic information gathering system so this was done at the discretion of the reunification worker. The reunification worker and the referring worker met together with the family. This meeting involved the reunification worker outlining the program, the referring worker identified the reasons the children were in care and the work completed by the family to date. In addition, the reunification worker completed a questionnaire with the family. The questionnaire identified possible goals the family would like to work on, previous services they had utilized, things they had done successfully, and things that they had not found helpful. Once this meeting was complete the family was either accepted or rejected from the program. There was no specific criteria for rejection or acceptance. If the family was accepted, the referring worker completed a transfer summary and the family was transferred to the Reunification Program.

There was general consensus that there were no standards or criteria for referrals. This was a result of the breadth and vagueness of the target population. The broad and general nature of the target population had resulted in an inability to provide a clear referral criteria for the program staff and the referring social workers. The program had no ability to determine which families were appropriate and which families were not. How these decisions were

made was unclear as there was no consistent process for decision making.

INTERVENTION AND ACTIVITIES

The program activities centered around the philosophy of in-home, intensive service that was goal directed and builds on strengths of family members. The activities covered a range of concrete, clinical and teaching or skill building interventions and were consistent with the activities reported in the literature (Maluccio et al., 1993; Maluccio et al., 1994; Simms & Bolden, 1991; Fein & Staff, 1993; Fein & Staff, 1994; Haapala et al., 1990; Walton et al., 1993; Frankel, 1988). The program service length was four to six months however, this period could be extended at the discretion of the supervisor. The criteria for extension was vague. If the family was considered to be able to benefit from continued involvement, and/or if the issues that resulted in the children being in out-of-home care were not resolved but the family was engaged in the process of addressing the issues, then they would be extended.

The concrete services were described as the usual starting point with families and were often used during the assessment phase. It was believed by program staff that the provision of concrete services assisted with engagement and relationship building with families. The program believed that a family's concrete needs must be met prior to moving into other types of interventions. This is supported in the literature which indicates that in work with poor, multi-problem families, one must address survival concerns before meaningful progress can be made on developmental issues (Hayward & Cameron, 1993; Stiffman et al.; Walton et al., 1993; Kaye & Bell, 1993). The concrete services included: assisting families to find

housing, moving families, home repairs, house cleaning, transportation, provision of bus tickets or cabs, homemaking for respite or to attend appointments, financial aid such as emergency food or cribs, advocating for families with other resources, increasing access between parents and children, assistance in daycare or school placements, and links to community resources.

The teaching component was described as an educational approach that incorporated role modeling, feedback and skill development. It included using reading materials, video materials, role plays or discussions. It occurred immediately after the assessment phase, in particular regarding parenting skills and parent/child interaction. The program staff indicated that this was done consistently with all families during visits. The program followed a visiting philosophy whereby visits were utilized to provide the parents with a gradual opportunity to reassume the parenting role. Therefore, the purpose for visits and the quantity and duration of visits reflected this. The teaching interventions included: budgeting, parenting skills, basic child care, child development, daily structure and routine, discipline strategies, meal planning, problem solving, assertiveness training, communication skills, and anger management.

The clinical component employed a variety of intervention techniques such as: cognitive-behavioral approaches, rational emotive therapy, relapse prevention, reflecting team approach, and family therapy approaches. The social workers were knowledgeable in the dynamics of sexual abuse, physical abuse, domestic violence and substance abuse issues. The

clinical component, program staff reported, was not utilized with all families as some families never moved beyond the concrete services and teaching component. The clinical component included interventions in the following areas: substance abuse, domestic violence, physical and sexual abuse of children, couple or relationship issues, parent/child relationship, and past traumatic events.

All of the interventions were geared towards resolving the issues which resulted in the children entering into out-of-home care. The family participated in identifying the issues, setting goals and contracting to work on the issues. However, as the social worker also maintained the mandated protection role some of the issues that placed a child at risk must be identified and addressed even if the family does not identify or prioritize this issue. The activities appeared to be based on a multi-level service delivery system. The program started with the basic needs and provided concrete services and then moved toward the teaching component. If a family was able to successfully achieve this level they then moved towards the more insight oriented clinical component. An underlying assumption of the program was that the provision of an intensive, in-home based service would have a greater impact than service delivered in a less intensive and office based format. As the target population for the program was broad and captured families with a variety of issues the intervention activities also reflected this. The activities were broadly defined and articulated and varied according to each individual family. There was also a sense that perhaps the interventions varied according to each social worker. The program staff indicated that they each brought an individual style and focus to their work with families and that there was not necessarily a

specific program model that was followed. This is consistent with the literature which reports that models stress the development of individually-tailored service packages and rely on the skills of single workers to respond to a broad range of needs and circumstances (Hayward & Cameron, 1993; Rossi, 1990).

MEASUREMENT SYSTEM

The program had implemented a number of information gathering mechanisms. However, most of this information was being collected and not utilized. Currently the program maintained paper records which outlined all of the demographic characteristics of families that had been served. This included: age of parents and children, employment status, financial status, marital status, ethnicity, and education level. The presenting issues which brought the children into care were also collected, such as: neglect, substance abuse, domestic violence, parenting problems, physical abuse, abandonment/inappropriate care giver, sexual abuse, parent-teen conflict, parent overwhelmed, child acting out, mental health of parent, child self-destructive, abuse history of parent, inability to protect, parent isolated, and no place of residence. As well, the number of times the child had been in care previously, and length of time in care at point of referral was also recorded. The program maintained records at termination regarding length of service and outcome of service. Outcome of service was described as: child returned, family remains open to the Agency; child returned, family closed to the Agency; child remains in care, seeking a permanent order; child in care, relative applying for guardianship; and child in care, returned to the family services unit. This information was structured to accommodate data entry into a computer

program however, the Micro Soft Access program had been nonfunctional for over a year

and therefore, the information had not been kept up to date and had not been utilized.

Through the course of the evaluability assessment a spreadsheet program was developed and

all of this information was entered and continued to be regularly updated.

The social workers completed the Family Assessment Form developed by the Children's

Bureau of Southern California (Morales & Sladen, 1995). The Family Assessment Form

(FAF) was developed within the Children's Bureau by staff who work in the home-based

services. The FAF is used at assessment and at case termination to help guide the practice

of social workers in assessing client strengths and weaknesses, developing appropriate

service plans, and observing and recording client change (McCroskey & Nelson, 1989). The

FAF is used to evaluate a families strengths, weaknesses and progress made in six domains

of family functioning. The six domains are: parent-child interactions, support to care givers,

physical living environment, interaction between care givers, financial conditions and child

developmental stimulation. The six domains contain scales which when rated indicate if the

family is in the safe zone or danger zone regarding risk to maltreat the child. The instrument

is considered to be valid and reliable (McCroskey & Nelson, 1989; McCroskey et al., 1991;

Morales & Sladen, 1995). The FAF was originally intended to be completed as a pre and

post test instrument to demonstrate changes in family functioning within the program.

However, it appeared that for most families this form had only been completed on one

occasion during the program involvement until recently. Therefore, there was little

information on families that have been through the program in the first two years to

demonstrate impact on family functioning. The FAF had also been adopted by the family services workers as the assessment format they complete in meeting recording standards.

The social workers and family support workers completed a daily activity record for a one month period of time following the model developed by Staff and Fein (1994). The daily record was broken down into activities and purpose categories and had been developed by program staff of the Casey Family Services Reunification Programs. The model had been used by Staff and Fein (1994) to determine: the level of intensity of the service delivery system; the level of intensity at different stages of intervention such as: assessment, working toward reunification and post reunification; site differences in intensity of service; role differentiation between social workers and family support workers; and services provided to families. The program staff did not complete the daily activity record for an entire program length with any families therefore, the information does not match the information gathered by Staff and Fein in their study. The information gathered looked at differences in roles and services provided by the social worker and family support worker, the services provided to families during this time period and the level of intensity of services. The decision to complete the daily activity record for only a one month time period appeared to be based on the program staff's perception that the process was too time consuming to include it on an ongoing basis.

At program completion the referring worker and supervisor completed a satisfaction survey and the family was mailed out a family satisfaction survey. The family received a $5.00

money order when they had completed the survey. The family surveys were coded and returned to the program administrative support person in order to receive the money order but were non-identifying. The family satisfaction surveys were developed when the program model had four social workers and four family support workers who worked as teams. The questionnaire reflected this team work and had several questions specific to the clarity of roles, and the working relationship. These questions may not be as relevant now that there is only one family support worker and not all families have a family support worker and a social worker. Although the information was being collected it was not being utilized. These were self-report measures that indicated either the referring worker or the families satisfaction with the services they had received and their perception of whether or not there was an impact. The referring worker survey could be adapted to include questions that address the reasons for the referral.

The Agency has a Child & Family Services Information System (CFSIS) computer system and an accounting computer system. The CFSIS system appeared to be limited its usefulness in evaluating the program. Information needed to be reviewed manually, and there was not a capacity to generate reports or information that could be useful. In order to determine recidivism of children who had been successful reunified one needed to manually enter each family's name into the computer and view the various screens to determine if the children had reentered care up to that point in time. The information that is contained within the CFSIS system is basic demographic information, there is no case specific information such as reason for Agency involvement. One is unable to generate reports even with the demographic

information, such as a list of all single parent families. The accounting computer system is able to generate information regarding the cost of the out-of-home placement per child, but it must be generated manually.

FEASIBILITY ANALYSIS

PURPOSE OF THE EVALUATION

The intention to evaluate the program was specified in early program documents and funding proposals. There appeared to be two separate and competing purposes for the evaluation, one of which was unstated. The stated purpose for the evaluation was to determine the effectiveness and efficiency of the program, and determine how this impacted on overall Agency functioning. The stated purpose for the evaluation was clearly supported and articulated by program staff. The Advisory Committee supported this through their agreement with the service goals. However, they did not add to or participate in the creation of the service goals they simply agreed to the program staff representation of the service goals. The unstated purpose for the evaluation was to determine if the program was self-sustaining and, if not, was it capable of becoming self-sufficient. This unstated purpose had been demonstrated by the identification of the system goals which had been created by the Advisory Committee or from management documents. The documents clearly outlined the government position that the funding for the program was contingent upon the program becoming self-sufficient. The program proposals all articulated and projected that the program would become self-sufficient by its fourth year. The self-sufficiency was described

as occurring through the days care saved by successful reunification of children and the funding for the days care saved reverting back into the program. Even though this was clearly articulated in the documents, and was agreed to by management by virtue of the proposals submitted, this position was not being clearly articulated or verbalized by the Advisory Committee. There appeared to be a preference to leave this unstated and to address it through the setting of goals such as "improve efficiency and effectiveness" and by setting goals to impact on the overall functioning of the Agency. The discrepancy between the program staff and the Advisory Committee and the government was not unusual. Policymakers believe that family preservation and family reunification programs were intended to improve family functioning and child well-being to a degree that would alleviate the need for foster care placement. Therefore, in translating program goals into measurable objectives, evaluation indicators of improved family functioning alone would not provide an adequate basis for answering the questions of program effectiveness. Policymakers believe that ultimately, the evaluation must determine whether or not there was an actual reduction in foster care (Kaye & Bell, 1993). What was unusual was the fact that the goal of self-sufficiency was left unstated. If the primary purpose of the program evaluation was to prove that the program was or could become self-sufficient in order to maintain funding it would be necessary to state this intent. This intent would explain the discrepancy between the Advisory Committee and the program staff in terms of their differential focus on system goals and service goals. The Advisory Committee, who was made up of management staff, was invested in issues of funding and the program staff were invested in issues of service delivery to families. Family functioning can be considered a treatment question of most interest to

social workers and placement issues can be considered a policy question of most interest to administrators, legislators and funders. Child welfare directors and program managers recognize that policymakers funded their programs with the expectation that the programs would lead to a reduction in foster care placement. Although program managers share this expectation, they tended to take a more long-term view of reduction in foster care placements. They consider the goals of improved family functioning and child well-being as more immediately applicable to a greater proportion of the families that they serve (Kaye & Bell, 1993).

The purpose of the evaluation would need to be reconciled in order to proceed further and the current unstated purpose would need to be addressed. The program staff do not appear to be aware of the necessity to become self-sufficient. They are aware that the program needs to demonstrate success and an impact with families but not the extent of the impact required. If either the purpose of an evaluation is unclear or several, perhaps competing, purposes are being served, it is very difficult to design and undertake an evaluation (Mayne & Hudson, 1992). An evaluation that employs outcome measures that are not plausible to achieve is poorly designed. An evaluation that ignores the outcomes of interest to policymakers is not likely to be useful or acceptable (Kaye & Bell, 1993).

Outcomes expected from a program must be theoretically consistent with program goals and program service delivery models. Expected outcomes should naturally emerge from the goals of the program and they should not involve more than what the goals outline. Program

developers often overstate the goals that a program can achieve (Dylla & Berry, 1998). This appears to be the case in the program proposal documents reviewed. The documents did not reflect a position regarding the status of the program should it not become self-sufficient. There was no discussion of whether or not there would be an acceptable level of success that may fall below self-sufficiency, or what would occur should self-sufficiency not be achieved. There was an unstated concern that the program would be terminated should it not become self-sufficient. The government had expressed the expectation that the program would become self-sufficient. They had not articulated how this was to be demonstrated other than an expectation that there would be an absolute reduction of 40-60,000 days care and whatever funding was utilized must have a corresponding reduction in child in care costs. They had not articulated a clear evaluation criteria. The practice of stating requirements in broad terms is in keeping with a rather general mandate for a program to ameliorate a given problem. This approach is necessitated by political compromises whereby a general program that is applicable to a wide range of constituencies is more politically viable than a program targeted to a small subpopulation (St. Pierre, 1983). This appears to be the case both by management and the government. Management has utilized a broad, generalized program description in order to receive funding for the program. The government in turn has required accountability in broad statements that are difficult to define and implement. Any evaluation that is undertaken should include discussions with the government in order to allow them the opportunity to identify their expectations for an evaluation and to provide clarity regarding these expectations. The Agency management system had not articulated their expectations of the program. It is unclear if they expect self-sufficiency or if that is an imposed

expectation. It would be important to determine if there is a level of success below self-sufficiency that is acceptable to all parties.

In addition, the primary users of the evaluation would need to be identified and clarified. It appeared that the primary users of the evaluation would be the program staff, the program supervisor, the Advisory Committee and the management team. However, unstated was what portion of the evaluation would be shared with government officials. All of the evaluation, portions of it or none of it? What would determine if the evaluation was shared with government? It would be reasonable to assume that government would have access to the evaluation as a primary funder of the program, however, how the report would be utilized would require clarification and again speaks to the need to be clear on the purpose of the evaluation. If management is expected to conduct evaluations as a process of accountability, then the standards for practice must be established by those demanding the accountability (Myers, 1992). The purpose, the users and the expectations for the evaluation were not clear.

NEED FOR CONSENSUS ON KEY ISSUES

A primary focus as articulated by program staff and the Advisory Committee was a desire to determine which client groups the program demonstrated success with and which it did not. Both groups indicated a desire to refine the target population and to create a more specific referral criteria. This as a first step would assist in the program evaluation as currently the vastness of the target population and the issues presented and the interventions

utilized make it difficult to define the program model and program components. Therefore, as an initial strategy this may be helpful in providing clarification in a number of areas. Much of the information needed to begin refining the client population is currently being collected and has simply not been compiled in a meaningful way. The cross tabulation system developed, during the course of the evaluability assessment had indicated that families whose children had been in out-of-home care five or more times and had been in out-of-home care longer than one year had differential success rates than families with children who had been in out-of-home care for less or fewer times. The data available through the program was consistent with the literature that also cited frequency and duration in out-of-home care as variables that affect success (Hess & Folaron, 1991; Maluccio et al., 1993; Turner, 1986; Turner, 1984; Walton et al., 1993). This information has only been reviewed in a preliminary fashion and therefore, other themes would be expected to arise from the information that could be utilized to refine the referral criteria. Once this was completed one would be in a position to refine the goals and objectives of the program. A clearer target population may assist with the process of clarifying the goals and objectives. The program may wish to experiment with some of the recommendations from current research studies which suggest developing specialized programs for particular client groups. This would assist in beginning to address the question of what kinds of services are most beneficial for different client groups (Rzepnicki, 1996).

An issue that appeared to be unstated and was linked to the evaluation purpose was the importance placed on evaluating program effects in terms of impact on overall Agency,

versus the impact on family and individual functioning. There appeared to be a difference in emphasis between the Advisory Committee and program staff. The Advisory Committee remained focused on the effects or outcomes of the program in terms of successful reunifications and corresponding impact on overall Agency statistics. Whereas the program staff were focused on the program impacts on family functioning, individual functioning and child functioning. The difference in focus and emphasis between the groups was not unusual. Kaye & Bell (1993) identified the differences among stakeholders regarding program goals. Policymakers believe programs improve family functioning and ensure child well-being and that such changes will reduce foster care placements in the short-term and related reductions in child welfare expenditures in the long-term. Program managers believe programs can improve family functioning and child well-being and produce an eventual reduction in foster care placements. Program staff believe programs can improve family functioning and child well-being where families are motivated to change. Staff are aware of foster care reduction goals but do not necessarily believe the program can impact on it. They question the realism of program measures that pertain to long-term avoidance of foster care. These were not mutually exclusive goals, the outcomes were interdependent, as in order to achieve successful reunification one could assume that the program must impact on family and individual functioning.

It had been raised by program staff, and was identified as a service goal, that they function as the protection social worker and the clinical/supportive social worker. This appeared to create a dilemma for the staff in defining their roles with families. This dilemma appeared to

have impacted the goal formulation. The goals and objectives could be categorized as goals which target specific child protection concerns, goals which target overall family and individual functioning, and goals which impact on Agency functioning. The program activities were described as stemming from the identification of issues that resulted in the children being in out-of-home care and were efforts to resolve these conditions in order to reunify the children. If this was the case, then the final goal of the program was to reduce or decrease the risk factors to the children in order to achieve reunification. The individual and family functioning was an intermediate goal. The assumption that these programs impact on placement by improving family functioning is implicit in all programs. However, the relationship between family functioning and the ability to achieve stable reunification is unknown (Kaye & Bell, 1993; Dylla & Berry, 1998; Smith, 1995; Frankel, 1988; Maluccio et al., 1994). However, if one focused on reducing the risk factors that resulted in the out-of-home placement of the children, this may produce a more direct link between program interventions and achieving reunification. This also appears to bring the two positions closer together in terms of the Advisory Committee and the program staff. The Advisory Committee appeared less invested in the family and individual functioning so already view it as a secondary gain. One could assume that this would be connected to the issue of funding, as the program was not funded to improve individual and family functioning but to reunify children. The program staff viewed the individual and family functioning as important while still maintaining the protection role, therefore, all of their work was directed towards the intermediate goal of individual and family functioning while not necessarily working on it directly. Thus changing the emphasis, and creating goals and objectives that target the

issues that resulted in the children being in out-of-home care would reduce the redundancy of the articulated goals and objectives and would assist in making them more congruent and consistent. This may also assist in closing the gap in the discrepancy between the program staff, the Advisory Committee and the government. The goals and objectives could be structured to reflect the issues identified by the data collection instruments that result in children coming into care. This goal and objective setting would be consistent with the program activities, as the program activities were identified as focusing on reducing the issues that brought the children into care. If the goals and objectives were focused on the issues which brought the children into care measurement of goal attainment would also assist in further refining the target population regarding which issues the program is considered to be able to have an impact. This is consistent with other reunification programs which identify program goals as the expectations and requirements for the family to achieve reunification (Fein & Staff, 1993). This would appear to be a consistent method of measuring program impact as the literature identifies that the number and severity of parents problems impact on reunification. In addition, whether or not the problems of the parents that precipitated placement were resolved is considered to be one of the most frequent contributors to placement reentry (Hess & Folaron, 1991; Turner, 1986; Turner, 1984). Although some of the goals and objectives were measurable, on the whole they required refinement. They did not speak directly to the purpose for the evaluation and as stated did not provide a consistent framework from which to conduct an evaluation. As such the above recommendations would be worth pursuing in order to complete a program evaluation.

FEASIBILITY OF DATA COLLECTION

Many of the necessary data collection methods were already in place in the program and the data was being collected. The primary issue was the fact that to date, most of the information had to be reviewed manually or the information had been gathered but not compiled in any meaningful way. The biggest obstacle appeared to be the lack of a computer program for which the data could be entered and meaningful reports generated. The most cost effective solution would be to correct the current nonfunctioning Micro Soft Access computer program, if that was possible, as it was already programmed to the data collection instruments used by the program. This would allow for an ongoing evaluation design to be implemented and updated as opposed to a one-time evaluation project. If the program goals and objectives change to reflect a focus on the reduction of the issues which resulted in children coming into care, there would be little need to change the data collection instruments. The current instruments all contain this information.

The FAF has been designed to identify and measure risk factors to children and is less useful in measuring changes in individual functioning. The FAF provides systematic information on clients and multiple aspects of family functioning at service entry and at termination; this information provides systematic data that can be used as the basis for continual program monitoring, evaluation and development (McCroskey & Nelson, 1989; McCroskey et al., 1991). The FAF will need to be consistently completed by the program staff as a pre and post test instrument in order to measure changes in family functioning in the six domains. If individual functioning remains as a goal a specific adult measure would need to be

included that would measure the impact on this. Additional data collection instruments may include a child specific measure and the program may wish to employ again the daily activity log in order to specify intervention strategies utilized, and to measure the intensity of the program across program phases. The family satisfaction survey currently used may need to be revised, as some of the questions are specific to the social worker and family support worker team approach that is no longer utilized in the program. The program may also wish to include a question regarding the main reason for the referral to the program in order to begin identifying alternative reasons for use of the program other than the referral criteria.

There does not appear to be a problem with collecting necessary data as the staff currently complete a number of forms and have demonstrated a commitment to the collection of information. The area where problems exist is in translating the raw data into useable information. This would increase staff's willingness to continue to compile information if they were able to receive feedback on their work performance as opposed to completing information that is not used.

PROPOSED EVALUATION: ISSUES OF FOCUS AND DESIGN

The original program proposal clearly stipulated that the Reunification Program was to be evaluated. Should such an evaluation take place, I recommend that it initially focus on the program and not on Agency impact. Once program effectiveness has been demonstrated, it may be possible to begin looking at broader issues such as overall Agency impact. Without first evaluating the program it would be difficult with any certainty to link impact or

outcomes from the program to the overall Agency. In order to accomplish an evaluation of the program with a focus on program outcomes it would appear that the funding body, the government, would need to be in agreement with this evaluation focus.

Much of the research to date on family preservation and family reunification programs has been driven by the effort to prove the utility of the programs and by the effort to define and measure placement. This has resulted in flawed methodological evaluations. This emphasis has been misguided because placement is affected by factors that are unrelated to the child's need for placement. Placement rates for a community are more likely to be influenced by broad societal conditions underlying child abuse and neglect, such as economic and cultural impoverishment, than by implementation of such programs (Schuerman et al., 1992; McCroskey et al., 1991; Frankel, 1988). Variation in placement is not a linear function of child and family functioning. Placement is affected by many system-level factors (Walton et al., 1993). Therefore, the expectation that the program will be able to impact on the overall Agency functioning in terms of numbers of children in care, numbers of days care and overall Agency expenditures appears unrealistic. If the evaluation was considered to occur in two stages then perhaps there could be clarification regarding the evaluation and a separation between what is a program specific evaluation and what is an evaluation which considers the program impact on overall Agency functioning. The government may need to make a decision about the program based on a criteria other than self-sufficiency. The goal of self-sufficiency does not appear to be a reasonable or achievable goal. However, that does not mean the program is without merit. Discussions need to be undertaken in order to determine

if there are other acceptable goals upon which the program can be measured. Much of the literature is reporting the need to consider other outcome measures and program impacts besides placement (Frankel, 1988; Hayward & Cameron, 1993; McCroskey et al., 1991; Maluccio et al., 1993).

Evaluations are frequently used solely for accountability purposes rather than for generating knowledge about social programs. The ultimate goal should be to provide information on the effectiveness of various service interventions in ameliorating certain social problems, to examine what makes programs or program elements effective or ineffective and to build our knowledge base in understanding of effective social interventions (Stahler, 1995). There is increasing interest in outcome research and performance standards for government sponsored social programs. Legislative pressures rather than clinical and administrative concerns have dominated the realm of program accountability and they inexorably are moving the human services system from process to outcome evaluation. Some service delivery programs are adequately funded and reflect current "state of the art", while others are hastily conceived programs, aimed at highly visible or politically relevant "target populations" displaying a host of social, personal and economic ills. Their clients present problems for which there are few meaningful interventions. Meaningful outcome measurement thus is confounded by the inherent problems of human service programs themselves (Neigher & Schulberg, 1982).

Recently, the profession has acknowledged that the effects of intensive family services programs may not be the same for all children and families, across program models, across

geographic regions, and across varying types and degrees of family problems. It is important to begin examining not whether the service is effective, but for whom it is effective, and through which service elements (Stiffman et al.). In order to achieve this programs must have the support of their funding sources. Funding arrangements can complicate and undermine a program's service delivery efforts through continual threats to decrease funding, and through the imposition of uncoordinated and ineffective documentation expectations intended to provide accountability and evaluation (McCroskey et al., 1991). Service providers are most often constrained by limited finances and resources. The population which could use the services is usually much larger than the population which can be served. Therefore, it is critical to identify which families might benefit from services and which will not benefit (Stiffman et al.). Currently, the program is suffering the same pressures for accountability and outcome evaluations which are primarily motivated by cost saving. Any evaluation effort would need to include the government in determining the purpose and emphasis for the evaluation. It does not appear to be reasonable to undertake a program evaluation to determine if the program can achieve self-sufficiency as the current information indicates that this is not a realistic or achievable goal for this program.

The following recommendations are based on the assumption that agreement could be reached to conduct a two phased evaluation that would first consider evaluation of the program itself and then consider evaluating the impact the program has on the overall agency. The evaluation of the impact the program has on the overall Agency will be contingent on the program evaluation and this practicum will therefore, not make specific

recommendations regarding it. I will make recommendations of a program evaluation which could be undertaken which focuses on program effects and addresses both the service goals and the system goals.

The comprehensive program evaluation I would recommend utilizes a quasi-experimental program evaluation design with a comparison group. The non-equivalent control group design could be utilized with a minimum of changes to the current program. The experimental evaluations that have been conducted provide impressive evidence for the necessity of continuing to perform rigorous experimental evaluations involving random assignment of cases to experimental and control groups (Schuerman et al., 1992). In practice the experimental design is still difficult to successfully conduct as a rigorous field experiment. Program sites must have considerable funding for the evaluation in order to collect data on a control group (Stahler, 1995). Despite the recommendations that an experimental design is needed and will ensure that appropriate estimates of program effect are made it is not possible to implement an experimental design. Utilization of an experimental design would impact on the number of families served by the program, and there is strong opposition to the concept of a control group in the Agency for ethical reasons. The control group in the traditional laboratory sense of a no treatment group can rarely be established given all the social service resources that are typically available (Stahler, 1995). Within the Agency, there could be no control group that does not receive services as the children are in the care of the Agency. The family and children would still need to receive the regular family services that would work towards the possible reunification of the children. Given this reality a

comparison group format was deemed to be the most appropriate design.

The comparison group could be derived from families on family services workers caseloads. All of the referrals the program receives are from the family service workers or intake, the program is only able to provide services to 24-28 families at a given time, therefore, there exists on the caseloads of the family services workers many other families who share similar characteristics to the families that are referred. The comparison group must be comparable to the experimental group at the outset of service. The majority of the work would be on selecting the families that meet a specific matching criteria. To the extent that it is possible to construct subgroups of individuals who are alike on key variables that have been shown or can be assumed to lead to similarities in the behavior of interest, then it is reasonable to believe that the matching of experimental with "controls" within these subgroups should lead to the construction of a reasonably equivalent experimental and comparison groups (Graves, 1992; Rossi, 1990). This exercise would be labor intensive as it would require a lot of manual labor such as reviewing files and CFSIS for individual families and children. The main threat to this design is the threat to internal validity which is dependent on the effectiveness of the defined matching criteria. The characteristics that should be matched would be: families with children in care, age of the children, the issues which resulted in the children being in care should be contained within the defined list and should be matched, the length of time the children have been in care, and the number of times the children have been in care previously (Hess & Folaron, 1991; Maluccio et al., 1993; Turner, 1984; Walton et al., 1993; Maluccio et al., 1994). The Reunification Program employed experienced social

workers, while the family services units had been noted to have high staff turnover, with the resulting effect that each unit had a number of newly graduated social workers. In order to ensure that the program impact is being measured and not years of experience it would be necessary to match experience of the social workers. This could be done by including cases in the comparison group which are derived from family services worker's caseloads who have a minimum of two years experience.

Once a comparison group is determined there are several outcome measures that could be utilized. The final decisions regarding outcome measures will be dependent upon the program goals and objectives that are developed. The literature is recommending that the outcome measures be expanded to include measures other than placement. Outcome measures that have been used by other programs or are recommended in the literature are: family functioning, parenting skills, child functioning, subsequent maltreatment, social support available to family, environmental changes, goal attainment and client satisfaction (Kaye & Bell, 1993; Craig-Van Grack, 1997; Maluccio et al., 1994; Smith, 1995; Haapala et al., 1990; Frankel, 1988; Rzepnicki, 1996). In order to remain consistent with the current literature I would recommend the following outcomes for evaluation: reunification of children with biological families, family functioning, parenting skills, and child functioning. It would also be important to determine the interventions and activities utilized by the program, therefore information on program processes should also be collected.

The experimental group and the comparison group could be examined on such factors as:

level of success in reunifying families, the length of time to achieve successful reunification, and post reunification, length of time children remain at home. For families that do not achieve reunification one could compare the outcome for the child in terms of case planning, and any differences in the length of time it took to make critical case decision such as permanency planning. Although the family services workers were not completing the data collection instrument that program staff completed which contained this information; this information would be readily available through file reviews and on CFSIS.

The literature supports the broadening of the criteria for success to include other standardized measures for outcomes regarding family and child functioning (Smith, 1995; Stiffman et al.; Wells, 1994; Frankel, 1988; Hayward & Cameron, 1993; Nelson et al., 1990; Pecora et al., 1992). However, few measurement instrument have been designed that support feasible and affordable evaluations of family reunification programs. Frequently measures are inadequate because they are too general, ignore context, and are inappropriate for use with low-income and poorly educated families (Beincke et al., 1997; Wells, 1994). With these limits in mind I have recommended measurement instruments that have been utilized in other family preservation and family reunification programs (Hayward & Cameron, 1993; Pecora et al., 1992; Frankel, 1988; McCroskey et al., 1991).

I would recommend continuing to utilize the Family Assessment Form. The FAF was being completed by both the program staff and the family services workers. The FAF assesses the family's physical, social, and financial environments; the care givers' history, personal

characteristics, and child-rearing skills; and the interactions between adults and children and among adults in the family (McCroskey, 1991). The FAF could be utilized to compare the experimental group and the comparison group regarding the family's progress in the following domains: parent-child interactions, support to care givers, physical living environment, interaction between care givers, financial conditions, and child developmental stimulation.

In addition to the FAF I would recommend the introduction of the Child Well-Being Scales (Magura & Moses, 1986) and the Parenting Stress Index (Abidin, 1990). The Child Well-Being Scales (Magura & Moses, 1986) have been developed for evaluating programs in child welfare. It measures four areas of functioning: the parental role performance, the familial capacities, the child role performance and the child capacities. It is completed by the social worker and is considered valid and reliable in differentiating between neglect and control cases. The Parenting Stress Index (Abidin, 1990) is a self-report measure that can be utilized to identify parent and child systems which are under stress, dysfunctional parenting and the development of emotional pathology in children. It measures parent characteristics such as depression, sense of competence in the parenting role and parental attachment. It measures child characteristics such as adaptability, demandingness, mood, hyperactivity/distractibility, acceptability, and child reinforces the parent. It measures situations that are directly related to the role of being a parent such as parents relationship with each other, social support available, parental health, and restrictions caused by the parental role.

The FAF and the Child Well-Being Scale are both completed by the social worker, therefore, there exists the possibility of bias in the workers ratings as they may have an investment in seeing progress in the family. It is important that the evaluation therefore, include a self-report measure such as the Parenting Stress Index. The combination of these three measures will provide information on changes in family functioning, parental functioning, environment and financial situation, and the social support network. The program staff could complete the FAF and the Child Well-Being Scale and have the family complete the Parenting Stress Index within thirty to sixty days of receiving the case and then at termination of the program. The family services workers could complete the FAF and the Child Well-Being Scale and have the family complete the Parenting Stress Index shortly after intake and at regular six month intervals, since the duration of service may differ.

The program would need to determine while setting program goals and objectives, whether they are targeting impact in children. If so, specific child attributes would need to be measured, such as child behavior and self-esteem. Measures such as the Achenbach Child Behavior Checklist (Achenbach, 1978) and the Piers Harris Children's Self-Concept Scale (Piers & Harris, 1964) may be appropriate for use in this regard.

In order to determine the program processes that occurred during the course of the evaluation I would recommend the reintroduction of the Daily Activity Record (Staff & Fein, 1994). The Daily Activity Record would need to be completed for the duration of the program period and would provide information on: the level of intensity of the service

delivery system across program stages, and the types of services and activities that were provided to families, and the differences in roles and services between the family support worker and the social worker. This would provide clear information on the services provided which could be compared to the family services workers. In order to compare this information, file reviews would need to be conducted to determine the services which were provided by the family services workers. It would also provide information on the role and services provided by the family support worker which to date the program has been unable to clearly define.

The Reunification Program currently collects a referring worker satisfaction survey and a family satisfaction survey. These surveys could continue to be maintained although the program may wish to restructure the questions. The referring worker survey could include a question which addresses the reasons the family is being referred which may fall outside of the referral criteria. The family satisfaction survey contains questions specific to the social work and family support worker team approach which is no longer consistently utilized, and therefore, these questions do not appear currently relevant to the program. The program may wish to consider deleting these questions.

The use of a comparison group will assist in alleviating some of the concerns articulated in the literature about the difficulty with reunification and preservation program evaluations. In addition, because of the small sample size in the Reunification Program it is difficult to generalize effects or impacts. Although the comparison group will not assist with the

generalizability of the results, it will assist with the credibility of the findings. The non-equivalent control group design would be a one time evaluation that would be necessary to demonstrate the program impact. Once completed the program would be able to maintain similar data collection methods to continue to evaluate the program without utilizing the comparison group. The constraints with this recommendation are that it will require significant time to create the comparison group in terms of identifying families who meet the matching criteria. It also assumes that the matching criteria identified will accurately create a comparable group of families. This design also requires the implementation of an additional measure that must be completed by the family services worker and the program staff. This may be problematic as the family services workers maintain high caseloads and additional workload activities are difficult to introduce. The secondary issue will be the compilation and inputting of the data gathered in order to make meaningful and useful comparisons. This will be necessary if the program is to continue to maintain a program evaluation component.

SUMMARY OF RECOMMENDATIONS

Based on the review of the literature and program documents, as well as meetings with key stakeholders, a number of recommendations were derived:

1. The current target population needs to be refined in order to provide a more specific referral criteria. I would recommend screening for the number of times children have been in out-of-home care previously and for length of time in out-of-home care. These two

characteristics have been shown to have some impact on success and increase program length. The program may also consider refining the target population to specialize in providing services to families with specific issues which result in children being in out-of-home care.

2. The characteristics of the families targeted by the program need to be taken into consideration in setting program goals and objectives. If the program is to continue targeting the same families this must be reflected in the stated goals and objectives. Specifically, it is unlikely that a reunification program targeting multi-problem families can achieve self-sufficiency.

3. The purpose of an evaluation needs to be reconciled between the stakeholder groups of program staff, the Advisory Committee and the government. It needs to be determined if the goal of self-sufficiency is the only acceptable program goal or can the program incorporate other outcome measures.

4. If it is agreed that other outcome indicators are acceptable, the stakeholders would need to redefine the program goals and objectives. I would recommend that the goals and objectives center around the reduction of risk factors to children which resulted in children entering out-of-home care.

5. Once that was completed the current data collection instruments would need to be

reevaluated to ensure that the necessary information can be collected.

6. In order to incorporate an ongoing evaluation component into the program, the program must have access to a computer system to compile and analyse the data into a meaningful report.

7. I would recommend once this is completed that a program evaluation be undertaken that uses a quasi-experimental design utilizing a non-equivalent control group. This could be followed by a program evaluation which reviews the cost/benefit analysis, and the impact the Reunification Program has on the Agency.

APPENDIX 3

EVALUABILITY ASSESSMENT QUESTIONNAIRE

The evaluability assessment model is considered a preliminary step towards program

evaluation. It is expected to provide information that will assist a program in increasing its

amenability to a program evaluation and to increase the utility of the program evaluation for

the program manager. Based on the information provided in the attached summary please

respond to the following questions.

1.   Did this evaluability assessment assist the Reunification Program in increasing its
amenability to a program evaluation?

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2.   Does the evaluability assessment appear to provide useful information to the
stakeholders?

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3.   Might the evaluability assessment recommendations be useful to the stakeholders?

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4.   Would a program evaluation have provided the same information?

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_____

5.   Did the evaluability assessment address the methodological limitations cited in the literature such as: limited empirical knowledge base; inadequate descriptions of program components, service delivery characteristics, and program processes; outcome measures limited to impact on placement; and poorly defined target population.

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_____

6.   Do the recommendations appear to be feasible?

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7.   Would any additions/revisions to the approach that was adopted for the evaluability assessment have produced better information for the Program or Agency?

_____

APPENDIX 4

PARTICIPANT QUESTIONNAIRE

1. How do you think you benefited, if at all, from participation in the evaluability assessment process?

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2. What do you think could have been improved in the evaluability assessment process?

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3. What was the impact of having the program supervisor conduct the evaluability assessment?

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4. Did this facilitate or inhibit your participation?

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5.   Did the evaluability assessment process change your understanding or knowledge of the Reunification Program?

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6.   Did the evaluability assessment process change your willingness to participate in a program evaluation?

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_____

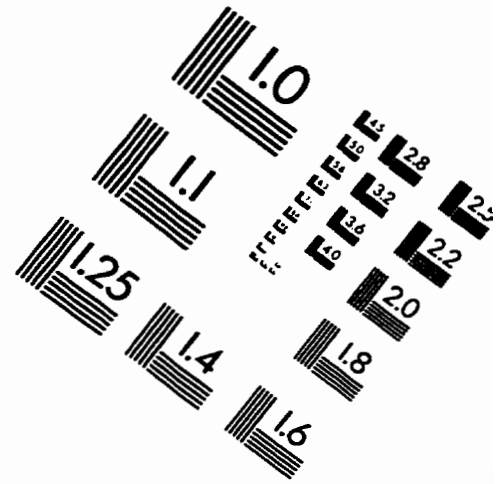_____

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IMAGE EVALUATION
TEST TARGET (QA-3)

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