

**An Evaluability Assessment of the Parent-Teen Initiative at
Winnipeg Child and Family Services**

by

Darcey Rae Bell

A Practicum Report
Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements
For the Degree of

Master of Social Work

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

© Darcey Rae Bell, August, 2004

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE**

**An Evaluability Assessment of the Parent-Teen Initiative at
Winnipeg Child and Family Services**

BY

Darcey Rae Bell

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

MASTER OF SOCIAL WORK

DARCEY RAE BELL ©2004

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film, and to University Microfilm Inc. to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Abstract

Too often, the capacity to provide innovative services and the opportunity to examine the relative effectiveness of these programs has been regarded as unimportant or something that agencies could not afford to do. This view was redressed by Winnipeg Child and Family Services (WCFS) in 2002 through the creation of the Parent-Teen Initiative (PTI), a pilot project which takes an inventive approach to working with families who are experiencing parent-teen conflict. A key element to the Initiative's implementation was the incorporation of an evaluative process. An evaluation of the Initiative has not been conducted to date, and therefore, an analysis of the program's evaluability was undertaken.

The evaluability assessment was completed so that a clear articulation of program processes and functions could be stated and to determine which of the emergent evaluation questions could feasibly be addressed in a full evaluation of the program. Interviews were conducted with key stakeholders, including staff members, clients and members of the management team. A review of program documents, an analysis of WCFS' information systems and a review of client files also took place. The evaluability assessment included the creation of a program Documents Model, a Staff and Managers' Model, and a Field Model.

As a result of the evaluability assessment, it is recommended that a full evaluation of the PTI not be undertaken at this time. Several areas, particularly around decision-making processes and structure, should be discussed and clarified by key stakeholders prior to an evaluation. A reconciliation of the above-noted models is provided in a discussion of what would be required in order to establish an Evaluable Program Model.

Acknowledgements

There are several people who I would like to thank for their varied contributions to this practicum. First, I would like to acknowledge my advisor, Brad McKenzie, for his support and patience, and for always being available with thoughtful, constructive feedback throughout this process. To Jay Rodgers, an advisory committee member; thank you for always making me see something different in my work than I had seen previously. Rob Wilson, also an advisory committee member, made my work so much easier by supporting the evaluability assessment process and providing helpful feedback, which is greatly appreciated.

I also wish to thank Val Barnby, who graciously contributed her time and knowledge to the completion of this practicum. I appreciate all of the support and encouragement you provided along the way. I would also like to express my gratitude to Kim Clare, Kim Thomas and Alex Wright for their contributions to the practicum in its beginning stages. As well, the completion of the practicum would not have been achieved without the participation and enthusiasm of the Parent-Teen Initiative staff team. I am grateful to each of you for your assistance.

I would like to thank my husband, Darren, for his infinite patience, understanding, and faith in me throughout this process. Your love and support have made this possible. Also, to my family and friends, thank you for all of the distractions along the way and for reminding me about what is really important. Special thanks to Maylia for all of her help.

Finally, I would like to thank my friend and mentor, Dave Macpherson, for always believing that I could accomplish great things and for helping me believe it too. I can never thank you enough but owe you so much.

Table of Contents

List of Tables	vii
List of Figures	viii
Chapter One: Overview of the Practicum	
Introduction.....	1
Practicum Rationale and Relevance to Social Work.....	2
Purpose of the Practicum.....	4
The Setting.....	5
Overview of the Process.....	6
Learning Objectives.....	7
Evaluation of Student Learning Objectives.....	8
Chapter Two: Literature Review	
Program Evaluation	
A Brief History of Program Evaluation.....	11
Program Evaluation Defined.....	14
Characteristics of Program Evaluation.....	15
Purposes of Program Evaluation.....	16
Types of Program Evaluation.....	18
Process & Outcome Evaluation	
Process Evaluation.....	21
Outcome Evaluation.....	23
Evaluability Assessment	
The Emergence of Evaluability Assessment.....	24
Evaluability Assessment Defined.....	25
Factors Affecting Program Evaluability.....	27
Steps in Evaluability Assessment.....	31
Parent-Teen Conflict Services in Child Welfare Agencies in Other Jurisdictions.....	33
Summary.....	36
Chapter Three: Preliminary Evaluability Assessment Results	
The Parent-Teen Initiative at WCFS	
Background.....	38
Statement of the Problem.....	39
Project Design.....	39
Project Objectives.....	40
Clients.....	41
Key Stakeholders.....	41
Project Description.....	42
Preliminary Evaluability Assessment Results.....	44
Identified Issues with Program Characteristics.....	45
Identified Issues with Implementing Required Methodology.....	49

Chapter Four: Evaluability Assessment Methodology

Interviews	
Preliminary Interviews.....	54
Staff Interviews.....	55
Client Interviews.....	58
Focus Group.....	60
File Review.....	61
Information Systems Analysis.....	62
Review of Program Documents.....	62
Timelines.....	63

Chapter Five: Description of the Models

Documents Model.....	64
Staff and Managers' Model.....	70
Field Model.....	87

Chapter Six: Towards an Evaluable Program Model

Reconciled Flowchart.....	92
Summary of Main Findings.....	96
Questions for Evaluation, Proposed Methods and Feasibility Analysis.....	112
Evaluable Program Model.....	119
Recommendations	
Recommendations Resulting from the Evaluability Assessment.....	120
Staff and Client Recommendations.....	124
Steps to Move the Project Forward.....	124

Chapter Seven: Evaluation of Personal Learning Goal and Objectives

Utilization Enhancement Checklist.....	126
Staff and Management Questionnaire.....	128
Reflection Journal.....	131
Evaluation of Learning Objectives.....	132
Evaluation of Learning Goal.....	140

References.....	141
------------------------	------------

Appendices

A: Parent-Teen Response at Intake Evaluation Plan.....	145
B: Parent-Teen Tracking Form.....	149
C: Staff Interview Guide.....	155
D: Client Interview Guide.....	156

E: Focus Group Questions	159
F: Staff Recommendations	160
G: Client Recommendations	163
H: Utilization Enhancement Checklist	164
I: Staff Questionnaire	168

List of Tables

Table 1 – Themes Emerging from Questions Regarding Staff Members’ Perceptions of the Goals and Objectives of the PTI.....	72
Table 2 – Themes Emerging from Questions Regarding Staff Members’ Perceptions of the Eligibility Criteria for Involvement in the PTI.....	76
Table 3 – Themes Emerging from Questions Regarding Staff Members’ Perceptions of What Occurs in the Consultation Process.....	80
Table 4 – Themes Emerging from Questions Regarding Staff Members’ Perceptions of How Decisions are made Regarding Recommendations Resulting From the Consult	82
Table 5 – Themes Emerging from Questions Regarding Staff Members’ Perceptions of How the Case Assignment Team Decides on Service Recommendations.....	84
Table 6 – Themes Emerging from Questions Regarding Worker Perceptions of the Positive Outcomes to Service Provision	104
Table 7 – Themes Emerging from Questions Regarding Worker Perceptions of Cross-Program Collaboration in the PTI	111
Table 8 – Questions for Evaluation, Proposed Methods and Feasibility Analysis.....	114
Table 9 – Data from Staff Questionnaire: The Frequency and Percentage of Responses by Question.....	130

List of Figures

Figure 1 – Parent Teen Response at Intake Project Process Map.....69

Figure 2 – Parent-Teen Flowchart.....93

Chapter One Overview of the Practicum

Introduction

In the last several years, the Canadian child welfare system has been the subject of a number of criticisms related to the treatment of children in care and agencies' ability to serve the interests of families, especially in ways that are culturally appropriate. The North American child welfare systems, in general, have been the target of additional criticisms including the volume of children entering care and the costs associated with this upward trend, insufficient services that create a lack of permanency for children (i.e., adoption, long-term placement in one home or facilitating their return home), and a lack of evidence pertaining to the effectiveness of child welfare programs (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000).

Too often, the capacity to innovate and the opportunity to examine the relative effectiveness of agency programs have been regarded as unimportant or something that agencies could not afford to do. This view has begun to change, with many agencies developing planning and evaluation units and engaging in collaborative research efforts to gain a better understanding of their programs' effects and ways that these programs can be improved.

One such Initiative is the Quality Assurance, Research and Planning Program of Winnipeg Child and Family Services (hereafter referred to as the Quality Assurance Unit of WCFS). The Quality Assurance Unit of WCFS was introduced in 1999 when the agency was undergoing re-organization. At that time, it was recognized that the agency needed to increase its evaluative capacity in order to meet its mission statement "to assess the effectiveness and efficiency of its services, and adjust to meet the changing needs of

children, families and the community” (WCFS, 2003, p. 8). The Quality Assurance Unit is a centralized program of the agency conducting research, planning and evaluation work in all areas which are considered priorities by Winnipeg Child and Family Services (WCFS). One particularly important aspect of this program is its role in planning and influencing the development of new Initiatives within the agency. One such Initiative is the Parent-Teen Initiative (PTI), which is described in detail later in this report.

The Quality Assurance Unit of WCFS, generally, and the PTI, specifically, was the setting for this student’s practicum. The practicum involved an evaluability assessment, a literature review of parent-teen conflict interventions in child welfare agencies in other jurisdictions, the design of client and staff interview schedules, as well as questions for a managers’ focus group, and the design of a feedback questionnaire for staff. The first chapter of this report provides a rationale for the practicum, a description of the purpose of the practicum, an overview of the practicum setting, and a description of the student’s learning goals and methods for evaluating these goals.

Practicum Rationale and Relevance to Social Work

Over the past several years, program evaluation has emerged as a priority for many organizations and child welfare agencies are no exception. It is increasingly acknowledged that evaluation can assist organizations in distinguishing which of their programs are most effective, a practice that is critical in these times of funding scarcity. Evaluation can also benefit organizations by demonstrating how existing programs could be revised to produce the results that are desired. As well, an evaluation can generate new knowledge that might lead to the creation of new programs that will help meet a previously unmet need (Rossi, Lipsey, & Freeman, 2004).

The field of child welfare is one of the main areas of employment for social workers. In Winnipeg, this field is rapidly changing due to the implementation of the Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI) recommendations. The AJI-CWI, which examined the relationship between the Aboriginal peoples of Manitoba and the justice system, found that the child welfare system was not appropriate for the Aboriginal peoples of Manitoba. It recommended the following:

- Provide Aboriginal and non-Aboriginal child and family services agencies with sufficient resources to enable them to provide a full range of direct and preventive services mandated by The Child and Family Services Act.
- That federal and provincial governments provide resources to Aboriginal agencies to develop policies, standards, protocols and procedures, and to develop computer systems that will permit them to communicate effectively, track cases and share information.
- That Principle 11 of The Child and Family Services Act be amended to read: "Aboriginal people are entitled to the provision of child and family services in a manner which respects their unique status, and their cultural and linguistic heritage."
- Establish a mandated province-wide Metis agency.
- Expand the authority of existing Indian agencies to enable them to offer services to band members living off-reserve.
- Establish an Aboriginal child and family services agency in the city of Winnipeg to handle all Aboriginal cases (AJI-CWI, 2003).

In 1999 the Government of Manitoba began the process of incorporating the recommendations of the AJI Commission into the existing child welfare system. This was done through the establishment of four provincial child welfare Authorities in November 2003: the First Nations of Southern Manitoba Child and Family Services Authority, the First Nations of Northern Manitoba Child and Family Services Authority, the Métis Child and Family Services Authority, and the General Child and Family Services Authority. These Authorities were created in accordance with the Initiative's mission statement:

To have a jointly coordinated child and family services system that recognizes the distinct rights and authorities of First Nations and Métis peoples and the general population to control and deliver their own child and family services province-wide; that is community-based; and reflects and incorporates the cultures of First Nations, Métis and the general population respectively (AJI-CWI, 2003).

The changes to the child welfare system in Manitoba will impact on children, families, and service providers in ways that are, as of yet, unknown. What we do already know is that this shift in service-provision has resulted in resource allocation shifts and has led to growing concern for job security by employees. As well, these changes have highlighted the importance of providing culturally appropriate services. This time of flux has created an environment in which program evaluation, albeit a necessary endeavour, is anticipated with unease. It is a task that holds special interest to the student because of the immense opportunity for learning about organizational change and its potential impact on staff and agency programming, which are due in part to the implementation of the AJI-CWI.

Purpose of the Practicum

It is often the case when conducting evaluative work that the evaluator must adapt their focus in order to accommodate for what is learned through the evaluation process. This practicum was no exception. Initially, the purpose of the practicum was to conduct a preliminary evaluability assessment of the PTI in order to ascertain whether the Initiative's formalized evaluation plan could be implemented. It was anticipated that the program structure would be sound and that the implementation of the desired methodology would be technically feasible. Therefore, the creation of an evaluation model and the implementation of particular elements of the evaluation were to be completed following the preliminary evaluability assessment. However, the preliminary

evaluability assessment made it clear that the Initiative should not support a full evaluation at that time, a realization that required a consequent change in the focus of the practicum.

Based on the results of the preliminary evaluability assessment, which are further described in Chapter Three, the purpose of the practicum became the completion of a full-scale evaluability assessment, which was used to examine the Initiative in greater detail, to highlight areas of concern in the current evaluation plan and to make recommendations that, if implemented, would facilitate the development of a model for a future evaluation.

The Setting

As previously mentioned, the applied setting for the practicum was at Winnipeg Child and Family Services in the Quality Assurance Unit. In 2002, this Unit was involved in the creation of the "Days Care Initiatives", which were developed in response to research that identified the placement of teenagers as a driver of days care. The Parent-Teen Initiative was one of these Initiatives and was implemented in November 2002 as a pilot project of the agency with the goal of providing "a focused, timely and specialized response to families experiencing parent-adolescent conflict" (WCFS, 2002b, p.1). An evaluation plan had been created by the Quality Assurance Unit of WCFS to assess the achievement of the Initiative's goals which was to be implemented at various stages of the Initiative's operations. The goals of the Initiative had been identified as follows:

1. To decrease the numbers of adolescents entering Agency care.
2. To decrease the number of days adolescents spend in Agency care.
3. To decrease the number of times families return to the agency for service to resolve parent-teen conflict situations.
4. To increase the quality of service to families experiencing parent-teen conflict.
5. To increase cross-program collaboration.

6. To increase collaboration with external agencies who provide services for youth. (WCFS, 2002c, p. 1)

While various aspects of the evaluation plan were to have been conducted throughout the pilot phase of the Initiative, this did not come to fruition. An evaluability assessment of the PTI using Rutman's (1980; 1984) model was, therefore, a suitable practicum experience that could benefit the agency. The PTI is described in more detail in Chapter Three.

Overview of the Process

As described earlier, the practicum process was fluid, adapting as necessary to meet the unforeseen needs that the evaluation findings presented. A preliminary evaluability assessment was undertaken to assess the feasibility of implementing the evaluation plan, which had been structured around the intended operation of the PTI. It was discovered that not only were program components and functions not clearly articulated but the recommended methodologies to assess these components, in some cases, would not produce valid, reliable results that were relevant to the program.

As such, a full-scale evaluability assessment was undertaken in order that a clear articulation of program processes and functions could be stated and to determine which elements of the original evaluation plan could feasibly be implemented. This included presenting recommendations for how the current methodologies could be adapted to support an evaluation as well as creating a new model for evaluating the PTI.

The evaluability assessment was conducted by the student in consultation with a Practicum Steering Committee comprised of six individuals representing various levels of the Agency hierarchy. These individuals were selected for participation based on their direct involvement with the PTI and their varied perspectives of the Initiative's

functioning. The role of the Practicum Steering Committee was to receive suggestions from the student regarding activities of the evaluability assessment and to ascertain their relevance to the Initiative and to the larger Agency. The Committee also provided feedback and advice regarding the student's role and performance related to the practicum.

The evaluability assessment included the creation of a program Documents Model, a Staff and Managers' Model, and a Field Model, and a reconciliation of these models into an Evaluable Program Model. The feasibility of implementing required methodologies was also assessed.

Learning Objectives

The learning goal of the student was to develop knowledge and skill in preparing for and conducting an evaluability assessment within an organization going through structural change in a highly politicized environment. As such, the following specific learning objectives informed the practicum: (1) to gain a broad understanding of Winnipeg Child and Family Services' current organizational structure and programs, as well as a good understanding of the Parent-Teen Initiative; (2) to learn how to work collaboratively with a Practicum Steering Committee comprised of individuals representing various levels of the agency's staff and management structure; (3) to gain an understanding of program evaluation principles and procedures, with special attention paid to evaluability assessment, outcome evaluation and process evaluation, and to apply this knowledge in an evaluability assessment of the Parent-Teen Initiative; (4) to increase my understanding of issues and interventions related to parent-teen conflict; (5) to develop skills in data collection techniques by constructing interview guides and a formal

questionnaire, and conducting interviews with parents and WCFS staff members; (6) to gain an understanding of how to analyze qualitative interviews and statistical data; and (7) to gain experience writing an evaluability assessment report.

Evaluation of Student Learning Objectives

The student's learning objectives and demonstrated ability to successfully complete the tasks related to the practicum were evaluated in three ways. First, a journal was kept that outlined the student's practicum experience and identified learning at different stages in the process. The journal was used to flag points of discussion for meetings with the Practicum Steering Committee, the academic advisor and practicum supervisor. Feedback through these three channels was also considered and described in the journal. A summary of the identified learning opportunities was written at the completion of the practicum and was used by the student to reflect on her learning experience and to assess whether her learning goals were achieved.

Second, feedback on the student's performance in the practicum was gathered from the agency staff members (including three individuals from the Practicum Steering Committee) who were interviewed as part of the practicum or attended meetings in which the student participated. A formal questionnaire was used to guide this process. This questionnaire was developed as part of the practicum.

Third, the Utilization Enhancement Checklist, adapted from Brown and Braskamp (1980), was used by the student at two points during the practicum. The checklist provides 50 questions that focus on "self-analysis, understanding the organizational context, planning and evaluation, the evaluation process, and communication" (p. 1). Six of the items from the checklist were deemed unnecessary for the purposes of the

practicum so were omitted. While the checklist focuses on evaluation principles, it was also deemed useful for assessing skills in evaluability assessment. The checklist is, simply put, a list of tasks that should be undertaken for an evaluability assessment to be successful. This provided the student with a means of assessing her role as an evaluator following the submission of the proposal and again at the completion of the practicum. Using the checklist at the completion of two distinct stages of the practicum experience provided the student the opportunity to assess whether her score, and her corresponding skill as an evaluator, had increased. Utilization of the checklist also allowed the student to clearly see where her strengths and weaknesses were while conducting the evaluability assessment.

Having provided the context for the practicum in this first section, the remainder of this report is organized into six chapters. Chapter Two contains a literature review of program evaluation, with specific emphasis on evaluability assessment, process evaluation and outcome evaluation. As well, it provides a selective overview of the literature pertaining to programs dealing with parent-teen conflict that are operating in other child welfare jurisdictions. Common interventions used in the resolution of parent-teen conflict are also described. Chapter Three includes a detailed description of the PTI as well as the results of the preliminary evaluability assessment. This information is included here as it was the initial assessment which served as a means of identifying the problems inherent with the evaluation plan and that provided the foundation for the development of the full-scale evaluability assessment. Chapter Four provides a description of the methodologies utilized throughout the practicum. Chapter Five provides a description of the Documents Model, the Staff and Managers' Model and the

Field Model. Chapter Six describes the reconciliation of these models into a program flowchart, as well as a discussion and recommendations for achieving an Evaluable Program Model. Questions for a full evaluation of the Initiative, proposed methods and a feasibility analysis of these methods are also included. The practicum concludes with Chapter Seven, which focuses on the evaluation of the student's learning goals.

Chapter Two Literature Review

This chapter is divided into four sections, with the first providing an overview of program evaluation. A brief history of program evaluation is presented, along with information on the characteristics, purposes and types of program evaluation. The second section of this chapter deals specifically with one type of program evaluation – the evaluability assessment. The emergence of evaluability assessment as a tool for improving evaluations is discussed, as are the factors affecting a program’s evaluability and the steps to be undertaken in an evaluability assessment. The third section of the chapter provides a description and comparison of two other types of program evaluation: process evaluation and outcome evaluation. The fourth, and final, section of the chapter provides a review of parent-teen conflict interventions that are used in child welfare agencies in other jurisdictions. The relevance of the literature to this practicum is discussed at the end of the chapter.

A Brief History of Program Evaluation

The history of program evaluation was not well documented and the process not well utilized prior to the 1960s. However, informal evaluation of social programs occurred early in the 1800s in both Great Britain and the United States, where the Industrial Revolution was forcing changes at both a technological and a social level. Evaluation at this time was usually conducted by government-appointed commissions that reviewed particular aspects of education and public health programs, formed opinions about the programs’ impact on individuals, and made recommendations for required changes (Madaus, Scriven, & Stufflebeam, 1983).

With the advent of scientific management, the beginning of the next century saw the focus of evaluators shift from the impact programs were having on the service user to the level of efficiency of the program. Evaluations at this time were undertaken primarily in educational settings with schools being treated as analogous to factories.

Although the field of program evaluation did not have many new developments during the Great Depression, by the middle of the 20th century the use of formal methodologies in the evaluation of social programs became much more common. In the mid-1930s, American Ralph Tyler was the first individual to conduct an evaluation that compared intended outcomes with actual outcomes (Madaus et al., 1983). This groundbreaking work began a new era whereby the focus of program evaluation shifted to the achievement of service objectives.

Following this seminal work the practice of evaluation began to take hold and an increase in its utilization occurred following World War II. At this time, federal and privately funded programs in the United States were dealing with issues of extensive poverty, racism and segregation, and large sums of money were put toward the development of international social programs. In order to justify these expenditures, a significant expansion in outcome-based evaluation occurred, as it became increasingly useful as a means of providing accountability to the funder (Rossi et al., 2004).

The late-1950s and the 1960s have been referred to by Madaus et al. as “The Age of Expansion” with significant steps being taken in the field at this time. Evaluation began to be used in all areas of the world, as opposed to just developed nations, and literature on the subject began to increase at a steady rate (Rossi et al., 2004). In the mid-1960s a new outlook on evaluation was conceptualized by Cronbach, who argued for

relevance and utility to be considered in evaluation design. For evaluation to be useful and helpful, he argued, it must answer questions that are important to the program stakeholders (Madaus et al., 1983). This paradigmatic shift is also noted by Rossi et al., who describe the change that has occurred in evaluation research over the years: "In its early years, evaluation was shaped mainly by the interests of social researchers. In later stages, however, the consumers of evaluation research exercised a significant influence on the field" (2004, p. 9).

The mid-1970s began a time that was marked by fiscal conservatism and a corresponding slowed rate of growth of social program funding. This created a new interest in the evaluation field, which compared the costs associated with operating a program to the benefits gained through its operation. Additionally, the earlier noted concepts of accountability and program efficiency began to play a larger role in program evaluation. The decrease in social program development and the increased focus on accountability and efficiency has continued to the current day (Rossi et al., 2004).

As evidenced here, evaluative practices have been shaped by the dominant political, economic and intellectual milieu of the time, and they have evolved accordingly. Rossi et al. have the following to offer on the future of evaluation in the human services:

First, restraints on resources will continue to require funders to choose the social problem areas on which to concentrate resources and the programs that should be given priority. Second, intensive scrutiny of existing programs will continue because of the pressure to curtail or dismantle those that do not demonstrate that they are effective and efficient. Moreover, both dissatisfaction with existing programs and shifts in political currents will result in new and modified programs that come forward with promises of being more effective and less costly. (2004, p. 15)

Program Evaluation Defined

Program evaluation has been defined in numerous ways by a variety of scholars over the past two centuries. Critical to an understanding of program evaluation is a clear articulation of what exactly is meant by “program” as this can mean different things to different interpreters. Mayne and Hudson define a program as “a set of activities and associated resources aimed at achieving a common objective” (1992, p. 3), while Rutman defines it as, “an organized set of activities that are managed toward a particular set of goals for which the program can be held separately accountable (1980, p. 42). A program evaluation therefore, can cover “a total program... a program component... an individual case or client served” (Mayne & Hudson, 1992, p. 2) or “aggregations of individual client cases” (Unrau, Gabor & Grinnell, 2001, p. 7).

While these examples might seem to muddy the definition, in fact they make it clear that when evaluating a program the entire program does not have to be the focus; rather elements of it can be highlighted. These definitions also show that what is typically defined by social service agencies as a “program” is not necessarily what must be included in the scope of a program evaluation. For example, a child welfare agency might define “intake” or “family preservation” as a program, when in fact a small scale project with its own clearly defined objectives and parameters might also be considered a program, according to the definition provided. The Parent-Teen Initiative of WCFS fits the criteria of “program” so the activities that apply to program evaluation have been utilized accordingly in this practicum.

Also required for purposes of clarity is a definition of the term evaluation. Rossi et al. define it broadly: “to ascertain the worth of or to fix a value on some object” (2004,

p. 2). When applied specifically to programs, worth can be described as the benefits to the service users and the impact of the program, while the object is the program component that is being evaluated. Critical here is the understanding that evaluation is the process that is undertaken in order to form a judgment about an activity and to make decisions about its utility. An understanding of program evaluation is better gained by reviewing the characteristics that make it a unique field of study.

Characteristics of Program Evaluation

Program evaluation, as a discipline, can be distinguished from other disciplines based on a number of characteristics, which have been articulated by Rossi, et al. in the following definition:

Program evaluation is the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform social action to improve social conditions. (2004, p. 16)

One of the primary features of program evaluation is its reliance on systematic research methods to link the activities of a program with the outcomes of a program (Mayne & Hudson, 1992; Rutman, 1980). In order to make reliable and valid assertions that a program is having a particular effect on the service users, evaluators use a variety of methodologies. There is no one particular research style that is optimal for use in program evaluation. What is required is that the evaluator “match the research procedures to the evaluation questions and circumstances as well as possible” and “to apply them at the highest possible standard feasible to those questions and those circumstances” (Rossi et al., 2004, p. 17).

Clearly, those who are operating social programs are doing so to meet a particular need and, correspondingly, to diminish a social problem. It is therefore incumbent upon

these individuals or organizations to ensure that their programs are having the intended effects. Program evaluation is one of the primary ways to do this. Rutman (1980) agrees that a major characteristic of program evaluation is that it focuses on the effectiveness of social programs and that it does so through the measurement of program goals and actual program effects.

Program evaluations are created within a particular context and their conceptualization and implementation will depend on the relevant stakeholders who are guiding the evaluation questions. Evaluation questions will vary depending on the level of experience stakeholders have with developing these questions, what the target audience of the evaluation is, and what the reasons are for conducting the evaluation. The evaluator must consider all of these issues when developing the evaluation, as well as a variety of organizational factors such as administrative support available for the evaluation, access to file information, and the willingness of staff to discuss the program.

Mayne and Hudson (1992) also highlight the potential that program evaluation has for facilitating decision-making by providing information to stakeholders on program functioning and effectiveness. Program evaluations can also inform policy-makers by providing them with a better understanding of specific interventions and their impacts.

Purposes of Program Evaluation

Program evaluation can have several purposes, which are motivated by the particular needs of the organization and vary with the organizational context. Mayne and Hudson (1992) have identified four key purposes of program evaluation: to increase knowledge, to improve program delivery, to reconsider program direction, and to provide for accountability. Each of these purposes is discussed below.

To Increase Knowledge

One of the primary purposes for evaluation is to increase the knowledge that practitioners have about particular interventions (Mayne & Hudson, 1992; Rossi et al., 2004; Unrau et al., 2001). Evaluations (if methodologically sound) that describe the impact that an intervention can have on a client group can serve to inform other programs hoping to produce a similar change in their client group. Even when evaluations are conducted incorrectly they can provide invaluable information to others by serving as an example of what not to do. As such, program evaluations have a significant capacity for knowledge generation.

To Improve Program Delivery

Another purpose of program evaluation is to discover which program objectives are being met and which are not being met so that the program can be adjusted to improve its performance. Unrau et al. (2001) also highlight this purpose for evaluation, but focus instead on meeting the objectives of the client. Improving program delivery, therefore, can be concerned with both the efficiency of the program in meeting the objectives of the program or in meeting the objectives of the service user. Evaluations, following the identification of problem areas, will also offer recommendations for a course of action to alleviate or remedy existing problems.

To Reconsider Program Direction

Program evaluation can also provide evidence for the complete or partial overhaul of a program. Over time, programs can cease to operate as originally intended or they can become obsolete to their users. In these instances, an evaluation can inform stakeholders as to the emerging needs of the client group, whether or not the program as

currently operating can continue to meet these needs, and if the current intervention is appropriate. Recommendations can then be made for how the program should be changed to meet the existing need. As Corbeil (1992) notes, this process can also lead to the development of new programs and/or policies, which is another, related purpose of program evaluation.

To Provide for Accountability

Increasingly, social service organizations and provincial and federal governments are interested in ensuring that dollars spent on programming have been spent wisely and that these programs are having their intended impact. Accountability is one of the main motivations behind evaluation, as noted by Unrau et al. (2001) and Corbeil (1992). For the most part, evaluations that provide for accountability are summative in nature as they will provide an explanation of a program's performance or lack thereof (Rossi et al., 2004). In this way, they will help guide the decision-making of those who are funding, supporting and implementing a particular program.

A cautionary note is extended by Rossi et al., who advise that hidden agendas can exist for those funding a program evaluation and that the true purpose for an evaluation might be unsavoury to the evaluator. For example, evaluations might be commissioned in order to prove that a program should be cancelled, or to provide a rationale for a decision that has already been made regarding the program.

Types of Program Evaluation

Program evaluation can come in many forms; each designed to fit the specific stage of program development that is being evaluated. Different scholars identify various types of evaluation but Unrau et al. (2001) articulate five common classifications, which

are: needs assessment, evaluability assessment, process evaluation, outcome evaluation and cost-benefit evaluation.

Needs Assessment

It is commonly agreed that social programs are developed in order to meet a specific need and, by doing so, to alleviate a social problem (Rossi et al., 2004; Unrau et al., 2001). A needs assessment, therefore, is undertaken to determine whether a need actually exists and, if it does, what the particular need is, how large it is (magnitude), and what its distribution is (scope). A needs assessment also provides recommendations for the kinds of interventions that will be helpful in meeting the need effectively and in a way that will be relevant to the service user. As such, needs assessments are most commonly undertaken prior to the implementation of a program. However, needs assessments can also be used to ascertain whether an ongoing social program is meeting the needs of its current client group.

As needs assessments are often conducted in order to better understand an existing social problem, their research design is generally exploratory in nature. This means that questions are structured in an open-ended fashion in order to elicit the greatest amount of information from respondents as possible.

Evaluability Assessment

An evaluability assessment is a form of evaluation that should take place prior to an outcome or process evaluation and following a needs assessment. The purpose of the evaluability assessment is to discover whether a program (in its current form) is ready to be evaluated. Rossi et al. (2004) describe evaluability assessment as a type of program

theory assessment which focuses on the way programs have been conceptualized and designed.

Program evaluation is difficult if a program's goals and objectives have not been clearly articulated in program documents. It becomes even more difficult if these objectives cannot be logically linked to the program's implementation (i.e., if it cannot be explained how the particular intervention will achieve the desired outcomes).

Evaluability assessment will help to uncover those aspects of the program that are not evaluable as a result of program delivery or program conceptualization. According to Rutman, "this type of pre-evaluation analysis can help ensure relevant and technically feasible evaluations that are more likely to meet the purposes for which studies have been launched" (1980, p. 16).

Process Evaluation

Process evaluation, which has also been referred to as process analysis (Gabor & Grinnell, 1994), formative evaluation (Unrau et al., 2001; Weiss, 1972), assessment of program process, implementation evaluation, or program monitoring (Rossi et al., 2004), is the third major evaluation classification. Process evaluation is concerned with the operations of the program, such as how the program components are carried out and by whom (the inputs), as opposed to what the results of a program are.

Outcome Evaluation

The fourth classification of program evaluation is outcome evaluation. Outcome evaluation is also known as outcome assessment (Gabor & Grinnell, 1994), summative evaluation (Weiss, 1972), effectiveness studies (Rutman, 1980), impact assessment and impact evaluation (Rossi et al., 2004; Scheirer, 1994). These labels all refer to the

purpose of outcome evaluation, which is to discover whether the end goal of the program has been achieved. More specifically, these evaluations are “designed to measure the nature of change, if any, for clients after they have received services from a social service program” (Unrau et al., 2001, p. 85). By conducting an outcome evaluation, the evaluator might also be able to identify any unintended effects that may have resulted from the implementation of the program.

Cost-Benefit Evaluation

Cost-benefit evaluation, which has also been referred to as efficiency assessment (Rossi et al., 2004; Gabor & Grinnell, 1994), is undertaken to determine whether or not a particular program is cost-effective (if the program achieves its objectives in relation to its costs) or cost-efficient (whether it achieves its goals at a lower cost than a similar program with similar goals). No matter what terminology is used to label them, these evaluations have a common purpose: to assess whether the impact a program can have is worth the cost of implementing it. While writers agree that it is difficult to assign value to particular components of a program, funders often require these evaluations so they can make decisions about which programs provide the most benefit for the lowest cost.

Because of their relevance to the practicum, process evaluation, outcome evaluation and evaluability assessment are described in greater detail below.

Process and Outcome Evaluation

According to Rossi et al. (2004), process evaluation is the most frequently undertaken type of evaluation and it is often paired with an outcome evaluation. When outcome evaluation shows evidence that a program achieved its intended impact, a corresponding process evaluation can help determine whether the activities present in the

program produced this outcome. For this reason, process and outcome evaluations can be invaluable when undertaken simultaneously. In fact, some scholars feel that undertaking one without the other is inadequate and that each is merely one component of a well-done evaluation. That being said, each of these evaluation types has their own merits and are often undertaken on their own, depending on the kinds of information that the manager wishes to elicit through the evaluation.

Process evaluation is the primary way of determining if a program is operating the way it was conceptualized. Sheirer (1994) adds other important elements to the definition of process evaluation: “process evaluation verifies what the program is, and whether or not it is delivered as intended to the targeted recipients and in the intended ‘dosage’” (p. 40). Process evaluation, therefore, is concerned with how an intervention is delivered, how often it is delivered and to whom it is delivered.

Unrau et al. (2001) describe two major categories that process evaluation encompasses: the client service delivery system and the program’s administrative support systems that aid with service delivery. The client service delivery system refers to all elements of the program that are concerned with the client. This includes “what workers do (e.g., interventions, activities) and what clients bring to the program (e.g., client characteristics)” (Unrau et al., 2001, p. 70). Comparatively, administrative support systems are the “organizational activities that exist to support the program’s client service delivery system (e.g., supervision, support staff, emergency petty cash funds, evaluation activities)” (Unrau et al., 2001, p. 70).

Parallel in importance to describing the performance of a program (whether activities are occurring as intended) is making decisions on whether the performance is

adequate and will assist the program in achieving its goals (Rossi et al., 2004). The identification of criteria that performance will be judged against is another element of process evaluation, one which is often decided upon in consultation with program administrators. Often, program administrators will adapt their ideas of acceptable performance so they will correspond with measured levels of performance. Therefore, it is important for criteria to be established prior to measurement taking place so that performance is judged according to pre-determined standards.

According to Unrau et al., process evaluation questions can be structured to answer questions about program structures, program supports, the client service-delivery system, decision-making, program integrity, and compliance (2001). A process evaluation can utilize both qualitative and quantitative research methods and is best conducted prior to or concurrently with an outcome evaluation.

In contrast to process evaluation, outcome evaluation is interested specifically in the results and impact of a program. Also referred to as outcome effectiveness studies, they “measure whether a program has attained the goals that service staff members set for their clients” (Pecora, Seelig, Zirps, & Davis, 1996, p. 101). As implied by the preceding definition, the focus of outcome studies is on measured change in the targeted client group.

A distinction must be drawn between outcomes and outputs as the two are often confused in evaluation practice. Outputs are the “completed products or amount of work done resulting from internal program activities” and they “focus on the results of program operations”, while outcomes “focus on the results of client change” (Unrau, et al., 2001,

p. 75). It is one thing to operate an efficient program but entirely another to operate an efficient program that is worthwhile and produces a change in the client group.

According to Patton, outcome evaluations are becoming increasingly frequent, along with accountability-driven evaluation. He notes the interest that government agencies have in “demonstrating responsible use of public funds to achieve politically desired results” (2002, p. 151) and the corresponding reduction in attention paid to ensuring quality service. This is not to say that when conducting outcome evaluation one is necessarily disinterested with service quality, but this concept must be addressed specifically in the evaluation design. As previously mentioned, prior to undertaking a process or outcome evaluation, an evaluability assessment should be completed. This type of evaluation is described next in greater detail.

The Emergence of Evaluability Assessment

Although program evaluation had become highly utilized by the 1980s, several researchers began to question its relevance and utility at this time. Scholars had become increasingly dissatisfied with apparent methodological weaknesses, non-utilization or under-utilization of evaluation findings and the complete misuse of evaluation findings. Consequently, they searched for a remedy to this problem (Rutman, 1980).

The issue of methodological weakness, as it relates to program evaluation, was viewed by researchers as disconcerting, to say the least. While several scholars had found methodologies to be weak and therefore incapable of producing generalizable results, others found them too stringent, creating evaluations that were not relevant to the program they attempted to describe. It has also been noted that as a result of a weak

methodology, evaluations with negative results could easily be discredited by those who wanted to see a program succeed (Rutman, 1980).

These concerns with methodology were coupled with the fact that program evaluation results were often underutilized. Additionally, it was discovered that evaluation results could be completely misused altogether. This occurrence was frequent enough for Suchman to categorize types of evaluation findings misuse:

(1) “eye-wash” – an attempt to justify a weak or bad program by deliberately selecting only those aspects that “look good” on the surface; (2) “whitewash” – efforts to cover up program failure by having subjective appraisals; (3) “submarine” – the use of evaluation to purposefully destroy a program; (4) “posture” – an attempt to use evaluation as a gesture of objectivity or professionalism; and (5) “postponement” – delay of immediate action by pretending to wait for the facts. (As cited in Rutman, 1980, p. 33-34)

The issues presented here led to a reconsideration of the program evaluation process. It was decided that many of these problems could have been avoided if appropriate planning had occurred prior to the evaluation’s implementation. The purpose of this planning would be to assess whether or not the evaluation’s objectives could be met and whether the program was ready to be evaluated. Evaluability assessment was conceptualized as a way to answer these questions.

Evaluability Assessment Defined

Evaluability assessment is an important starting point to any program evaluation. The evaluability assessment answers the question, “to what extent could the purposes of the intended evaluation be met, considering such factors as the program’s characteristics, the available research methodology, cost, and constraints on the use of desired research methods” (Rutman, 1984, p. 27). In other words, evaluability assessment looks at whether the program is currently structured in such a way as to facilitate the type of

evaluation that is desired. Does the program have clearly defined goals and objectives? Do all stakeholders involved agree with the articulation of these goals and objectives? Do the stakeholders agree on what the evaluation should be evaluating? Can an evaluation be completed based on the available information that can be provided by the organization? Is the organization at a point in their operations where an evaluation is desirable and/or feasible? These questions, and many more, are dealt with through an evaluability assessment.

The process of establishing a program's evaluability is critical to the successful completion of an evaluation as it will often highlight some of the potential problems with a subsequent evaluation. The assessment can be used to make recommendations for change, which will make further evaluation easier.

Corbeil (1992) differentiates between evaluability assessment and evaluation assessment, the latter being the main evaluation instrument of the Canadian Federal Government. The two are similar in many respects with the most notable exception being their objectives. While evaluability assessment "determines if a program can be evaluated in terms of its effectiveness", evaluation assessment "prepares for an ensuing evaluation" (Corbeil, 1992, p. 109). This is an important distinction because a funder may have already decided that an evaluation must take place regardless of its readiness or whether the program's activities and goals can be logically linked.

That being said, the stages that an evaluator would go through in both an evaluability and evaluation assessment are based on a similar model. The evaluation assessment process is comprised of four parts: (1) the profile, which is a description of the activities, outputs and impacts of the program in question; (2) the issues and questions

component, which prioritizes evaluation questions that will address whether a program is relevant, successful, and cost-effective; (3) the methods and costs component, wherein it is decided whether or not the questions can be answered through the evaluation and a methodology is decided upon to do so; and (4) the options component, which offers information on what aspects of the evaluation can realistically be undertaken within a particular time frame. The evaluator will also provide a workplan which details several options that the client can choose from (Corbeil, 1992). This process allows those who have ordered the evaluation to decide upon evaluation priorities and which questions should ultimately be answered through the evaluation, based on the cost and utility of using one particular methodology over another.

For the purposes of the practicum, the student will be undertaking an evaluability assessment of WCFS' Parent-Teen Initiative, using Rutman's model.

Factors Affecting Program Evaluability

While several factors can and do affect program evaluability, these factors can be grouped under two main headings: (1) program characteristics; and (2) the feasibility of implementing required methodology (Rutman, 1980).

Program Characteristics

In assessing a program's evaluability, it is critical that the evaluator look at a variety of program characteristics and ascertain whether or not these components are articulated clearly enough to be evaluated. Problems in evaluation can often be attributed to poor planning. As Weiss has articulated:

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 (1973, p. 54).

The first issue that must be addressed in assessing a program's evaluability is whether or not the different program components are defined in a way that ensures they will be implemented as intended. Rutman argues that it is preferable to assess program components separately. This strategy allows the evaluator to modify or eliminate particular components of the program from the evaluation. Evaluations that are structured in this way "can cut across different projects and a wide range of programs and are likely to have greater generalizability" (1980, p. 43). If program components are not clearly defined, it is difficult, if not impossible, to state with any certainty that the intervention in question had its intended effect or that it would have a similar effect if implemented by a similar program.

The second characteristic that must be present for a program evaluation to be feasible is clarity in the program's goals and objectives. In the absence of goal transparency, the evaluator cannot know what research methodologies will be appropriate for measuring goal attainment, and decisions on what to measure will be difficult to make.

Finally, for an evaluator to ensure that the evaluation will be meaningful, realistic linkages must be drawn between the program's activities and its intended outcomes. Often, programs will have highly unrealistic goals that will clearly not be met through program implementation. In these cases evaluation is moot without first reviewing and, second, adjusting these goals.

Feasibility of Implementing Required Methodology

Scholars have long debated the level of methodological precision and rigor that is required for an evaluation to be credible. Suchman highlights the struggle that is inherent to every evaluation process: “decisions about the rigorousness [*sic*] of an evaluation study must represent a compromise between scientific requirements and administrative needs and resources” (1967, p. 32). While evaluations should be undertaken using methodology of the highest quality, it must be acknowledged that this might not be possible given the time and resources available to an evaluator. Rutman (1980) notes three issues that are related to the feasibility of implementing the required methodology: (1) measurement; (2) research design; and (3) data analysis.

The issue of measurement is concerned with whether or not the applied procedure will produce valid and reliable results. Problems can occur especially when attempting to measure subjective phenomena, such as personality characteristics or well-being, as validity is difficult to prove in these instances. Reliability of the measurement tool must also be considered because inconsistent application of the tool can lead to incorrect assumptions being made about program effectiveness. Both reliability and validity of the measurement procedures must be considered in the evaluability assessment stage.

The research design of an evaluation must also be assessed during the evaluability assessment in order to ensure that the results of the research can be attributed to the intervention. It is commonly agreed that an experimental design using random assignment and a control group is the best way to achieve this goal; however, the experience has been that an experimental design is often not realistic in program evaluation (Rutman, 1980; Rossi et al., 2004).

The research design must also address issues of internal and external validity so that the findings from the evaluation can be generalized to other participants in similar programs. Internal validity is concerned with whether the changes in the dependent variable were caused by the changes in the independent variable. The main consideration when attempting to achieve internal validity is control, which means that alternate explanations for changes in the dependent variable have been ruled out. External validity addresses the issue of generalizability, or whether a similar finding from the study should be observed in a larger population. Ensuring external validity is done through the utilization of a representative sample (Frankfort-Nachmias & Nachmias, 1996). However, "since the main purpose of an evaluation is generally to attribute the measured results to the program, internal validity is usually given primacy over external validity where compromise are [*sic*] required" (Rutman, 1980, p. 72).

Implementing the required methodology for an evaluation can also become problematic in the data collection and analysis stage. For example, factors such as sample size, experimental and control groups, and interviewer bias must be taken into account in the evaluability assessment. Without appropriate planning for pitfalls in these areas correct conclusions cannot be drawn about the effectiveness of an intervention on the client group.

Some final considerations that must be made in the evaluability assessment are concerned with a variety of constraints on the evaluation process. For example, an evaluator must consider the costs associated with the evaluation, as available funding may cover only certain aspects of the evaluation, thus seriously limiting the scope of the study. In addition, legal and ethical factors can affect the amount and types of data that

are collected and what can be done with this data. Organizational politics can also affect decisions about whether or not evaluations will go ahead, regardless of their readiness or ability to produce representative results. These are all factors that affect the evaluability of a program and all must be given consideration in the initial stages of the evaluation process.

Steps in Evaluability Assessment

Rutman (1984) provides an overview of the six steps that are required in assessing the evaluability of programs. These steps are: (1) prepare a Documents Model of the program; (2) interview program managers and develop a Managers' Model; (3) go into the field and find out what is really happening; (4) prepare an evaluable program model; (5) decide key questions and the information needed to answer them; and (6) determine the feasibility of evaluation procedures. These steps were used throughout this practicum and are summarized below.

The evaluator should begin by gathering all of the program-related documents that are available, such as annual reports; meeting minutes; job descriptions; organizational and flowcharts; and background documents. These are used to prepare a Documents Model of the program, which provides a clear description of the program's components, objectives, outputs, and effects based solely on information from the various documents. This information is then transferred into a model which visually depicts cause and effect relationships between the program intervention and the effects.

The second step for the evaluator is to interview program managers and supervisors who are involved with the program. A model is then created which depicts the perspective of these managers. Often the Managers' Model is quite different from the

Documents Model and in these instances the differences between the two must be reconciled.

By going into the field, the evaluator is able to determine whether the documented program intervention is synonymous with the actual intervention. A field visit can also provide clarity to descriptions of program components that were weak or that individuals presented differently.

With the information gathered from the first three steps, the evaluator is now able to produce an evaluable program model. This model provides an assessment of which program elements are suitable for evaluation purposes using the following criteria: "(a) program components are well defined and can be implemented in a prescribed manner; (b) objectives and effects are specified clearly; and (c) causal linkages between the program activities and its stated objectives are plausible" (Rutman, 1984, p. 36).

Key evaluation questions are decided upon based on the managers' purpose for conducting the evaluation. Questions are developed that will provide information in the desired areas and then input should be provided by stakeholders regarding appropriate ways of identifying and measuring outcomes and effects.

Following the creation of an evaluable program model and a list of key questions, the evaluator must work with the evaluation sponsor to weigh the cost of each potential element of the evaluation with the benefit of undertaking it. This is done by examining the research design options and looking at which procedures will produce valid, reliable results at a reasonable cost. At this stage of the evaluability assessment, the evaluator and the manager must consider the potential constraints to the evaluation and make decisions about how to lessen their impact.

Parent-Teen Conflict Services in Child Welfare Agencies in Other Jurisdictions

A review of the available literature produced a scant selection of articles related to specific services geared towards the resolution of parent-teen conflict that are provided within child welfare jurisdictions throughout Canada, the U.S. and Europe. Even more inaccessible was literature describing evaluative work on these programs. This reality serves to verify the hypothesis that not a lot of specific programs are offered which target interventions directed at parents and their adolescents who are experiencing conflict. The few articles that were located describe programs that, at the time of writing, appear to have been successful in reducing conflict between parents and their teens as well as reducing adolescent admissions into Agency care. However, follow-up on these programs shows that these services to families were discontinued.

One example of this was the Re-connecting Youth program in Toronto, Canada. This was an inter-agency, family preservation service, which was created as a way of enhancing service to adolescents and their families. The mandate of this program was “to provide intensive re-connection and re-unification services to families in crisis with a view to reducing the admission of adolescents to care” (Nicoloff, 1999, p. 12). Four services were offered to families including child welfare and protection services; mental health counseling; intensive home-based family preservation; and community-based wrap-around services (Nicoloff, 1999).

The program was a success, boasting a very high placement aversion rate and a 20% reduction in admissions into care for adolescents. However, after five years in operation, the program was cancelled in favour of less costly, protection oriented services (Nicoloff, 1999).

A second promising program was operated by Child and Family Services of Central Manitoba. This placement protocol involved the participation of families in four pre-placement planning sessions. Families were told that these sessions were mandatory prior to a child being brought into care. During these sessions, the future questioning technique was utilized, which gave families an avenue for discussing what the future would look like without the adolescent in the picture. This program provided the Agency a way of “cooperating with such families while introducing ideas to them that can create change and thereby avoid an unnecessary placement” and was “used successfully to reengage families where parents have moved toward abdicating their parenting responsibilities” (MacDonald, 1999).

However, the use of this placement protocol has been discontinued. The Agency now conducts parenting classes that utilize solution-focused therapy principles. These classes run for six weeks, with 6 people in each class. Most of the clients are parents of adolescent children but this is not a specialized service.

The literature review produced information on a legally-mandated service that is available for families experiencing parent-teen conflict in Atlantic County, New Jersey. This program offers “short-term crisis stabilization, family assessment, case management, treatment planning, and referrals to appropriate community-based services” (Atlantic County, New Jersey Social Services, 2004, p. 1). The program aims to intervene in family situations where the well-being and safety of a family member is threatened by the behaviour of the youth or the parent. The program reports that 90% of its cases are diverted from a formal court proceeding and only 5% require out-of-home placement (Atlantic County, New Jersey Social Services, 2004).

Many of the articles available on parent-teen conflict services provide information on the intervention, as opposed to specific services provided within child welfare agencies. One research report identified building nurturing family interaction patterns as a positive way to reduce parent-teen conflict. The particular intervention took place over 16 weeks, with families attending meetings once per week for 3 hours. A study that was done on the Nurturing Parenting Program for Parents and Adolescents concluded that changing parenting attitudes is the key to reducing parent-teen conflict. It also reports that attitudinal change must take place before skill building can begin. Field test sites for this research project included the Department of Social Services in Franklin, Kentucky and the Children's Aid Society of Halifax (Bavolek, 1987).

A review by Cameron and Karabanow looked at the programming that was available for adolescents who were at risk of coming into the care of child welfare agencies. Although a Canadian study, many of the programs that were researched focused on high-risk youth from the United States living in inner city neighbourhoods.

The review showed that there was a limited amount of available information on family-focused programs, such as family therapy, which focuses on parenting methods and adolescent' attitudes and behaviours. However, the information that was available showed a reduction in institutional placements and antisocial behaviours (Cameron & Karabanow, 2003).

This study also described positive results stemming from the provision of in-home intensive family preservation/multisystemic therapy programs. The parameters that were described around this service closely resemble the family preservation services provided through the PTI (adolescents are child welfare clientele at risk of out-of-home placement;

the service is flexible and provided by a primary worker approximately once per week with relatively brief involvement; sometimes booster sessions are available) although the study's focus on inner-city youth makes the findings ungeneralizable to the PTI.

However, the researchers found evidence of a reduction in out-of-home placements and a reduction in parent-teen conflict when this type of programming was offered (Cameron & Karabanow, 2003). The study also showed that the gains made through the program "were not sustained over time without additional supports" (Cameron & Karabanow, 2003, p. 451), however, the focus on inner city, high-risk youth might be one explanation for this finding.

Cameron and Karabanow (2003) also reported that parent-focused programs, which provide education and support services to parents of youth who are at high-risk of entering the child welfare system, can lead to a reduction in problem behaviours of the adolescent and a consequent reduction in parent-teen conflict.

Summary

The history of program evaluation has reflected the contemporary intellectual, political and economic climate, resulting in major changes to the discipline over the years. Currently, there is a great deal of concern over the accountability of social programs to the funder and the taxpayer, and program evaluation is often utilized to address this imperative. As such, evaluability assessment, process evaluation and outcome evaluation have become more common as a way of proving that program activities have led to the accomplishment of particular program objectives.

The literature review provides a definition of "program" which can be applied to the Parent-Teen Initiative of WCFS and, therefore, program evaluation activities and

concepts can be utilized accordingly. The characteristics of program evaluation that are reflected in the literature review have informed the development of the evaluability assessment process for the practicum.

A review of the literature has shown that there is limited information available on services that are offered to families who are experiencing parent-teen conflict. The Parent-Teen Initiative of Winnipeg Child and Family Services appears to be quite innovative, in that similar examples of this type of service could not be found, although particular services offered through the PTI have been used in other jurisdictions. The literature that was reviewed did not provide an indication that child welfare agencies have developed specialized services for families experiencing this difficulty (or, if they have, they have not produced literature on them). The majority of the available research suggested that when services are offered it is generally in the form of a parenting class, although family therapy was also frequently reported.

Chapter Three Preliminary Evaluability Assessment Results

This chapter will provide a detailed overview of the PTI prior to describing the results of the preliminary evaluability assessment. This preliminary work served as a means of appraising the program components and assessing the methodologies required to execute the original evaluation plan. It informed the decision to restructure the practicum by completing a full-scale evaluability assessment as opposed to conducting an evaluation of the program.

The Parent-Teen Initiative at Winnipeg Child and Family Services (WCFS)

Background

In May of 2002, the Quality Assurance Unit of WCFS completed a report entitled "Families Returning for Service". As the title indicates, the report looked at those families that returned to WCFS for child welfare services and described the nature and extent of these services. The agency had highlighted families that return for service as an area of great concern, as research had shown that children in these families are at greater risk of maltreatment (WCFS, 2002a). The report provides information regarding the occurrence of return for service, the demographics of these families, the reasons for their return for service, service delivery characteristics, and service outcomes.

The Parent-Teen Initiative (PTI) was one of four Days-Care Initiatives that were developed in response to the "Families Returning for Service" report. As the name implies, the Days-Care Initiatives were envisioned as a way to address those issues that lead to children re-entering agency care. Parent-teen conflict was one of the issues most frequently cited by those families who were returning for service. The main goals of the Days-Care Initiatives were to decrease the number of children in Agency care and the

number of days that children spend in agency care and, correspondingly, to generate cost-savings while enhancing service-delivery. Research had shown that offering specialized services to families at an earlier stage of crisis would help in the achievement of this goal. It was also found that diverting families to external resources would produce positive outcomes for families while at the same time freeing up agency services for families that do not have the option of utilizing external resources (WCFS, 2002a). Increased utilization of these resources is consistent with the agency's belief that the well-being of children is a shared community responsibility, as noted in their mission statement.

Statement of the Problem

The "Families Returning for Service" report revealed that 66% of families who sought service from the agency over a 15 month period were repeat service-users. As well, it was found that parent-teen conflict was the third highest presenting issue for these families. As the report had made clear that service recidivism was a substantial concern and that parent-teen conflict was prevalent for repeat-users of service, a recommendation was made to create an intensive program that dealt specifically with this problem. The lack of available services to families experiencing conflict in its earlier stages was also highlighted as an area for change.

Project Design

The literature review that informed the writing of the "Families Returning for Service" report indicated that child welfare agencies should begin changing their services to reflect a more preventative approach to child welfare. This literature suggested a realignment of services that focused more on the 'front-end' of service delivery (i.e., Intake services). As such, the creation of a specialized pilot project that would deal with

parent-teen conflict was envisioned. Based on the literature, a general framework for this project was developed by the Quality Assurance Unit of WCFS in consultation with the Days Care Committee, which was comprised of Board members, management and Quality Assurance staff. However, the details around project implementation were decided upon through consultation and collaboration with a specialized group of individuals.

The PTI was conceptualized by the Parent-Teen Response Implementation Team in the summer of 2002. This team was comprised of agency staff members and collaterals who, it was anticipated, would be working within the Initiative. These individuals were also deemed to have expertise in one of the various service areas that the Initiative would include. The purpose of this team was to:

Develop specific implementation plans required to deliver the proposed parent-teen service and to specify the client target group, program intent, the staffing resources required, the staffs' roles and responsibilities, lines of authority, processes required for referral, reporting requirements, staff training requirements and a detailed evaluation plan. (WCFS, 2002d, p. 1)

Project Objectives

The objectives of the PTI are clearly presented in the original evaluation plan, which was developed by the PTI Implementation Team. They are as follows:

1. To decrease the numbers of adolescents entering Agency care.
2. To decrease the number of days adolescents spend in Agency care.
3. To decrease the number of times families return to the agency for service to resolve parent-teen conflict situations.
4. To increase the quality of service to families experiencing parent-teen conflict.
5. To increase cross-program collaboration.
6. To increase collaboration with external agencies who provide services for youth. (WCFS, 2002c, p. 1)

Clients

The target group for the Parent-Teen pilot project was defined by the Implementation Team as those families with adolescents between the ages of 11 and 17 years who live in the areas served by the Northeast and South Intake Units, excluding rural areas, and who are experiencing parent-teen conflict. Families that meet these criteria were to be directed to the PTI by the Crisis Response Unit when contact was first made with the agency. Families who reported a sexual assault (with the exception of third party assault) were not included in the Initiative. As well, if the CRU staff member felt that protection concerns existed, the family was ineligible.

Key Stakeholders

One of the key stakeholder groups associated with the PTI is its team of specialized staff members (referred to hereafter as the PTI Team). The PTI Team consists of two Intake workers, three Family Preservation workers, two Family Support workers, an Employment and Income Assistance (EIA) worker, an Independent Living worker, two Community workers and two Mediators.

As previously noted, the PTI was designed by an Implementation Team, which was re-configured following the completion of their initial tasks. The newly formed group became known as the Parent-Teen Steering Committee and it consists of several of the same individuals who previously sat on the Implementation Team. The role of the Parent-Teen Steering Committee is to meet monthly to discuss the progress of the Initiative as well as any changes that need to be made.

The Case Assignment team is another project stakeholder group. This team meets once per week to make decisions about each case and the services that will be offered to

families. These decisions are often based on what resources are currently available within the Initiative, but the primary consideration is for the needs of the family. Cases can be assigned to a specific worker, they can be referred to a supervisor or to the Family Services unit, or they can be closed. The case assignment team is comprised of the same individuals who make up the Steering Committee, which can lead to a blurring of roles and functions as this group can sometimes focus their attention on case assignment while neglecting those areas that fall under the 'steering' function. For example, the structure of the Initiative and its associated tasks might not be discussed on a regular basis when the Initiative has a high number of families currently awaiting case assignment.

The Agency's Senior Management team is a fourth key stakeholder group as they are currently charged with ensuring that programs are implemented in an efficient and cost-effective way. A fifth stakeholder group is the Joint Management Group (JMG) which was created to oversee the implementation of a Joint Intake Response Unit (JIRU). Ultimately, it will be this group, under the AJI-CWI that decides whether or not to continue the pilot project.

Finally, the families who are receiving service through the PTI are a key stakeholder group. While the Initiative is concerned with providing strengths-based, supportive services to families, it is ultimately the families' interpretation of the service that will inform their level of satisfaction with the program.

Project Description

A family's first point of contact with the Initiative is through either the Crisis Response or After Hours units. When a call is received that meets the Initiative's criteria, the family member is given the phone number of an administrative worker who will book

what is referred to as a 'consultation'. Consultations are offered three afternoons per week. Every family that receives service through the PTI should take part in a consultation. The consultation includes two workers from different units who meet with those family members who are willing to attend. It is most beneficial if the parent(s) and the child/youth attend the meeting. Workers in a consultation will find out from family members what they each believe to be the cause of the conflict, as well as what they would like to see happen as a result of the consultation. A consultation lasts approximately one hour and, in that time, the team of social workers will make an assessment of what auxiliary resources would be most beneficial to the family, if any. The social workers might also decide that the file on the family should be closed if the conflict does not warrant further intervention. Family members are told at the consultation what action is being recommended.

The recommendation of the consultation team is discussed by the case assignment team at their weekly meeting. A final decision regarding the provision of services is made at this time and the case will be closed, assigned to an individual PTI worker, or assigned to the family services unit if it is believed that the family cannot benefit from participation in the PTI.

The services that could potentially be offered to families are: (1) Family Support, which provides concrete and emotional support to the identified youth and/or support to the family through parenting instruction, coaching, teen development education or modeling; (2) Family Preservation/Reunification, which provides intensive/brief family therapy services to resolve outstanding parent-teen issues; (3) Mediation, which meets with families and determines their willingness to participate in family mediation and then

conducts said mediation; (4) Community Outreach, which links families with community resources, i.e., parenting classes, support groups, etc.; (5) Intake, which provides immediate intervention for families when the file has come to the Initiative and there are protection concerns; (6) Independent Living (IL), which provides services to youth who are living independently and require life skills training, and to parents who require information about the IL program; and (7) EIA, which assists adolescents who require Employment and Income Assistance.

Following a decision regarding service-provision, families are contacted by the appropriate staff member. For example, if a family will be receiving service from a family support worker, that worker will call to set up a meeting with the family. Workers will attempt to connect families with external resources and will also help facilitate the strengthening of relationships between the families and other services that they deal with (i.e., schools). The PTI was conceptualized as a short-term intervention for families, with families only supposed to be receiving service through the Initiative for a maximum of 60 days.

Preliminary Evaluability Assessment Results

The preliminary evaluability assessment, which was conducted by the student in November and December, 2003, was based on the original evaluation plan (see Appendix A) and was undertaken to assess the feasibility of that plan being implemented, as well as to provide the opportunity for selected individuals to highlight areas of evaluation that they felt would be meaningful. This preliminary assessment included a review of program documents and the subsequent creation of a Documents' Model (this model is described in detail in Chapter Five), six interviews with agency employees who had

direct working knowledge of the PTI and an analysis of the information systems utilized by the PTI. These steps are described in greater detail in Chapter Four. The assessment was conducted in accordance with Rutman's 6-Step model, which was described in Chapter Two. The preliminary evaluability assessment produced information that changed the focus of the practicum. The results of that assessment are summarized below.

Identified Issues with Program Characteristics

1. Clarity Regarding Goals and Objectives

The overriding program goal of the PTI is "to provide a timely, consistent and specialized response to families experiencing parent-teen conflict" (WCFS, 2002c, p.1). However, this goal is not stated as such; rather it is presented as an opening statement in the evaluation plan. The preliminary evaluability assessment provided evidence for this statement being presented as the overall project goal. The program objectives are listed in the evaluation plan as program goals, however, their specificity would indicate that they are more appropriately termed as objectives. A distinction between goals and objectives is necessary in the evaluability assessment stage as these items are the foundation of the evaluable program model and are required for the selection of research methodologies.

The preliminary evaluability assessment also showed that individuals differed in their opinions of what the goals and objectives of the Parent-Teen Initiative were. For example, individuals disagreed that the Initiative should have a goal of saving costs by reducing the number of days adolescents would spend in care, while others offered additional goals such as changing parents' perceptions about what services WCFS

provides for families and providing families with a venue to problem solve and share information outside of the crisis. Prior to an evaluation occurring, clear objectives must be identified and agreed upon by the program stakeholders.

The evaluability assessment also provided evidence that stakeholders had only a mild interest in discovering whether or not external agency collaboration was increased as a result of the Initiative. In fact, it was noted that the Initiative was not putting a lot, if any, time or effort into realizing this objective and, therefore, evaluating this objective was not a priority. Due to a lack of focus by the Initiative on this objective during the pilot phase, it would appear that this objective requires reconsideration as to whether it is still relevant.

2. Clarity Regarding Program Processes

The assessment also showed that many of the processes that are integral to the functioning of the Parent-Teen Initiative (e.g., deciding which families will receive which services and why; deciding what criteria go into making recommendations for service; and deciding what criteria are used to assess eligibility for the Initiative) are not clearly articulated or well understood within the Parent-Teen Initiative. This creates problems because if program components are not clearly articulated it is difficult to implement them as intended.

One important finding of the evaluability assessment was that the overriding program goal of providing a consistent response to families was not being followed. Team members who participated in consultations each had their own interviewing style and were inconsistent in the approach they took with families. Additionally, while a list of possible consultation questions had been generated prior to the pilot project's

implementation, these questions merely served as a guideline for team members and were not generally referred to or utilized. While this fact is not problematic from a service-delivery perspective (in fact, in the field of child welfare interventions are often designed to fit the needs of the specific family), from an evaluation perspective it raises some questions. For example, interviews with staff members indicated that different staff may have a different orientation to the focus of the intervention that might not relate to the specific situation, i.e., a staff member might be (or appear to be) adolescent-focused and consistently side with the adolescent. This fact could have a substantial impact on the resolution of the conflict and it creates an issue when identifying specific aspects of the intervention that lead to particular results.

It was also discovered that recommendations following the consultation (to receive specialized services or for file closure) were made by the team members who participated in the consultation and that these team members did not always agree on an appropriate course of action for families. Recommendations were not based on any identifiable criteria that had been established prior to the implementation of the Initiative, but on a subjective analysis of the family's situation and needs by those present at the consultation. Again, subjective analysis is common in child welfare but in this case it could be that the staff member with the stronger personality will ultimately influence the decision-making process. Minimally, if one is not clear on the characteristics of families referred for service, it is difficult to assess what works for what type of client situation.

The recommendations from the PTI Team are heard by the Case Assignment Team, who then makes a final decision on what services will be offered to families, if any. However, the evaluability assessment showed that, on occasion, some services are

not available to families because those workers might have a full caseload. That being said, many of the roles that are served by team members were shown to overlap so this issue is not as disconcerting as might be expected. However, it does add to the concern around consistency in the application of the intervention to families experiencing parent-teen conflict.

An additional concern arose during the preliminary evaluability assessment when it was discovered that not all families who met the criteria for the Initiative received the service. While some families declined to participate in the Initiative, others were referred directly to an intake worker or supervisor. As well, many of the individuals who were interviewed referred to the Parent-Teen Initiative as a “voluntary service”, while the program documents do not support this label. In fact, the documents state that “adolescents will not be taken into agency care until families have participated in the services recommended by the Agency” (WCFS, 2002e). This statement would lead one to believe that the Initiative is a mandatory service.

While several issues have been highlighted regarding the clarity (or lack thereof) of program processes, one could nonetheless implement an exploratory evaluation to gain further information on the Initiative. This type of evaluation could be used to track process and outcomes based on families receiving service, but this would be different than evaluating the program against its preconceived goals.

3. Literature Review

The evaluability assessment also showed that a literature review had not been conducted to identify what interventions were being utilized in other jurisdictions to work with families experiencing parent-teen conflict. This task could potentially be an

important element of the evaluation as it might produce information that could serve as a basis for a discussion of best practices for these families. As well, a literature review might provide additional information to the PTI team regarding how best to structure their intervention.

Identified Issues with Implementing Required Methodology

Particular data collection methods were described in the evaluation plan that were not feasible and/or would not produce valid or reliable results. The following are the methodological issues that were identified in the preliminary evaluability assessment.

1. Tracking Form Data

While assessing the evaluability of the program objectives, it was discovered that there were substantial complications with the PTI tracking form (see Appendix B). For example, in April 2003 it was reported that rank-ordered data entry was not possible in the closing information section of the form. This problem with the form was rectified but an additional problem arose with staff filling out that section incorrectly or continuing to use the old form. A further discovery was that staff were not trained in filling out the tracking forms, nor were there detailed instructions included on the form. As a result, staff members had differing interpretations of how the form should be filled out, creating inconsistent and, occasionally unusable data.

A second issue that arose with the tracking form involved the section on follow-up at six month and one year intervals. Although specified as a priority this activity did not occur, making it extremely difficult to discern the number of times families returned to the PTI for service. Child and Family Services Information System (CFSIS) could be used to track this information but the number of hours necessary to yield this information

would be excessive. Therefore, the third objective: to decrease the number of times families return to the agency for service to resolve parent-teen conflict situations could not be included in an evaluation without first modifying the methods used to measure this outcome.

2. Family Satisfaction Data

During the summer of 2003, a student completed telephone surveys of families who had taken part in the Initiative and had their files closed. Data from these surveys, which included information on parents' perceptions of the convenience of the consultation and on their satisfaction with the Initiative, were presented to the PTI team and positive feedback was received on this presentation. However, this data did not provide specific information (demographics, presenting problem, results of file closure) on particular families that could be used to make adjustments to the Initiative. The presenting issues and level of conflict within the family could not be compared with family outcomes as the recorder did not keep track of which families gave which responses.

3. Comparison Groups

Several of the questions from the original evaluation plan were to be answered through the use of comparison groups. One suggested comparison group was the "business as usual" clients, or clients who were not eligible for the PTI because they did not reside in the identified geographical areas. These families did not receive specialized services from WCFS; in fact they did not receive an intervention at all with the exception of their children being brought into Agency care as a last resort. Analysis of this proposed comparison group revealed two specific issues.

First, general knowledge of the four intake areas leaves the impression that the comparison group would be comprised of families with significantly different demographic backgrounds than the experimental group. For example, the average income, the ethnic background, and the presenting problems of these groups would be substantially different from each other. Therefore, it is anticipated that any conclusions that would be based on these comparisons would not produce generalizable results.

Second, WCFS staff members from the two comparison intake units were to have kept tracking form data on families that would have otherwise met the criteria for the PTI. This did not take place on a regular basis leaving very little comparable data on these families.

A comparison group could have been created with those families who refused to participate in the Initiative. While having this group available for comparison purposes could have strengthened the internal validity of the study, this group was not anticipated and, consequently, similar data was not available on the experiences of these families (i.e. tracking form information). As well, it is important to acknowledge that these families did not participate because they did not want to and, therefore, their motivation is different than those who did participate. Therefore, comparisons using this group would have been limited to demographic information obtained through CFSIS and placement status of the adolescents in these families.

4. Information Systems' Capabilities

The first objective identified in the original evaluation plan was to reduce the number of adolescents brought into the care of WCFS. A simple comparison of the pilot year statistics with those the year previous was suggested as a way to ascertain whether

this goal was being met. While this comparison would produce information on the number of children coming into care for each year, it would not provide information on the proportion, or the number of children coming into care compared with the total number of families who received service through the agency. This is an important distinction because while the number might increase, the proportion might actually decrease.

This dilemma is relevant here because the information systems utilized by WCFS do not have the capacity to ascertain the proportion of children coming into care. The Child Maintenance database can produce information on the number of children who entered care within a particular time frame, but it cannot sort out those families who participated in the PTI. As well, it cannot tell us how many families, in total, presented to the Agency for service. Therefore, it cannot provide us with a proportion of the numbers served to the numbers of children who entered care. As well, CFSIS has the ability to produce information on a particular "snapshot" of time but it cannot provide information over a span of time (over the course of a month, for example).

These issues are especially problematic when one considers that the PTI is a service that results in more case openings for the Agency. The number of children coming into Agency care may be a useful statistic but it does not provide an accurate representation of the success or failure of this particular process.

As previously noted, the preliminary evaluability assessment was utilized to establish the feasibility of evaluating whether or not the program objectives have been met, and which objectives were considered a priority by those stakeholders involved in the process. As a result of the evaluability assessment, the conclusion was reached that

an evaluation of the PTI would be flawed and, therefore, it should not yet support a full-scale outcome evaluation. As well, any questions the Initiative wanted answered regarding the process component which links the model of service to outcomes were not feasible.

Through consultation with key stakeholders, it was decided that a more thorough evaluability assessment be completed on the PTI in order to address the above noted issues and to resolve some of the conflicts in the service model. Specifically, it was decided that staff and client interviews and a managers' focus group would be conducted to gain more detailed information on the processes utilized by the Initiative.

As well, it was agreed that a particular segment of the project's population should be analyzed in greater detail. This would allow the PTI team to better understand the factors that lead to families' satisfaction with the Initiative, as well as areas for potential change. It was decided that the evaluability assessment should focus on those families who received a consultation but required no further service from the Initiative. The PTI team is interested in understanding what the precursors are for involvement in the Initiative and why certain families do not require further services from WCFS. Did these families contact the agency when they were in crisis? Was their level of conflict lower than that of other families? Did these families utilize external resources to help solve their conflict? It was felt that gaining a better understanding of this group would allow WCFS to better understand what types of families the Initiative is serving and whether the Initiative is focused on serving an appropriate target group.

Chapter Four **Evaluability Assessment Methodology**

This chapter provides an overview of the methodologies that were utilized in the completion of the practicum. This includes information on individual interviews, a focus group interview, the file review process, an information systems' analysis and a review of program documents.

Interviews

The following six steps to interviewing, which were identified by Creswell as being critical to ensuring a successful outcome, guided the interview process: (1) use of purposeful sampling techniques to select interviewees; (2) selection of the interview type that will produce the best results; (3) use of adequate recording procedures; (4) design of the interview guide; (5) selection of a location; and (6) obtaining consent.

Preliminary Interviews

In November and December of 2003, interviews were conducted with agency employees who had direct working knowledge of the PTI and who represented various levels of the agency hierarchy. Included in these interviews were one senior manager, two assistant program managers, one supervisor, and two PTI team members. These individuals were contacted by the student, in most cases, and were asked to participate in an interview dealing with the PTI. These individuals were selected by the Practicum Supervisor based on their anticipated willingness to participate and their ability to provide needed information.

Prior to the student contacting members of the staff team, their supervisors (when applicable) were notified by the Practicum Supervisor that interviews were being conducted. It was hoped that this proactive approach would help limit negative

perceptions about the evaluability assessment and would serve to create an open process in which everyone felt included as, often, individuals who are involved in programs that are subject to evaluation can be mistrustful or fearful of the process (Guba & Lincoln, 1987).

The six face-to face interviews were conducted in the office space of each agency employee. Interviewees were made aware that their participation was voluntary and that the information gleaned through the interviews would be kept confidential. Questions asked of participants were intended to elicit information on the background of the Initiative; referral to the Initiative; its structure and interventions, including the activities with which individuals were involved; comparisons with “business as usual” services; and evaluation priorities. Responses to questions were hand-written and additional questions were asked for clarification purposes. These responses were later analyzed for content consistency of interviewees and discrepancies were noted.

These preliminary interview guides were based on the evaluation plan that had been created prior to the start of the Initiative. Through these preliminary interviews, an assessment of the feasibility of implementing the evaluation plan was conducted. Additionally, inconsistencies between the Initiative’s conceptualization (the way it was intended to operate) and its implementation (the way it actually operated) were examined.

Staff Interviews

In order to ensure a wide representation of staff involvement in the interview process, members of the PTI Team (past and current) from each program were invited to participate in an interview in May, 2004. As well, particular individuals that were recommended by other interviewees were also encouraged to take part. It was anticipated

that some individuals who were contacted for an interview would decline to participate and, therefore, a target of eight staff interviews was set. These interviews were utilized in the completion of the Staff and Managers' Model and the Field Model, which comprise Step Two and Three of Rutman's Model, respectively. The models are further described in Chapter Five.

Staff members were sent an email in which introductions of the student were made and some background to the practicum was provided. As well, the email described the purpose of the evaluability assessment and the importance of staff participation in ensuring that an accurate depiction of the PTI could be presented in the practicum report. Staff members were advised of the approximate length of the interview and its confidential nature, and they were invited to select an interview location of their choosing.

One-on-one interviews with staff members were conducted in order to provide them an opportunity to comment on the functioning of the Initiative and to have input into the evaluability assessment process. Because of differing program orientations, it was decided that one-on-one interviews would offer an environment most conducive to open, honest responding where individuals' viewpoints would be heard and not disputed.

The interviews were to be conducted over a two-week period, however, staff availability did not allow for this. One week was added for additional interviews in order to accommodate those who were previously unavailable. This produced an extremely high participation rate and interviews were completed by the beginning of June, 2004. Fourteen agency staff members participated, including 12 staff members who currently or had at one time worked as part of the Parent-Teen Initiative. As well, two staff members

from the Crisis Response Unit were interviewed in order to gain insight from that program on how it functions with regard to the PTI.

The interview guide was constructed to elicit information from the staff group regarding the structure of and the processes used in the implementation of the PTI. A non-scheduled interview, which has four characteristics, was utilized:

1. It takes place with respondents known to have been involved in a particular experience.
2. It refers to situations that have been analyzed prior to the interview.
3. It proceeds on the basis of an interview guide specifying topics related to the research hypothesis.
4. It is focused on the subjects' experiences regarding the situations under study. (Frankfort-Nachmias & Nachmias, 1996, p. 234)

Because (1) the staff members were all involved in the PTI in some capacity; (2) the interviews were based on a preliminary analysis of the Initiative's evaluation plan and specified topics related to that plan; and (3) the interviews focused on the staff members' experience with the Initiative, this interview type was considered ideal. The interview guide was structured enough to allow themes to be developed, yet flexible enough to provide staff members the leeway to express their opinions and their own definitions of the subject areas to be covered. A copy of the staff interview guide can be found in Appendix C.

The interview guide was structured around nine topic areas that required clarification and discussion: the goals and objectives of the Initiative; eligibility criteria; the consultation process; decision-making regarding service provision; positive outcomes when auxiliary services are provided; support of and interference with the provision of auxiliary services; cross-program collaboration; and recommendations for how the Initiative could be improved.

Staff members provided written consent to be interviewed and for the interviews to be audio-taped. The interviews were later transcribed and analyzed.

Client Interviews

The process of selecting families for interviews began in May, 2004. By this time, well over 500 families had taken part in the PTI. At the outset, it was decided that 10 families would be interviewed: five families who received a consultation with no further service and five families who attended a consultation and received an auxiliary service through the Agency. Purposeful sampling methods were utilized in order to ensure a good representation of families that possessed a variety of characteristics that were deemed relevant.

In consultation with the Practicum Steering Committee, it was decided that the families who had recently ended their participation with the Initiative (and would be most likely able to recall the details of their participation) would be the most likely to participate. Only families whose files were currently closed with the Initiative were selected for an interview in order to minimize concerns about the potential for families to feel obligated to participate. A list of families who had been referred to the PTI between January 2004 and April 2004 was generated. This list contained the names of 155 families.

In order to create a more manageable list, the Initiative's two Intake workers offered to assist in identifying those families who would be most likely to participate. As well, from the original list of 155 families, only those families who had their files closed with the Initiative were identified. This process generated a new list of approximately 80 names. It is important to note here that a random selection of families who were

identified by the Intake worker as being unlikely to participate were still included on the contact list.

This list of 80 families was divided into two categories, consultation only and consultation with auxiliary service, in order to ensure that the sample would contain representation from both of these groups. This list was then divided according to which PTI staff member had worked with the family, either in the consultation or as an Intake or auxiliary worker.

The next step in the process posed some difficulty as the researcher could not contact families and ask them to participate in the research without the family first consenting to be contacted. Therefore, PTI staff members were requested to assist in the practicum by gaining the consent of the families to be contacted by the researcher. Staff members were sent an email describing the protocol for obtaining client consent. They were told that work had already been undertaken to shorten the potential list of client names. Staff members were told that everyone would be asked to contact approximately 8 families and they were provided with information to give clients during those phone calls. Five days later, staff members were sent their list of families to contact. In all, 72 names were distributed to PTI staff members. It is unknown how many of these families were contacted by their worker but only 14 of these families agreed to be contacted by the researcher.

Once staff members had identified families who were willing to be contacted, CFSIS was used to acquire demographic information on the families. It was hoped that clients with different family types, ethnic background, number of children in the home and placement status of the child could be recruited for participation. However, the

number of families who eventually agreed to participate in an interview was four, which negated any utility of a diverse sample.

Client interviews used a non-scheduled interview guide; allowing participants to address issues that they felt were relevant to their experience. The interviews took place in the clients' homes, with one parent only. No children or adolescents were interviewed. The interviews were audio-taped and were later transcribed. A copy of the client interview guide is provided in Appendix D. Participants signed a consent form prior to beginning the interview. The client interviews were used to complete Step Three of Rutman's Model – the creation of a Field Model, which is described in Chapter Five.

Focus Group

As noted by Creswell, focus groups can be useful when:

“the interaction among interviewees will likely yield the best information, when interviewees are similar and cooperative with each other, when time to collect information is limited, and when individuals interviewed one on one may be hesitant to provide information”. (1998, p. 124)

The questions that comprised the focus group guide were based on the preliminary interviews conducted with managers and staff of the PTI. These preliminary interviews showed that several of the Initiative's processes had not been clearly articulated. In order for this to occur, discussion among the members of the Parent-Teen Steering Committee had to take place. As this group also appeared time limited in their availability, a focus group was deemed the appropriate interview type in this circumstance.

Members of the Parent-Teen Steering Committee were requested to participate in the focus group by the PTI Project Coordinator. The focus group was scheduled as an add-on to an already existing meeting in order to increase the likelihood that Steering

Committee members would attend. Four of six members participated in the focus group. A copy of the focus group questions is included in Appendix E.

The focus group process was described to participants and they were reminded to respect the confidentiality of others who were present. The relevance of the evaluability assessment to the PTI was explained and the participants were told that their participation was voluntary. While it was explained that they were not required to respond if they did not want to, participants were reminded that dialogue is an important precursor to making decisions that would ultimately impact on the operation of the Initiative. Consent was obtained by each participant prior to commencing the interview, which was audio-taped. The tape was later transcribed for analysis. The focus group was used to complete the Staff and Managers' Model as well as the Field Model (steps Two and Three of Rutman's Model, respectively).

File Review

Client files were accessed through the Agency's client information system (CFSIS) in order to obtain client demographic data, case specific and contact information only. Only parents' files were accessed in this process and information regarding the details around the individuals' involvement with WCFS was not acquired. Demographic information included family type, ethnic background and number of children in the home, while case specific information included child's place of residence at case opening, file disposition at closing and previous agency contacts. These reviews were used in the completion of Step Six of Rutman's model – to determine the feasibility of the evaluation procedures.

Information Systems' Analysis

The primary source of information for workers in the PTI is the Child and Family Services Information System (CFSIS). This system holds all of the file information including child and family characteristics, presenting problems, and history and placement information for all children who have had a file opened with WCFS at any time. WCFS also utilizes the Child Maintenance database, which provides information on the status of children in Agency care.

Additionally, every family that becomes involved with the PTI will have a tracking form filled out by their assigned Intake worker. The data from these forms have been aggregated and stored in the Parent-Teen database. The tracking forms provide demographic information, results of consultations, opening and closing information, and the adolescents' placement status.

As part of the evaluability assessment, the information systems that are utilized by the PTI underwent analysis to ensure their capability of meeting the needs of a further evaluation. Statistical information from both the Parent-Teen database and the Child Maintenance database were used to obtain aggregated information on families who have participated in the PTI and families with children who have come into agency care. These systems were utilized as intended in the original evaluation plan in order to assess whether they would be able to produce the expected results and in completing Step Six of Rutman's model.

Review of Program Documents

All available program documents were collected and reviewed in the initial stages of the practicum. Additional documents were made available and reviewed following the

preliminary evaluability assessment. The review of program documents was necessary for completing the first step in Rutman's model – the creation of a Documents' Model of the program.

Time Lines

The evaluability assessment was undertaken over the period from November, 2003 until June, 2004 inclusive. Initially, the evaluability assessment was to be preliminary in nature and was to take place over a two-month period, but it was realized that a full-scale evaluability assessment was necessary to address some of the issues that had become apparent in the initial evaluability assessment stage. Therefore, the assessment was expanded and the practicum altered to include more comprehensive interviews with the PTI staff team and a focus group with managers. The tasks that comprised the evaluability assessment were completed by the end of June, 2004.

Chapter Five Description of the Models

This chapter will provide a description of each of the following models: the Documents Model, the Staff and Managers' Model, and the Field Model. Each of these models is defined using Rutman's (1980; 1984) conceptualization. The process that was used in developing the models, as well as comparisons between the models, is also provided.

Documents Model

Rutman has identified creating a Documents Model as the first step in determining the evaluability of a program. The Documents Model is a "description of the program (components) as it is supposed to be according to such available documents as legislation, funding proposals, published brochures, annual reports, minutes of policymaking groups, and administrative manuals" (Rutman, 1984, p. 31). This model provides the foundation for the evaluability assessment by depicting to the evaluator how the program components, outputs and purpose are all intended to be connected (Rutman, 1984). The Documents Model does not show how the program actually works; rather, it shows how the program was conceptualized and how its architects designed it to operate.

For the purposes of this evaluability assessment, several program components will be further articulated, including the goals and objectives of the PTI; the referral process; the consultation process; the decision-making process when consultants recommend service; and the decision-making process when the case assignment team provides service.

Goals and Objectives

As noted in Chapter Three, the documents show that the overriding goal of the PTI is to “provide a timely, consistent and specialized response to families experiencing parent-teen conflict” (WCFS, 2002c, p. 1). The documents also identify six objectives of the PTI, as follows:

1. To decrease the numbers of adolescents entering Agency care.
2. To decrease the number of days adolescents spend in Agency care.
3. To decrease the number of times families return to the agency for service to resolve parent-teen conflict situations.
4. To increase the quality of service to families experiencing parent-teen conflict.
5. To increase cross-program collaboration.
6. To increase collaboration with external agencies who provide services for youth. (WCFS, 2002c, p. 1)

It can be seen from the above that the documents do not provide a thorough breakdown of the goals and objectives of the PTI. This information is extremely limiting in that it provides no indication of the particular objectives that can be associated with each program component. As well, the objectives, with the exception of Objective Four, are all focused on outcomes related to the Agency as opposed to being relevant to the families who receive service. The objectives as stated are very difficult to evaluate because they do not provide clearly identified criteria or benchmarks to judge how these can be measured (although Objectives One through Three do reflect general targets).

Eligibility Criteria

The documents clearly identify those eligibility criteria that are required for a family to be referred to the PTI. These criteria are:

- Families who come to the attention of Intake as a result of a parent adolescent conflict;
- Identified youth in the family are between the ages of 11-17 years;

- Families reside in the geographic areas that are serviced by the Northeast and South Intake teams (with the exception of families living in the rural area) (WCFS, 2002b, p. 2);
- Families served must have adolescents who are at imminent risk of coming into care (WCFS, Implementation Team Meeting Minutes, August 29, 2002);
- There are no abuse issues identified; and
- Perinatal cases are not included in the project (WCFS, Implementation Team Meeting Minutes, October 24, 2002).

The referral information that has been documented revolves around the Crisis Response Unit (the CRU) and the above noted eligibility criteria. These criteria are to be applied by CRU staff when calls are received. Based on these criteria, CRU will make a determination as to whether the family is appropriate for PTI participation and will make a decision where to send the file (to an Employment and Income Assistance (EIA) worker, directly to Intake, or to Intake with a consultation appointment booked). However, the specifics around how these decisions are made are unknown; the documents merely state that “if the need is immediate the family will be sent directly to a Parent-Teen Intake worker” (WCFS, Implementation Team Meeting Minutes, October 24, 2002, p. 3).

The documents also state that if the family is unwilling to participate in a consultation but still requires service, the Intake Supervisor will take over the case. The Supervisor will try to get the family to participate in a consultation and if they still refuse the file will be assigned to a Parent-Teen Intake worker. At all points through the process, the family are to be encouraged to participate in a consultation meeting (WCFS, Implementation Team Meeting Minutes, November 7, 2002).

The CRU is also required to refer families to external community resources if that resource is appropriate and if “the risk is low” (WCFS, Implementation Team Meeting Minutes, October 24, 2002).

Consultation Process

If the family is willing to attend a consultation, an appointment is made during one of the available time slots. Consultations are provided from Monday to Thursday in the afternoons only. The consultations include two Parent-Teen team members and last for one hour. Families are to be told that the consultation will only last one hour and that following the consultation a decision will be made by the Parent-Teen Team regarding services that may or may not be provided. Families are also to be advised of alternative resources they can access in the community (WCFS, Implementation Team Meeting Minutes, November 7, 2002). Information regarding the interview format utilized by consultants (structured versus focused interview; what questions must be asked versus what questions are supplementary; strengths-based versus protection oriented; for information gathering purposes versus providing the family with information, for example) and the responses that are required to determine particular service recommendations do not exist in the program documentation.

Consultation Recommendations

The program documents do not provide any information on Parent-Teen Team members making recommendations regarding which services, if any, should be offered to families following the consultation.

Case Assignment

The meeting minutes of the Implementation Team provide limited information regarding the case assignment process. While it appears that the Implementation Team identified such things as the composition of the case assignment team; days and times that meetings should occur, including a protocol for tardiness and absences; and when to

assign a case, including the necessity of prioritizing cases, the decision-making process for assigning particular services was not articulated.

Interestingly, the program documents provide contradictory information on the length of time that families are to receive service with one document reporting 6 weeks (WCFS, 2002b) and another reporting 60 days (WCFS, Implementation Team Meeting Minutes, September 12, 2002).

Program Components

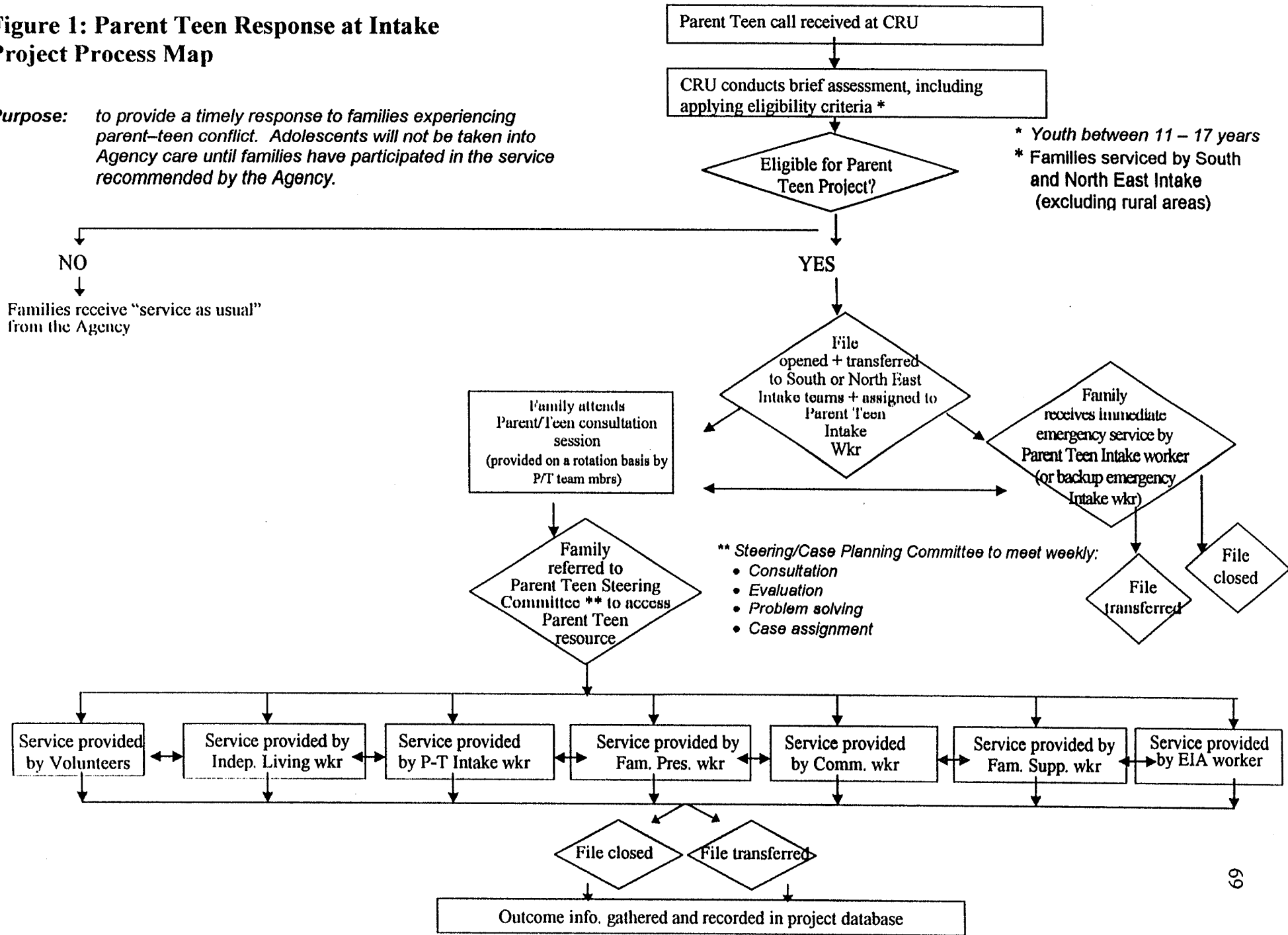
The documents identify several program components that are to be included in the Initiative: these are Intake, Employment and Income Assistance Program (EIA), CRU, Family Support, Family Preservation/Reunification, Independent Living (IL), Liaison to At-Risk Youth on the Street, Mediation and Community.

Program Model

Information regarding the various program components, outputs, and effects of the PTI is visually presented in the Parent Teen Response at Intake Project Process Map (2002), which was fashioned by the Parent-Teen Implementation Team (see Figure 1). This 'flowchart' visually depicts the process that a family will go through from their initial contact with CRU until the file is eventually closed or transferred. For the purposes of the practicum, the flowchart will serve as the Documents Model as it is based on the original conceptualization of the Implementation Team and shows how the Initiative was intended to operate.

**Figure 1: Parent Teen Response at Intake
Project Process Map**

Purpose: to provide a timely response to families experiencing parent-teen conflict. Adolescents will not be taken into Agency care until families have participated in the service recommended by the Agency.



Staff and Managers' Model

The creation of a Managers' Model is the second step in assessing the evaluability of a program, according to Rutman. In this stage, the evaluator "conducts interviews with the managers, and in some instances the practitioners and key interest groups, to determine their understanding of the program" (Rutman, 1984, p. 34). The information that is gathered during this stage can be compared to the Documents Model in order to ascertain whether the program is functioning as it was intended to function.

In completing an evaluability assessment, Rutman acknowledges that it is important for the evaluator to be flexible and that the process be adaptable so that it more accurately reflects the context that the evaluability assessment takes place within (Rutman, 1980). In the case of the evaluability assessment of the PTI the entire staff group, including supervisors and the program coordinator, were invited to participate in an interview or a focus group that would reveal information about the actual operation of the PTI. These individuals were selected for participation and their comments combined in one model because of the value that the Initiative places on collaboration between staff and managers within the Initiative (WCFS, 2002f). However, it is important to acknowledge here that much of the information provided by the PTI staff group and the Case Assignment Team is also relevant for the Field Model, which is described later. Therefore, these responses will be described in detail in the Staff and Managers' Model but will also be referenced in the Field Model.

The preliminary evaluability assessment showed that several program processes, as well as the PTI's goals and objectives, were not clearly articulated. Some of these elements were described in the analysis of the Documents Model and a visual depiction

of that model was presented. However, how the program is reported to function is often different from its actual functioning. The Staff and Managers' Model highlights areas of clarity that were formerly obscured.

For the purposes of the full-scale evaluability assessment, the interviews and focus group were structured around the findings of the preliminary evaluability assessment. Individuals who took part in interviews were informed that their participation would contribute in a substantive way to the completion of the evaluability assessment and that their participation was integral to producing an accurate, relevant final product. What is presented here is a description of the program components and processes as presented by the staff team combined with the information received through the focus group with managers. Discrepancies with the Documents Model are also identified.

Goals and Objectives

Data obtained from staff interviews, as well as preliminary evaluability assessment interviews with managers, informed the analysis of the goals and objectives for this particular model. The majority of responses from PTI staff highlighted goals that are associated with the provision of an appropriate intervention and ensuring that families received a helpful service. Staff members also responded frequently that reducing days care and the number of kids in care were goals of the Initiative. In the latter case, this corresponds to objectives identified in the Documents Model. Data that was obtained through the staff interviews can be viewed in Table 1.

Table 1. Themes Emerging from Questions Regarding Staff Members' Perceptions of the Goals and Objectives of the PTI

Responses	Frequency*
Appropriate intervention (early intervention, problem solving, prepare for care, offer hope, brief treatment, give insight, teach skills, intensive)	21
Fewer kids require agency services (kids in care, reduce days care)	20
Provide better services to families (service where none before, quicker, more appropriate, consistent, voluntary, work with the families)	17
Help families	5
Work as a team	4
Community education (available resources, friendlier image of CFS)	4
Less costly	3
Long term effects (cyclical nature of parent-teen conflict)	2
Fewer families return for service	2

*The frequency refers to the number of responses, not the number of respondents.

In addition to providing responses dealing with a more appropriate intervention, staff members also saw the provision of better service as a goal of the Initiative.

Preliminary interviews with managers also highlighted these goals as evidenced by the following example, "The initial focus was days care and money saved but we all believe this is a better way of delivering service. We want to support parents to better understand teen life; to give them a venue to share information and to problem solve outside of the crisis" (Personal interview, November, 2003).

While the Documents Model showed that a majority of the Initiative's objectives were outcome oriented and, more specifically, interested in outcomes that would benefit the Agency, the Staff and Managers' Model identified those outcomes that benefit the families as being paramount. Of particular significance is that the Documents Model does not identify the use of an appropriate intervention as an objective of the Initiative, an objective that dominated the Staff and Managers' Model. As well, many of the objectives noted in the Staff and Managers' Model are process objectives, which focus on the nature of the service as opposed to the results of the service.

As well, one of the main objectives identified by the Documents Model is to decrease the number of times that families return to the Agency for service; in fact the Initiative was developed as a result of research that aimed to identify ways that these numbers could be reduced. However, this goal was only mentioned by two staff members and by none of the managers who were interviewed.

Based on the staff and managers' interviews, the following goals and objectives were formulated. Because they were generated by a substantial number of the key stakeholders, it was anticipated that they are more representative of the current objectives, which have developed over time and through a more informed understanding of the PTI. These goals and objectives are more amenable to evaluation because they meet the three key conditions of program design identified by Chambers, Wedel, and Rodwell (1992):

- Program goals are knowable, i.e., there are goal statements that give evidence to a consensus of program efforts.
- Program objectives are well defined, i.e., there are clearly stated, measurable objectives that identify program performance indicators.
- Program goals and objectives are plausible, i.e., there is evidence that program activities achieve measurable progress toward fulfilling objectives and overall goals. (p. 122)

These refined goals and objectives are presented here for further discussion and clarification by the Agency.

Goal #1: To reduce Agency resources directed towards drivers of days care.

Outcome Objective #1: Fewer adolescents in Agency care.

Outcome Objective #2: Fewer families return to the Agency for service.

Outcome Objective #3: Reduced days care.

Goal #2: To increase families' satisfaction with the quality of service provided through the PTI.

Process Objective #1: Service is provided at an early stage.

Process Objective #2: Service is voluntary.

Process Objective #3: Service is specialized (staff works with parent-teen cases only).

Process Objective #4: Service is provided in a consistent manner to families.

Process Objective #5: Families do not have to wait to receive service.

Goal #3: To provide an appropriate intervention for families experiencing parent-teen conflict.

Outcome Objective #1: Adolescents that come into care are more appropriate (protection issues) cases.

Process Objective #1: Provide brief treatment (60 day time frame).

Process Objective #2: Work in partnership with the families.

Process Objective #3: Intensive intervention with teenagers.

Process Objective #4: If necessary, to prepare an adolescent to come into care.

Process Objective #5: To engage families in a particular process prior to bringing their children into care so they have time to think about the longer term consequences of this action.

Process Objective #6: Family has a venue to share information and to problem solve outside of the crisis.

Process Objective #7: System is more thoughtful in its response.

Goal #4: To reduce parent-teen conflict.

Outcome Objective #1: Parents have a better understanding of teen life.

Outcome Objective #2: Families acquire new skills.

Outcome Objective #3: Improved parenting styles.

Outcome Objective #4: More positive relationships between adolescents and their parent(s).

Outcome Objective #5: Families function at a higher level.

Outcome Objective #6: Long term effects – reduced parent-teen conflict in the next generation.

Process Objective #1: Families gain insight into the conflict.

Process Objective #2: Families learn how to problem solve.

Goal #5: To work collaboratively with other members of the PTI.

Outcome Objective #1: Increase cross-program collaboration among the PTI staff Team.

Outcome Objective #2: Improve communication between staff and managers.

Goal #6: To create a new image of WCFS.

Outcome Objective #1: WCFS is not viewed only as an Agency that will take your kids.

Outcome Objective #2: Wider community awareness that WCFS can help with family difficulties.

Outcome Objective #3: Fewer parents coming to WCFS to abdicate their parental responsibility.

Outcome Objective #4: More families make a commitment to try to work with their child and with the Agency.

Goal #7: To improve WCFS' understanding of and collaboration with external agencies who provide services for youth.

Outcome Objective #1: Families are more aware of community resources.

Eligibility Criteria

Staff and managers were questioned about the criteria that outline eligibility for participation in the PTI. A variety of responses were provided by staff (N=14), as indicated in Table 2 below, many of which were supported by the managers' group. The two most frequent responses were the presence of parent-teen conflict and the absence of protection or abuse issues as the main eligibility criteria for participation in the Initiative. These responses are consistent with the Documents Model.

Table 2. Themes Emerging from Questions Regarding Staff Members' Perceptions of the Eligibility Criteria for Involvement in the PTI

Responses	Frequency*
<i>Coinciding with Stated Criteria:</i>	
Parent-teen conflict	10
No protection/abuse issues	9
Geographical area (South/Northeast Intake Units)	6
Age range	6
Teenager involved	5
Rural areas excluded	1
<i>Other Criteria:</i>	
Family is willing to participate (Initiative is voluntary)	5
Parent requests child come into care	2
Parents have exhausted other resources	1
CRU must think it can be resolved within 60 days	1
Families aren't eligible if they have an open file with the agency	1
None	1

*The frequency refers to the number of responses, not the number of respondents.

Interestingly, while age range is identified as one eligibility criterion, respondents reported a variety of age ranges (11-17; lower end cut-off at 13; lower end cut-off at 12).

The reality is that the Initiative has worked with children as young as 8 years old. This

provides a clear example of the lack of clarity in some of the Initiative's program components. It is difficult to evaluate a program if the target group is unclear or, in some cases, unknown (one interviewee reported that they knew of no criteria for inclusion in the PTI) to those who refer to the service and those who provide the service. The Documents Model clearly shows that an 11-17 age range is required for inclusion in the Initiative.

The Documents Model also indicates that the families must live in the geographic area serviced by either the South or the Northeast Intake units, with the exception of rural areas. However, the 'urban' criterion was only mentioned by one of the staff members interviewed. As well, the managers who took part in the focus group acknowledged this eligibility criterion but admitted that it is not always applied consistently.

Another inconsistency with the Documents Model is the inclusion of the 'voluntary' criterion identified in the staff interviews. Five individuals felt that the family must be willing to participate in the Initiative in order for them to receive service through the Agency. This was also mentioned in the managers' focus group and in a preliminary interview with one manager. The Documents Model does not identify 'voluntary participation' as one of the criteria, although it does describe the process that families will go through if they are unwilling to participate in a consultation. However, families who do not take part in a consultation may still receive auxiliary services through the PTI, which is not supposed to happen, according to the documents as well as one preliminary interview with a manager.

The Documents Model also relates that perinatal cases are not to be included in the Initiative. This criterion was not addressed by any staff members, although it appears

to be applied in practice. It was also acknowledged in the managers' focus group, as was the exclusion of adoption cases where a worker is already in place. Therefore, this finding is consistent between models.

The Documents Model also specifies that families must have adolescents who are at imminent risk of coming care, which was not identified by staff or managers as one of the criteria. However, many individuals (both staff and managers) reported that it was common for families to contact WCFS hoping that their adolescent would be taken into Agency care. This statement of fact, however, does not translate into an acknowledgement of existing eligibility criteria. Interviews revealed that while many of the families who present for service have requested that their child come into care (some report a majority of families), many families have not. The actual criterion applied when determining eligibility appears to be any indication of parent-teen conflict and the severity of the conflict is not considered.

The focus group that was conducted with the managers revealed some particularly interesting information regarding criteria for inclusion in the PTI and the decision-making processes around this. For example, the managers reported that when a parent, or sometimes a child, has a significant mental health issue or an addiction problem they will not be considered for the inclusion in the Initiative. The reasoning behind this is akin to why the Initiative will occasionally take cases from the Abuse unit, even though the criteria state otherwise. What is paramount in assessing these criteria, and consequently making decisions regarding families' participation, is whether or not the parent-teen conflict is the primary issue. In cases of mental health and abuse – if these are assessed as being the primary issue, the case will not go to the Parent-Teen Initiative. These

decisions are most often made by the Intake Supervisors or by the Case Assignment Team.

The CRU was most frequently identified as the 'gatekeepers' or the unit that is responsible for determining eligibility for the Initiative, which is consistent with the Documents Model. However, many respondents (N=5) expressed that CRU had limited knowledge of the Initiative and would benefit from more involvement or a training session on its operation. The focus group with managers also mentioned a few cases in which appropriate screening was not utilized by CRU, causing ineligible families to be routed to the PTI.

The documents state that the Intake Supervisor will become involved if a family refuses consultation but still requires service. However, several staff members (N=5) and managers describe a greater role for these individuals in determining eligibility, with some saying the final decision rests here. The managers described a screening process wherein decisions regarding eligibility are made at various points. According to this description, the two Intake Supervisors do have quite a bit of responsibility for decision-making related to families' eligibility.

Finally, the Documents Model states that, as part of the screening process, the CRU is required to refer families to external resources but the staff interviews showed that this does not happen consistently.

Consultation Process

One of the main program components of the PTI is the consultation, where families are provided an initial assessment as to whether or not they require further service from the Agency. The Documents Model described the process that a family

must go through in order to attend a consultation, as well as its structure, but it did not provide information on the interventive aspect of the consult. This is a critical element as the preliminary evaluability assessment showed that occasionally the intervention was not occurring in a consistent way, and that this might have an impact on the recommendations made by the consultants. When staff members identified those areas that are considered process or structural components of the consultation, their responses closely matched those included in the Documents Model. This indicates general consistency between the Documents Model and service providers on the assessment and information gathering processes that occur during the consult. The responses that staff members (N=14) gave when questioned about the consultation process are displayed in Table 3 below.

Table 3. Themes Emerging from Questions Regarding Staff Members' Perceptions of What Occurs in the Consultation Process

Responses	Frequency*
Family shares information (why they're here; what they've tried; what has and has not worked)	22
Consultants share information (describe the program; describe the consult; information on other resources)	19
Discuss options with the family (collaborative process)	13
Hear the family	8
Make recommendations	5
Every staff does things differently (informal process)	5
Mention Steering Committee	4
Ask questions	3
Make no promises	3
Address safety issues	3
Make introductions	2
Focus on strengths	1

*The frequency refers to the number of responses, not the number of respondents.

The majority of responses highlight the 'information gathering' aspect of the consult. Staff members consistently described a process whereby families were invited to

discuss what had brought them to the consultation and to provide more information on the functioning of the family. Family members are also provided with information about the consultation and services that might be offered through the PTI and externally.

Several staff members highlighted the importance of using a collaborative process when discussing options with family members, with many stating the decisions were arrived at when families were in agreement.

On five occasions, it was mentioned that every staff member does things differently in the consultation and that they each have their own standardized list of questions that they ask. It was acknowledged that some are more 'protection-focused' while others prefer to operate using a 'strengths-based' approach.

Consultation Recommendations

One conclusion that was reached following the preliminary evaluability assessment was that the recommendations made by staff following the consultation were not based on any identifiable criteria or standardized system; rather, each staff had their interpretation of what services, if any, should be offered to families and why. In fact, the Documents Model did not include any information about how these recommendations are decided upon. In order to conduct an evaluation of this program component, a clearer understanding of this process is required. Staff interviews (N=14) were conducted in order to hear staff members' perceptions regarding what criteria are used to make recommendations following a consultation (see Table 4). As a point of clarification, the 'general process' category listed in Table 4 includes recommendations for Agency services, external services or for file closure. Information from the focus groups also informed this process.

Staff members appeared to follow a particular process, generally, when making decisions regarding recommendations. Most staff members agreed that everyone who

Table 4. Themes Emerging from Questions Regarding Staff Members' Perceptions of How Decisions are made Regarding Recommendations Resulting From the Consult

Responses	Frequency*
<i>General Process:</i>	
Agreed upon by all involved	8
Based on assessment of the family (dynamics, roles, etc.)	5
Relationship with other staff has a role	4
Caseloads of workers can play a role	2
If we think the family will benefit from a service, it is recommended	1
Knowledge of the program	1
<i>Family Support recommended:</i>	
When the child is viewed as having the issue (needs someone to talk to; needs to manage anger, etc.)	9
When there is a parenting problem	1
When no attachment issues are discernible	1
<i>Mediation recommended:</i>	
Conflict is more concrete and immediate (curfews, negotiating, chores)	10
Parents and teen are willing to come together	3
More about communication	1
<i>Family Preservation recommended:</i>	
Conflict is more intense (historical issues, mention child coming into care)	9
Problem is in parenting system	2
Willing to have someone come into their home	1
More therapy oriented	1
<i>Community recommended:</i>	
When program information is needed (resources, parenting strategies)	5
Don't know	4

*The frequency refers to the number of responses, not the number of respondents.

was involved in the consult should agree on the recommendation that was being put forth.

In rare circumstances staff members made a recommendation that was not supported by

the family. Staff members also described their assessment of family dynamics and

functioning as having a role in the decision concerning whether or not to recommend service.

The managers' focus group identified staff members making a connection with families as an additional factor related to making recommendations. It was stated that "this is an engaging process and sometimes the consultants can feel compassion for the family and recommend that the family receive service from them specifically" (Managers' focus group, May 3, 2004). This highlights an important element of this process in that it is acknowledged that some families might be recommended for service without having met other, more relevant criteria.

In the case of recommending particular services, the staff group seems to be in agreement about when each service should be recommended, with one exception. In the case of recommending a Community worker, many staff did not have an understanding of when this service would be appropriate. When staff members were able to respond to this question, however, they agreed that a Community worker was most appropriate when the family required information about available resources (parenting courses, for example).

With regard to Family Support, the majority of staff members felt that this service should be recommended in a case where a child or adolescent is assessed as the one with the issue. For example, if the adolescent needs help controlling their anger or if they appear to need emotional support then Family Support will be recommended.

Mediation, on the other hand, appears to be recommended by the majority of staff members when the conflict between the parent(s) and adolescent deal with concrete factors, such as curfews, chores and the need to negotiate these things. It was also noted

that mediation works best when the issue is immediate and does not involve historical conflict. As well, it was highlighted that the parent(s) and the adolescent must be willing to come together and communicate with each other about the issue.

Family preservation was viewed as a more appropriate option when the conflict has been more intense (for example, when there is mention of the child coming into care) and based on historical family issues. Two staff members identified the parenting system as the area requiring assistance in these cases.

Case Assignment

As previously mentioned, the documents did not provide information about how decisions were made by the Case Assignment Team or the criteria on which these decisions were based. In order to gain a more comprehensive understanding of the component, staff members as well as managers were questioned regarding their perceptions of this issue. The data from staff interviews can be found in Table 5.

Table 5. Themes Emerging from Questions Regarding Staff Members' Perceptions of How the Case Assignment Team Decides on Service Recommendations

Responses	Frequency*
Committee considers the recommendations of the consultants	9
Unclear decision-making process	9
Availability/Caseload	7
Consider all services available to the family	4
Look at additional file information	4
Will seek clarification when needed	3
Might not want to use up two services so will assign only one	1
<i>Staff feel they have input:</i>	
Usually	4
None	4
Sometimes	2
If I pushed the issue	1

*The frequency refers to the number of responses, not the number of respondents.

Staff members provided quite a varied description of the Case Assignment Team's decision-making process, with equal numbers of responses indicating that (a) the consultation recommendation carried some weight in this regard; and (b) the decision-making process was unknown or unclear to them. Several staff members noted that their recommendations are more likely to be accepted by the case assignment team if they are clear, specific and provide a rationale. A high number of responses also identified staff caseload as a contributing factor in the decision-making process. The staff group was divided on the amount of input they feel they have into this process.

The focus group provided managers with the opportunity to present the process they go through in deciding upon service recommendations. This group agreed with the staff team that decisions are based on recommendations following consultation and, occasionally, on staff availability. However, the consensus of the group was that all available information, including the above, was considered prior to making decisions.

The managers will look at the family's larger file (historical and placement information) and discuss issues such as the readiness of the family to engage in service, what the benefit of receiving service will be to the family, whether the child will come into care if service is not provided, and is the family likely to return for service following involvement with the PTI. In assigning a particular service to a family, the Case Assignment Team looks at worker availability; the skills of the workers (tries to find a good fit for the family); gender issues (most notably for support workers); and past success of workers dealing with families that had similar issues. The managers also acknowledged that sometimes volume control plays a role in that they try to keep services open in the event that a more difficult case presents itself.

Program Components

The staff interviews and the managers' focus group identified four areas of deviation from the Documents Model: EIA, IL, CRU and Community Services.

It has been frequently reported that EIA, as a program, has not been included in the Initiative as intended and many staff have reported concern over this service gap. Initially, the EIA worker was to be a referral source and was to provide her clients with the auxiliary services offered through the Initiative. The ideal link, as outlined in the focus group, would be for Family Support services to be offered to a family when a child is transitioning out of the home or if the parent indicated a willingness to try having the child re-enter the family home. The process with EIA was never formalized and, as a result, this program is not well utilized.

The focus group provided the insight that the Independent Living program is not a formalized link of the Initiative. While this service might be recommended for a family, it is not viewed as a program that should be attached to the PTI, according to the managers. However, three staff members voiced their adamant opinion that this program needed to be in place for adolescents who were transitioning out of the home.

Several individuals voiced concern that the CRU did not have enough knowledge of the way the Initiative functions (i.e. what are appropriate referrals, what services are provided to families and what is the process of selecting these services). As CRU is often the first point of contact for families, the concern was that families were not receiving adequate information about what the PTI can offer them.

More than half of the staff members who were interviewed commented on the underutilization of the Community workers that are available through the Initiative. It

was noted that several PTI Team members do not have a good enough understanding of what these workers do to make appropriate recommendations for this service.

Field Model

The third step in an evaluability assessment, according to Rutman (1980; 1984), is the creation of a Field Model, which is developed as a result of the evaluator's observations and information gleaned from visits to the field. The aim of a Field Model is "to inform the evaluator (and hence the program manager) better about the program, not to draw conclusions about the nature and amount of its effectiveness" (Rutman, 1984, p. 35). The development of a Field Model is a critical element of the evaluability assessment as it will often provide the evaluator with information on unanticipated effects of the program (positive or negative), as well as any goals of the program that might not have been articulated earlier (Rutman, 1984).

For the purposes of this evaluability assessment, the Field Model was based on staff interviews, client interviews and the evaluator's experience as a participant observer during two consultations. As previously noted, some elements of the Field Model have already been reported in the Staff and Managers' Model: for instance when managers reported on their decision-making process in case assignment and when consultants described how they made a determination about recommendations for service. While the Staff and Managers' Model has provided an abundance of information on the operation of the PTI, incorporation of data from the client interviews and the evaluator's observations during consultations will also assist in providing an understanding of the program that is based on its actual functioning. In this particular segment of the report, consistencies and discrepancies between client information and staff and/or managers

responses will be highlighted. It should be noted that client responses are not intended to be representative of the entire client population. Due to the very small sample size, information is intended to supplement the Model only.

Goals and Objectives

The clients who were interviewed did not have knowledge of any formalized goals or objectives that applied to the Initiative. They did, however, have goals for their families that they hoped would be achieved through participation in the Initiative. Individual clients reported that: (1) they hoped to receive tangible supports and concrete suggestions for how to better support their child and deal with the child's behaviours; (2) they wanted the Initiative to bring communities together to raise children; (3) they hoped that the staff members would recognize and address problems; (4) they hoped to receive validation from another parent that they were not the only ones having problems with their child(ren); and (5) they wanted the fighting in the house to stop and for everyone to start getting along. In all cases but number two, these goals and objectives are consistent with those outlined in the Staff and Managers' Model. As well, in all cases but number two, these were the actual experiences of the clients; that is, their goals and objectives were met through the Initiative.

Eligibility Criteria

Of the clients who were interviewed, none had a clear understanding (most reported having no idea) of what made them eligible to participate in the PTI. One individual reported her understanding that she was required to participate because she had hit her child. This perception is inconsistent with both the Documents and the Staff and Managers' Models.

Consultation Process

Three individuals who were interviewed found the consultation very helpful and described a process that was consistent with the Staff and Managers' Model. Clients reported that the consult was an information gathering session wherein the consultants asked questions and provided the family with necessary information. One client reported being validated and described how helpful this aspect of the consult was for her: "it helped that I knew what resources were available; it reassured and reaffirmed that what I had done was the right thing".

One client reported a negative consult experience, stating that the consultants did not introduce themselves to her, which she found demoralizing. As well, one client described a situation that had been alluded to by some of the staff members, reporting that the consultants were clearly child-focused in their orientation and did not give appropriate weight to the responses of the parent. However, another client stated that the consultants were very balanced and did not take sides throughout the process.

Finally, one individual described the lack of a strengths-based approach throughout the process, which is consistent with the Staff and Managers' Model as this was only identified on one occasion. It is important to note that the use of a strengths-based approach is quite possibly an important element of the intervention as indicated by the preceding literature review.

The evaluator's participant observation of two consultations found that the Field Model is consistent with the Staff and Managers' Model in that the consultation was focused on information gathering and sharing, and that options were discussed with the

families. However, as the evaluator did not have the opportunity to be present at a consult with every team member, these observations are included advisedly.

Consultation Recommendations

In all cases, the clients reported being involved in the decision-making process around what services, if any, would be most beneficial for their family. This is consistent with the Staff and Managers' Model. However, one individual reportedly agreed to a recommendation of file closure even though it was not what s/he wanted. It was reported that a family who is currently using an external resource may be told that the PTI cannot help them and to continue using the external service. However, the client might not feel that the external service is helpful or appropriate for their family. This situation was described by one staff member as well, who felt that families should still receive PTI services if they are the most appropriate and if it is anticipated that they will produce positive effects. File closure that is based on a family's use of an external resource might be perceived negatively by the family in some instances. This is a possible unanticipated effect of the program.

The evaluator's participant observation of two consultations found that consultants can occasionally disagree on a recommendation, which appears to be inconsistent with the Staff and Managers' Model. However, the consultants were able to negotiate a recommendation following the consultation.

Case Assignment

Two of the clients who were interviewed had received further service through the Initiative. Neither of these individuals could identify specific reasons for this, although both reported being extremely satisfied with the services they received. Both of these

clients reported that they would have liked the service to continue, a comment that might prove useful to the program manager.

Program Components

Three respondents, prior to their consultation, believed that they would be receiving group counselling services (for both parents and adolescents) through the PTI. This assumption is inconsistent with both the Documents and the Staff and Managers' Model. However, the families did not actually receive these services (families received Family Preservation and/or Family Support services) so their experience was consistent with the Models.

Chapter Six Towards an Evaluable Program Model

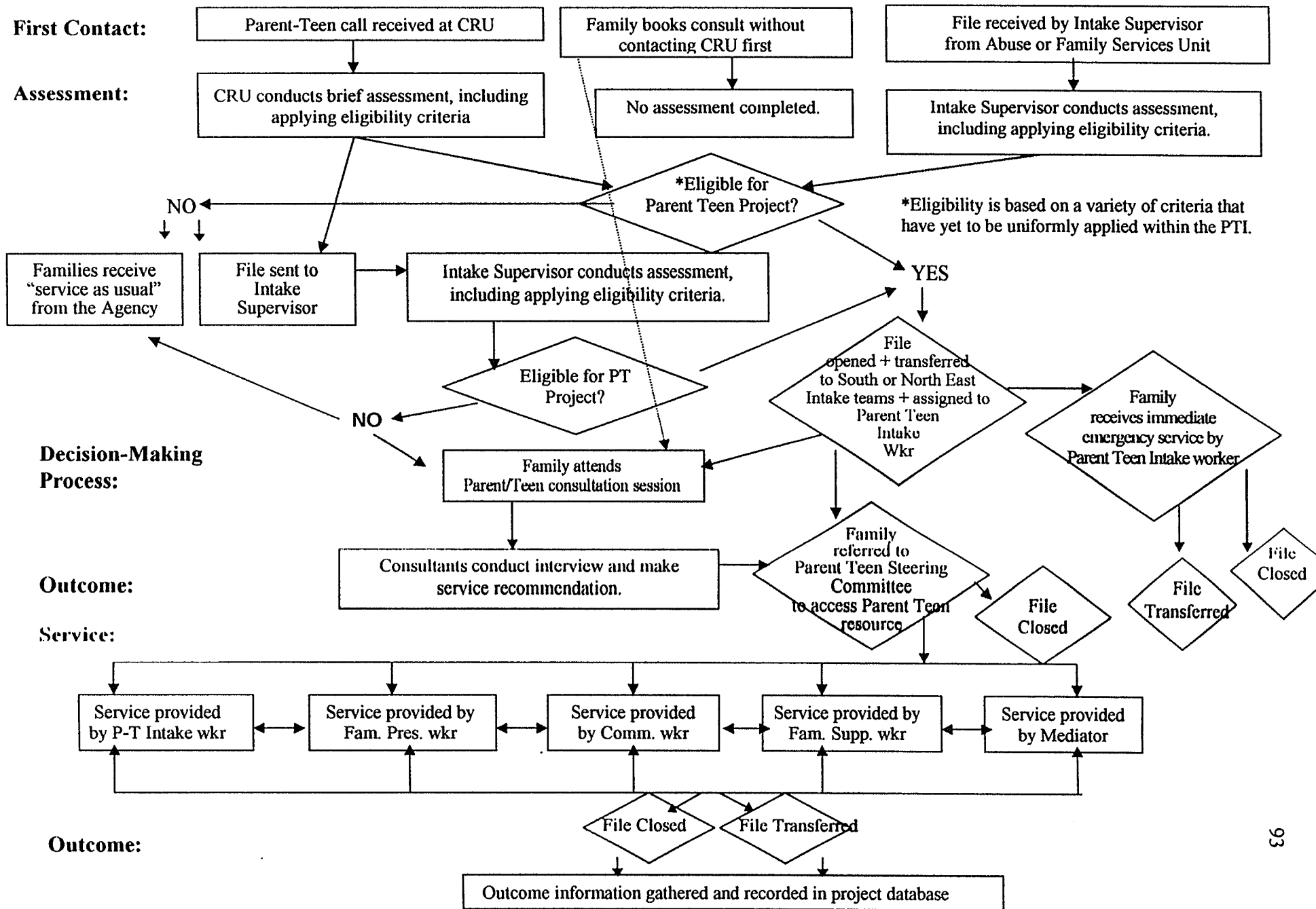
The preliminary and full-scale evaluability assessments produced a great deal of information on the evaluability of the Parent-Teen Initiative. Included in this chapter are a presentation and discussion of the reconciled program flowchart, a summary of the main findings from the evaluability assessment, a discussion regarding the Evaluable Program Model, the implications of the evaluability assessment for future evaluation, and recommendations resulting from the assessment. A table that outlines questions for future evaluation, their corresponding objectives, proposed methods and the feasibility of implementing those methods is also provided.

Reconciled Flowchart

In order to receive a consultation and, subsequently, further service through the PTI, families must go through a process that was articulated as part of the Documents Model. However, interviews with staff and management produced a description of this process (hereafter referred to as the PTI flowchart) that was qualitatively different from the one depicted in the program documents (hereafter referred to as the documents flowchart). The PTI flowchart is depicted in Figure 2 and a comparison of the models is provided below.

One finding that came out of the staff and managers' interviews was that the CRU was no longer the only point of first contact for families. It became increasingly acknowledged that some families were being referred to an abuse unit when the primary concern was parent-teen conflict as opposed to abuse. When the abuse allegations were shown to be unfounded, these families were left without assistance in dealing with the conflict. Therefore, the Initiative has worked on formalizing a connection with the Abuse

Figure 2: Parent-Teen Flowchart



units in order to ensure these families can receive service. As well, the interviews produced the information that, on occasion, a family services worker will refer back to the PTI. This connection is currently not as well developed.

In some cases, families have acquired the phone number to book a consultation without going through the CRU. These families will show up at consultation without a file being opened and without any history available for the consultants. Staff members have had to adapt to this situation, but it does present an awkward entry to the Initiative for these families. As well, as the number of families who have utilized the services of the PTI grows, so too does the likelihood that this situation will occur. A process should be put in place at the time of booking the consultation to ensure that the family has spoken with a CRU staff member in order to prevent this occurrence.

The PTI flowchart also highlights the importance of the Intake Supervisors in assessing eligibility (through the application of criteria) for inclusion in the Initiative, while acknowledging the lack of consistency in applying these criteria. The documents flowchart does not make mention of this critical element of the process at any point, even though it appears that the Intake Supervisors have more say in determining eligibility than the CRU staff.

Staff interviews showed that the CRU will often get a case that they are unsure of and will send it to the Intake Supervisor who will make a decision regarding eligibility. The Intake Supervisors will also (occasionally) get a file after the CRU has determined that the family is not eligible and will override that decision. As well, it is the Intake Supervisors who determine the eligibility of families coming from Abuse Intake units or Family Service Units. It can be seen from this discussion that the Intake Supervisors

have a great deal of decision-making power regarding a family's eligibility for service from the Initiative. This could be problematic if the Supervisors do not have a similar understanding and application of the eligibility criteria.

It appears that in the planning stages of the Initiative, more attention was paid to housekeeping issues of the Initiative (who would attend meetings, how information would be obtained, how long meetings would be, how people would be contacted, and expectations of the workers regarding missing appointments, etc.) as opposed to how decisions would be made and what criteria would guide these decisions. As such, a clearer articulation of the decision-making process would be helpful prior to conducting an evaluation which includes an examination of process issues such as Intake, selection criteria and who receives service. Ultimately, these issues are important in determining who benefits most from the services of this specialized Initiative.

The PTI flowchart also highlights the reality that sometimes a family will be provided with a consultation even though they are not eligible for participation in the Initiative. The managers' focus group provided additional information on this, noting that it is believed that sometimes families will benefit from participating in the consult so it is offered, regardless of the family's eligibility. This flowchart also shows that occasionally families will receive service through the PTI without ever having participated in a consultation, a practice which is not intended to occur, according to program documents.

The PTI flowchart includes several other elements that were omitted from the documents flowchart. For example, the decision-making process is more clearly articulated in the PTI flowchart through the inclusion of consultation service

recommendations. This is a key element of the process, as the managers' group has acknowledged, because in more than 80% of the cases they accept the recommendations made by the staff that were present at the consultation (the consultants). As well, the documents flowchart makes it appear as though the consultants can close a file without first sending the file to the Case Assignment Team. This is not the case. The PTI flowchart also shows that following a consultation and recommendation for service, a family might still have their file closed following review by the Case Assignment Team. As this indicates, it is the Case Assignment Team that has the final say with regard to decisions around service provision.

The PTI flowchart provides a more accurate depiction of the services that can be accessed through the Initiative. Of particular note are the omissions of volunteer services, Independent Living services, and EIA services from the PTI Flowchart. While included in the Documents Model, these services are not currently provided through the Initiative. Mediation was included as its own category in the PTI flowchart because of the frequency with which it is offered as a service, as opposed to the Community workers, who are recommended by consultants less often to work with families participating in the PTI.

Summary of Main Findings

Interviews with the staff group, clients and the management team produced information on several assumptions that were made about the Initiative, as well as their expected impacts. The assumptions that key stakeholders made about the Initiative when it was being designed helped to inform how it would be structured and how it would operate. If these assumptions do not materialize in practice then a corresponding change

in the PTI's structure and processes may be warranted. This would have a consequent impact on the Evaluable Program Model. Therefore, these assumptions are presented here as a way of summarizing the main findings of the evaluability assessment and raising potential flags for the stakeholder group. The analysis is provided below.

Assumption #1: Almost one quarter of families seen by the Agency in the 2001/2002 fiscal year were experiencing parent-teen conflict.

Implementation of the Initiative was predicated on the belief that almost one quarter of the families served by WCFS were dealing with parent-teen conflict (WCFS, 2002b). This estimate is somewhat higher than figures supplied in the "Families Returning for Service" final report indicate. The actual estimate, based on a recalculation of data from that report, suggest that 22% of families whose cases prompted a file opening between April 1, 2000 and June 30, 2001 were experiencing parent-teen conflict. This percentage still suggests that a significant number of families were experiencing this type of problem, although the estimate is closer to one in five families.

As well, families included in the sample could disclose up to three presenting issues at Intake. Therefore, there is no way of identifying the number of cases where parent-teen conflict is the primary presenting issue. As indicated in the evaluability assessment, in many instances when parent-teen conflict is not the primary issue (for example, when abuse or protection concerns are the primary issue), the family is not eligible to receive parent-teen services.

Despite this observation, parent-teen conflict is still the fifth-highest reported presenting issue for families who have file openings with the Agency, with 11% of the total responses by families indicating that parent-teen conflict is occurring. As well, 23%

of the families from the sample who had returned for service (N = 141) presented with parent-teen conflict. Of those families whose children entered Agency care, 14.6% were the result of parent-teen conflict, behind only neglect and abandonment.

Assumption #2: The consultation is one mechanism to provide early response and can be one of the most important elements of the intervention for the family.

Discussions occurred with several families who had participated in a consultation only (no further service was provided) as well as with the staff members who worked with these families. Several families were contacted to participate in an interview but refused because they had a negative experience with the Initiative. Instead, they opted to voice their concerns in a phone conversation. For purposes of clarity, it should be noted that the sample included only four clients, with an additional three clients providing comments over the phone. Due to the small sample size, information provided by clients should not be perceived as representative of the larger population. For this reason, findings should be interpreted with caution.

In many cases, these families reported dissatisfaction following the consultation, stating that they had expected to receive some kind of service through the Agency. Some families also reported that they were told they would not be receiving further service even when they made it clear to the consultants that they needed something and that the current options available to them were not meeting their needs. These families reported that they did not experience the consultation as beneficial; rather they saw it as a waste of their time.

Several staff members reported that families will often feel validated following the consult and will leave feeling better about the situation. Interviews with a small

sample of clients indicated that this may be the case when families feel that the conflict has already lessened or that they have an alternative service in place that has produced some positive effects. However, if a family attended a consult when they were still in crisis or were currently using services that they found unhelpful, being told that nothing could be done for them served to solidify their disenchantment with “the system”.

This is a critical finding of the evaluability assessment and one that has important implications for the Evaluable Program Model. The evaluability assessment showed that the management team has a preference for all families to receive a consultation prior to being referred to an auxiliary service. If the key stakeholders of the Initiative are resolute on continuing to provide a consultation, an alternative format may need to be utilized which families find more beneficial.

Interestingly, Parent-Teen database information has shown that, as of April 23, 2004, 46% of the families that were referred to the Initiative did not take part in a consultation. This information calls attention to the issue of consultation as an intervention element of the Initiative and whether or not it is currently meeting the needs of families and the Initiative. As well, it causes one to question why families are not taking part if it is a requirement for participation in further service.

The research shown here leads one to conclude that families may view the consultation as helpful if (1) it leads to their participation in an auxiliary service and they want to receive this service; or (2) it simply validates the process they have utilized to this point. However, the second instance appears more likely if the family has another form of support already in place that they feel is helpful. This could be viewed as a

separate evaluation issue that could be investigated as a means to obtain data to modify the intervention, if in fact the stakeholders wish to continue using the consultation.

Assumption #3: EIA, Community Services and Independent Living would be useful services to include in the Initiative.

Although these services were originally identified as being important elements of service provision, they have not been formalized within the Initiative. This has led to underutilization of the services offered by the Community workers and the EIA worker, and no integration of the Independent Living program whatsoever.

With regard to EIA and the Community workers, several staff members commented on the necessity of including these programs in a more explicit way. More than one half of PTI staff team commented that they did not have a good understanding of what the Community workers do and what they can offer to families. An equally high number of staff members voiced concern over the EIA program not being utilized to the extent that it should be.

In the case of the Independent Living (IL) program, the management team commented that this service could never be formalized in a way that would make sense to the Initiative. IL can be recommended to a family but a connection with the Initiative has been deemed unnecessary by the Case Assignment team. This feeling was not shared by some members of the staff team who see this program as vital to ensuring that teens who are leaving home have access to resources and are taught the skills that are necessary for them to sustain themselves in the community.

Several issues arise out of this assumption that should be addressed by the key stakeholders when considering an evaluation of the Initiative. First, the management

team should decide if and how each program should be connected to the Initiative. This connection should then be formalized and a process established which will ensure that staff members know how to access these resources. Second, the role that each of these services can potentially play in the PTI should be clarified within the staff group so that individuals have a better understanding of when these resources can be utilized. This could lead to more appropriate recommendations being made at the consultation and, consequently, increased utilization of these services.

Assumption #4: Provision of services through the Parent-Teen Initiative will reduce the need for placement and, consequently, the number of youth coming into care.

According to staff interviews, prior to the Initiative's implementation there were no specialized services available for families who were experiencing parent-teen conflict. The prevailing scenario had WCFS acting on reports of difficulties occurring within families that were experiencing parent-teen conflict very infrequently. In cases of parent-teen conflict, teens were brought into Agency care only when the situation was considered to be a serious protection issue.

With the introduction of the PTI, for the first time families were able to meet with social workers to discuss problems that were occurring with an adolescent in the family. This opened up a whole new client group to the Agency, increased referrals and gave social workers more of a role to play with this previously under-serviced age group. The Initiative has served to bring a greater number of cases to the attention of the Agency, and as a result, it may not lead to fewer youth in care; indeed it may lead to an increase in the number of youth coming into care.

Staff members involved with the PTI state that they have brought a greater number of teens into care since the Initiative began. This supposition has been supported by a preliminary review of the data from the pilot year, however, database issues that were noted earlier make this finding difficult to verify. In particular, the data shows that the actual number of kids coming into care has increased, but the proportion related to the total number of families served is not available. There is also a chance that the Initiative might increase the number of youth coming into care in the short term but that these numbers will diminish over time.

In order to reconcile this assumption with its practical functioning for the purposes of the Evaluable Program Model, the program's key stakeholders must first make a decision about whether their primary concern is to reduce the number of youth coming into care or to improve services to families. While these objectives do not have to be mutually exclusive, it stands to reason that, in the short-term, a reduction in the number of youth coming into care might be a difficult objective to achieve.

As well, the stakeholder group should clarify whether they are primarily concerned with receiving information on the proportion of youth coming into care compared with the total number of families served by the Agency, as opposed to just the number of youth coming into care. The evaluability assessment showed that several individuals feel that the proportion is a more accurate representation of the effectiveness of the Initiative. If this is the case, the current databases that are operated by the Agency must be reconfigured to accommodate this calculation.

Assumption #5: Offering specialized services to families at an earlier stage of crisis would help reduce future costs.

This assumption is predicated on the realization of the previous hypothesis. It stands to reason that this assumption can only be realized if fewer youth are, in fact brought into care in the future and, more importantly, require less time in care. The majority of the staff group and the management team agree that early intervention with families experiencing parent-teen conflict, as well as the specialized nature of the service (staff only work with parent-teen cases), will serve to provide families with a more appropriate and better service. This assumption is supported by the literature. However, whether this intervention will result in a less costly service remains to be seen.

Assumption #6: Staff members come with knowledge and experience regarding how to intervene in parent-teen conflict.

The interviews produced information that did not support this assumption. It was discovered that while the PTI Team received 'training' in the way of a team building exercise in the beginning stages of the Initiative, they did not receive instruction specific to parent-teen conflict. It was assumed that the staff group would have an existing knowledge base that would enable them to work effectively with these families; however, it was found that the intervention was applied inconsistently. Individual staff members felt that some of their peers were not effective in their interventions and that the entire group would benefit from training on current best practices and suitable interventions for families dealing with parent-teen conflict.

A related issue deals with a reduction in professional development opportunities that are available for this Team as a whole, which staff suggest has occurred as a result of a new collective bargaining agreement.

Assumption #7: Provision of service in the early stages of conflict can have a positive effect on the next generation as these youth will learn skills that they can incorporate into their own parenting schemes.

As can be seen in Table 6, only two staff members identified long-term changes as possible positive outcomes resulting from participation in the PTI. Most of the responses focused on the immediate benefits to the family in the here and now, i.e., empowerment, and acquisition of tools to deal with the conflict. The longitudinal approach that would be required to appropriately evaluate this assumption is not feasible. The more immediate benefits to families are more easily evaluated and more relevant to the current functioning of the Initiative.

Table 6. Themes Emerging from Questions Regarding Worker Perceptions of the Positive Outcomes to Service Provision

Responses	Frequency
Positive changes for the family (empowerment, acquisition of tools, etc.)	15
Changed perception of the experience/Normalized	6
Child doesn't come into care	4
Positive changes in teens (problem solving, confidence, etc.)	4
Trust developed between clients and staff	2
Better understanding of available resources	2
Long-term changes (generational)	2
More cases are closed after brief intervention	1
Knowledge generation	1
Positive changes in parents	1
They don't need us anymore	1

*The frequency refers to the number of responses, not the number of respondents.

Assumption #8: By providing early intervention we are decreasing the likelihood that families will return for service.

The agency response to families who are return service-users has always been one of assessment and investigation. Often, families were not provided access to services because they were assessed as having a low risk of child maltreatment. It is believed that

many families returned for service because they did not have access to specialized support services prior to a full-scale crisis occurring (WCFS, 2002a). It was anticipated by project staff and management that by providing those supports at the front-end of service delivery and by focusing on a strengths-based approach, families would require fewer agency services in the future.

This assumption is supported by the literature; however, a lack of available data makes it difficult to determine its accuracy in the evaluability assessment. What has been discovered through the evaluability assessment is that a breakdown occurred in follow-up on client files. A process had been outlined for acquiring information on families in order to ascertain whether there was a decrease in the rate of return for service; however, this process was never fully implemented. This assumption could be evaluated if appropriate data gathering and entering techniques were utilized and if the necessary time was directed towards completion of this task.

Currently, the database is able to produce information on the numbers of families who have returned to the Initiative for service. This does not give a complete picture as families may return for service to Abuse or General Intake, which would not show up in the parent-teen database. More focused work in this area would allow the Initiative to see how many families returned to the Agency for service, what the presenting problems were and whether the Initiative had an impact on these families.

Assumption #9: Families' expectations of CFS can be changed, i.e. the Agency is not just about placement.

The evaluability assessment produced some introductory information on the validity of this assumption. Clients who participated in interviews, or who spoke

informally to the evaluator over the phone, frequently reported that they had a different understanding of what WCFS can do for families. Individuals reported that their initial feeling about the Agency was they were 'baby snatchers' and were not involved in working with families; rather, they felt the Agency dictated what families were going to do, threatening the removal of their child if the parents did not comply. Many clients reported a change in perception after being involved with the Agency, even some of those who had a negative experience. Individuals were able to see that WCFS was not only a child protection agency and that services were available to help families who needed it.

Assumption #10: The Initiative should be shaped around the 11-14 year old demographic in order to do more preventive work.

Parent-teen database information was obtained by the student on November 13, 2003 which included statistics on the pilot year of the Initiative's operation (November 1, 2002 – October 31, 2003). This information showed that 58.19% of the adolescents who received service through the PTI in the pilot year were 15 years old and over.

More current data, although not for this particular age range, shows that as of April 23, 2004 the most prevalent single age category for those utilizing the PTI are adolescents aged 16 years (24%). Fourteen percent of the referred youth were over 16 years old and 52% were between 13 and 15 years old. Therefore, 90% of the youth referred to the PTI were 13 and older.

This finding does not substantiate the assumption that the Initiative would be focused around those families with youth aged 11-14 years and consequently utilized more for preventive work with families. It appears that the majority of referrals are for those youth 15 years of age and older, which would be more likely than their younger

cohorts to benefit from EIA and Independent Living services. The lack of participation of the EIA worker and the IL worker in the Initiative would seem to be a serious omission considering the number of referrals to the PTI within the appropriate age range to receive these services.

Assumption #11: Diverting families to external resources will produce positive outcomes for families while at the same time freeing up Agency services for families that do not have the option of utilizing external resources.

Research has indicated that a collaborative approach with community organizations can lessen the load of already overtaxed child welfare agencies. It is believed that by referring families to external organizations, the agency is helping connect the family to the community, promoting community development, increasing the likelihood of family preservation and reducing the strain on agency services.

One of the client interviews produced information that some families do not experience positive outcomes as a result of utilizing external resources. This client described a situation wherein s/he was already utilizing an external resource and was told by the consultants that if she received service through the Initiative it would make her ineligible for the external service. While this may be true, the client did not find that service helpful and would have preferred to receive service through the PTI. The diversion of families to unhelpful external resources was substantiated by two other clients who shared this information over the phone.

An additional issue arises when consideration is given to the consistency with which families are diverted to external resources. One staff interview produced the information that occasionally the consultants will not refer to an external service because

they believe that the PTI will be more beneficial to families. Therefore, Agency services are not always freed up for those families who do not have access to external resources. Interestingly, another staff member reported that PTI staff members do not always have a full caseload and that they would prefer if more families received service through the Initiative.

In order to evaluate this assumption, the key stakeholder group should first decide whether it is a priority to refer families externally or to ensure that families receive the most appropriate service for their needs. As well, a review of the appropriate number of cases that should be carried by each PTI team member will help ensure appropriate utilization of each service.

Assumption #12: If we slow down the process and force families to go through some steps prior to having their child placed it will result in fewer kids coming into care.

This assumption was not supported by the evaluability assessment for two reasons, the first being that preliminary database information has shown that 46% of families who were referred to the Initiative did not take part in a consultation.

The consultation was designed as a means of slowing families down – if families were put through a particular process prior to WCFS bringing their kids into care, it would give these families time to think about the longer-term consequences of this action and, perhaps, to rethink their position. Interestingly, almost half of the families who are referred to the PTI do not attend a consultation; therefore, it is unknown whether the consultation is having the intended effect. However, the 46% is based on the number of families who have been in contact with the CRU and have been referred on to the Initiative, as opposed to number of families who actually participated in the PTI. The

expectation is that these families will call to book a consultation but many of them do not.

There are a variety of reasons why a family might not participate in a consultation: (1) the family might choose not to attend a consult and opt out of participation in the Initiative; (2) the family might be referred directly to a parent-teen intake worker for assessment and subsequently referred to an auxiliary service through WCFS; (3) the family might be referred directly to a parent-teen intake worker for assessment and subsequently referred to a Family Services unit; and (4) the family might be referred directly to a parent-teen intake worker for assessment and subsequently brought into care. This issue should be looked at more critically in order to ascertain whether the consultation does in fact serve to slow families down. A corresponding issue is whether the key stakeholders are committed to ensuring that all families participate in a consultation, as was originally intended.

The second reason for stating that this assumption is not supported is that preliminary database information has shown an increase in the number of youth aged 11-17 coming into care in the two units served by the PTI since the Initiative was implemented. More specifically, in the year prior to the Initiative's pilot stage (November 1, 2001 – October 31, 2002) there were 41 youth aged 11-17 who entered Agency care (including readmissions). During the pilot year (November 1, 2002 – October 31, 2003), 54 youth aged 11-17 were brought into Agency care (including readmissions). These numbers constitute all referrals to the two units, including those that were referred on to the PTI. This represents a 32% increase in total admissions in the first year of the PTI's operation. As already described, the proportion of youth entering

Agency care (a number which is unavailable) may be a more accurate representation of the PTI's ability to meet this objective.

It should also be noted that for the pilot year, 302 families were referred to the Initiative; however not all of these families would have received some type service through the Initiative. Of the 302 families, 13 (4.3%) had youth aged 11-17 come into care. Also for the pilot year, there were 54 total youth aged 11-17 brought into care (7 of these were readmissions). Of the 47 total families, 13 (28%) were referred to the PTI but, again, it is unclear how many of these families actually received a parent-teen service.

When one considers these two elements (increase in the number of youth aged 11-17 brought into Agency care and 46% of families do not take part in a consultation) together, it creates a useful consideration for the key stakeholder group. It may be that if the consultation were provided consistently the number of youth entering Agency care would have in fact decreased. The Initiative would likely benefit from a comparison of the outcomes for those families who participated in a consultation with those who did not in order to ascertain whether the consultation was effective in reducing the numbers of youth being brought into care.

Assumption #13: Cross-program collaboration among team members is beneficial to families and can be increased through the Initiative.

Staff interviews provided a mixed review of cross-program collaboration since the implementation of the PTI. As depicted in Table 7 below, 9 individuals report an increase in collaboration; however, other responses indicate that it has gotten worse and that some programs have been "left out" of the Initiative. Over one third of respondents highlighted role confusion as one of the things that have "stayed the same". The majority

of individuals who provided this response referred specifically to the roles of the Community workers and the EIA staff person, stating that it was unknown how these individuals should be involved in service provision.

As well, while most staff members felt that collaboration had increased, some still feel that more is needed. Many of the staff members interviewed indicated that collaboration among staff had improved but collaboration between the staff group and the managers had deteriorated.

The staff group were able to provide helpful feedback regarding what has served to improve cross-program collaboration, with the most frequent responses being bi-weekly meetings with the staff group, individual relationship building and communication. When asked about what has interfered with cross-program collaboration, 14 responses highlighted the separation of staff from one another (e.g., the physical separation of not having everyone working on one team and/or in the same building and the difficulties created by having different service orientations) and the separation of management from staff (e.g., the discontinuance of meetings involving the entire staff and management team was mentioned by a majority of the staff group).

Table 7. Themes Emerging from Questions Regarding Worker Perceptions of Cross-Program Collaboration in the PTI

Responses	Frequency
<i>Has it changed:</i>	
Improved	9
Confusion still exists re: roles	5
Some programs left out totally	2
Gotten worse	2
More needed	2
<i>What has encouraged improvement:</i>	
Biweekly meetings with the staff group	11
Individual relationship building	11

Communicate with each other	9
Clarification around roles	5
Working in the same building	3
Training/Team building exercise	3
Good relationship with Supervisor	2
Intake workers are common thread	2
Time	2
Having some successes	2
Giving and receiving help and reassurance	2
<i>What has interfered with it:</i>	
Management/staff separation	14
Lack of role clarity	9
Confusion re: programs that aren't properly engaged	8
Differing service orientations	7
Lack of communication	4
Personalities/Group Dynamics	3
Fear of the unknown	2
Turnover	2
Not having everyone in the same building	2
People are too busy	2
Staff unwilling to state their opinion in front of management	1
Supervisors don't agree on process	1

*The frequency refers to the number of responses, not the number of respondents.

Whether families are benefiting from this cross-program collaboration is unknown at this time. Prior to considering this as an element of an evaluable model, specific ways that collaboration could potentially benefit families must be articulated. These areas could then be considered for inclusion in the evaluation process.

Questions for Evaluation, Proposed Methods and Feasibility Analysis

If a future evaluation is to occur an exploratory design is recommended to address the outcome elements of the program. The purpose of exploratory designs is “to explore, to assess how things are going, and to build a foundation of general ideas and tentative theories that can be confirmed or abandoned later, using more rigorous methods” (Unrau et al, 2001, p. 187). An explanatory design would not be feasible for the PTI’s purposes because random assignment of families to a control group is not possible.

In the case of the PTI, a variety of research design methods could be utilized in order to address the multiple research questions presented. The most appropriate research designs could be selected following agreement by key stakeholders on an Evaluable Program Model.

Table 8 provides an outline of the evaluation questions that emerged from the evaluability assessment and their corresponding objectives, suggested data collection methods, and an analysis of the feasibility of implemented the suggested methods. The goals of the PTI, which have been reworded in Table 8 in order to form the research questions, were constructed by the student based on the objectives which were identified through interviews with key stakeholders. These objectives are also included in the table and they form the foundation for the selection of the listed research methods.

The data collection procedures for a future evaluation are being recommended because of the ease with which they could be incorporated into the existing program procedures. It is important that the evaluation not be viewed as an intrusion by staff members because this can lead to resistance. As well, support staff needs were considered in the development of the proposed methods so as not to over burden them with demands for information (Chambers, 1992).

Table 8: Questions for Evaluation, Proposed Methods and Feasibility Analysis

Evaluation Questions	Objectives	Proposed Methods	Feasibility Analysis
<p>1. Is the Initiative a worthwhile targeting of resources?</p>	<p>Outcome Objective #1: Fewer adolescents in Agency care.</p> <p>Outcome Objective #2: Fewer families return to the Agency for service.</p> <p>Outcome Objective #3: Reduced days care.</p>	<ul style="list-style-type: none"> • Child Maintenance database. • Parent-Teen database. • Follow-up data gathered (CFSIS). 	<ul style="list-style-type: none"> • The numbers of adolescents in Agency care can be taken from the Child Maintenance database, however, the proportion cannot be ascertained. • Issues with the databases should be addressed prior to evaluation of these objectives if the stakeholders wish to know the proportion. • The numbers for each objective can be measured each year, using the year prior to the pilot year as a baseline.
<p>2. Are families who participate in the PTI experiencing an increase in satisfaction with the quality of service provided through the PTI?</p>	<p>Process Objective #1: Service is provided at an early stage.</p> <p>Process Objective #2: Service is voluntary.</p> <p>Process Objective #3: Service is specialized (staff works with parent-teen cases only).</p> <p>Process Objective #4: Service is provided in a consistent manner to families.</p>	<ul style="list-style-type: none"> • Client interviews and/or questionnaires re: satisfaction with the program. 	<ul style="list-style-type: none"> • The term “quality of service” must be operationalized following a discussion and agreement by key stakeholders prior to these objectives being evaluated, i.e., does everyone agree that a high quality of service is that which is provided early, is voluntary, is specialized and is consistent?

<p>3. Is the intervention that is utilized by the PTI appropriate for families who are experiencing parent-teen conflict?</p>	<p>Outcome Objective #1: Adolescents that come into care are more appropriate (protection issues) cases.</p> <p>Process Objective #1: Provide brief treatment (60 day time frame).</p> <p>Process Objective #2: Work in partnership with the families.</p> <p>Process Objective #3: Intensive intervention with teenagers.</p> <p>Process Objective #4: If necessary, to prepare an adolescent to come into care.</p> <p>Process Objective #5: To engage families in a particular process prior to bringing their children into care so they have time to think about the longer term consequences of this action.</p> <p>Process Objective #6: Family has a venue to share information and to problem solve outside of the crisis.</p>	<ul style="list-style-type: none"> • Client interviews and/or questionnaires. • Review of literature related to parent-teen conflict by PTI Team members. • Parent-Teen tracking form. 	<ul style="list-style-type: none"> • An understanding should be reached by key stakeholders regarding what is deemed an “appropriate intervention”. • The Team (including management) is currently divided on the 60 day time frame. This aspect of the intervention must either be adhered to or changed to more accurately reflect what is considered “appropriate”. • Outcome Objective #1 and Process Objective #4 seem to contradict the objective of having fewer kids enter Agency care. This should be discussed and its validity assessed, if necessary, prior to an evaluation being undertaken. If deemed contradictory, these objectives should be reconsidered. • The evaluators would need to identify the various approaches used by team members in the consultation in order to successfully evaluate this component. For example, these approaches could be evaluated regarding what, if any, impact they had on the resolution of the conflict (i.e. Did particular interviewing styles or an adolescent-focused approach, for example, produce different outcomes for families than a parent-focused approach?).
---	--	---	--

	Process Objective #7: System is more thoughtful in its response.		
4. Has participation in the Initiative helped reduce parent-teen conflict?	<p>Outcome Objective #1: Improved understanding of teen life by parents.</p> <p>Outcome Objective #2: Increased skill acquisition by family members.</p> <p>Outcome Objective #3: Improved parenting styles.</p> <p>Outcome Objective #4: More positive relationships between adolescents and their parent(s).</p> <p>Outcome Objective #5: Families function at a higher level.</p> <p>Outcome Objective #6: Long term effects – reduced parent-teen conflict in the next generation.</p> <p>Process Objective #1: Families gain insight into the conflict.</p> <p>Process Objective #1: Families learn how to problem solve.</p>	<ul style="list-style-type: none"> • Client interviews and/or questionnaires. • A pre-post test measuring the level of conflict within a family prior to their participation in the Initiative and again following participation. 	<ul style="list-style-type: none"> • A standardized tool to measure parent-teen conflict would need to be developed. • Outcome Objective #5 is difficult to operationalize and, if it could be operationalized, it is difficult to identify what factors led to higher functioning. • Outcome Objective #6 cannot be evaluated in any program evaluation of this type.

<p>5. Are Team members able to work together in a more collaborative way as a result of being part of the PTI Team?</p>	<p>Outcome Objective #1: Increased cross-program collaboration among the PTI staff Team.</p> <p>Outcome Objective #2: Improved communication between staff and managers.</p>	<ul style="list-style-type: none"> • Interviews with the PTI Staff Team. 	<ul style="list-style-type: none"> • This evaluation question appears evaluable at this time.
<p>6. Have families and collaterals changed their perception of WCFS since the Initiative began?</p>	<p>Outcome Objective #1: WCFS is not viewed only as an Agency that will take your kids.</p> <p>Outcome Objective #2: Increase in community awareness that WCFS can help with family difficulties.</p> <p>Outcome Objective #3: Fewer parents coming to WCFS to abdicate their parental responsibility.</p> <p>Outcome Objective #4: More families make a commitment to try to work with their child and with the Agency.</p>	<ul style="list-style-type: none"> • Interviews and/or questionnaires with clients. • Interviews and/or questionnaires with external agencies that provide services for youth. • Tracking system of families who contact WCFS with the intent of having their child come into care. 	<ul style="list-style-type: none"> • WCFS does not currently have a system that tracks the number of families that present to the Agency as wanting their child(ren) taken into Agency care. A process such as this could be formalized in the CRU if deemed appropriate by stakeholders. • Outcome Objective #4 would be extremely difficult to evaluate. • Questionnaires and/or interviews could pose a problem in that clients and collaterals would have to be asked to remember what their perception of the Initiative was prior to the Initiative's implementation.

<p>7. Has WCFS' understanding of and collaboration with external agencies that provide services for youth improved as a result of the Initiative's implementation?</p>	<p>Outcome Objective #1: Families are more aware of community resources.</p>	<ul style="list-style-type: none"> • Interviews and/or questionnaires with external agencies that provide services for youth; with families and with PTI staff members. 	<ul style="list-style-type: none"> • This evaluation question appears evaluable at this time.
--	--	--	--

Evaluable Program Model

An Evaluable Program Model results from the information gleaned from the Documents, Staff and Manager's, and Field Models. The Evaluable Program Model identifies "which program components and which objectives and effects could be considered seriously for inclusion in an evaluation study (Rutman, 1984, p. 36). The criteria for inclusion in an Evaluable Program Model are:

- (a) Program components are well defined and can be implemented in a prescribed manner.
- (b) Objectives and effects are specified clearly.
- (c) Causal linkages between the program activities and its stated objectives are plausible. (Rutman, 1984, p. 36).

As it stands, the program could support a process evaluation in order to clarify and develop a service model but the importance of this undertaking will depend on the stakeholders' assessment. A program model can be defined as "a program plan or design that describes a program's approach to resolving the social problem being targeted for an identified population" (Unrau, et al., 2001). In order to achieve an Evaluable Program Model, it is recommended that the PTI address several issues, which are described below.

Recommendations

The evaluability assessment highlighted several areas for the stakeholder group to consider prior to engaging in an evaluation. These recommendations are made by the student and are presented here in order to clarify specific elements for consideration in the Evaluable Program Model as well as to offer suggestions for strengthening the current functioning of the program.

Recommendations Resulting from the Evaluability Assessment

In order for an Evaluable Program Model to be achieved, the following recommendations would first need to be implemented:

1. Clarify Goals and Objectives

The student produced a list of objectives which was based on interviews with staff and managers that took place throughout the practicum process. These objectives were then organized into themes and an overriding goal for each theme was developed by the student. The stakeholder group should review the list of proposed goals and objectives to ensure that they are appropriate and are an accurate representation of the group's conceptualization. The following specific decisions must also be made with regard to these objectives:

- Is participation in the Initiative voluntary? Should it be?
- Should the objective of the Initiative be to reduce the number of kids in care or the proportion of kids in care related to the total number of families served?
- Is external collaboration still a relevant objective? If so, how should the process of achieving collaboration be formalized?
- Are families required to participate in a consultation? Should they be?
- Is the primary concern with reducing the number of youth coming into care or improving services to families? Answering this question could help to resolve apparent inconsistencies with the Model.

2. Review and Clarify Program Components

The following program components should be discussed and clearly articulated by the stakeholder group. Information on each of these areas has been included in the

evaluability assessment. The stakeholder group should review these findings and assess their applicability. Once agreed upon, the criteria should be applied consistently.

- The criteria used by the Case Assignment Team for selecting which families will receive which services.
- The criteria used by consultants for recommending particular services.
- The criteria used to assess eligibility for the program. The same criteria should be used by the CRU and the Intake Supervisors.
- The criteria for referring families to external resources. When should families be referred to external resources? Who should make this decision?

3. Implementation of Program Components

Several areas regarding program implementation should be discussed and a consensus reached as to how the items will be approached by the team. The items presented here appear to be the focus of some disagreement among team members and are, therefore, not applied consistently.

- What is the appropriate length of service? Should it extend past 60 days?
- Create interview guidelines for consultants to ensure that a youth-focused or parent-focused approach is not taken. Should all consultants be using a strengths-based approach?
- With regard to the case assignment team offering services to families - should decisions be based on eligibility or on family need?
- How should the Employment and Income Assistance program be utilized?
- How should the Independent Living program be utilized?

- The process for families who decline participation in the PTI (this relates to the issue of providing a voluntary service) - should these families be referred to a Parent-Teen Intake worker or should they go through General Intake?
- Should the Initiative begin to focus on 11-14 year olds? If not, a reconsideration of the use of EIA and IL services might be warranted.

4. Training

Training in several areas is recommended so that a consistent approach is used among programs and a better understanding of the Initiative is acquired. This could help to ensure that only appropriate referrals are made and that families are receiving correct information about what the Initiative can do for them.

- Filling out tracking forms (this is necessary so that the data is reported in a consistent way).
- Eligibility requirements (for CRU staff and the PTI Team).
- Initiative operations – this includes information on how the Initiative works, what process families go through and how decisions are made (for CRU, Abuse Intake and Family Services Units).
- Consultation – to ensure that consultants are providing a consistent approach (What is the purpose of the consult? What information needs to be acquired through the consult? What is the routine? How are family members treated? What information are they given?).
- Staff roles – what does each program do? When should families be referred to particular programs? (For the PTI Team).

- Current best practices and suitable interventions for families dealing with parent-teen conflict (Workshops or lectures should be made available to all PYI staff members, including Family Support workers).

5. General Recommendations

- It is suggested that a consensus-building process and workshop with staff and key members of the management team be utilized to help to clear up some of the issues presented here. It is anticipated that such a workshop could be completed in one half day.
- Follow-up with families should be prioritized in order to evaluate whether families are returning for service and why.
- The Agency databases should be reprogrammed so they are able to calculate the total number of families seen by the Agency over a year's time (and are consequently able to calculate the proportion of youth taken into care).
- Consent forms could be issued to families at the time of consultation so that future contact for evaluative purposes is pre-negotiated.
- If client interviews are to take place they should utilize a system that relates client satisfaction with presenting problem and outcomes.
- External agencies who are potential referrals should receive specific information on what services the PTI can and cannot provide, as well as the criteria for participation.
- A process should be put in place at the time of booking the consultation to ensure that the family has spoken with a CRU staff member in order to prevent families arriving at consult without a file opening.

Staff and Client Recommendations

Interviews with staff members produced a wide array of recommendations to improve the functioning of the PTI. These are presented in Appendix H.

Recommendations for possible improvements to the Initiative were also made by clients who participated in interviews and these are included in Appendix I. These recommendations may be helpful to the stakeholder group by serving to highlight areas of possible change for the current delivery of the PTI.

Steps to Move the Project Forward

In order for the stakeholder group to ready the project for future evaluation, several steps are required. These are presented below.

1. The group should review the PTI flowchart to see if it is an accurate reflection of how the Initiative is currently functioning. If changes or additions are required, these should be made. This should be completed using a consensus-building process with the assistance of a facilitator.
2. The group should utilize a similar process for reviewing the goals and objectives that have been outlined in this report. These goals and objectives should be clarified and agreed upon by the stakeholder group. Decisions regarding key areas that were identified in the preceding recommendations section (eligibility criteria, voluntary participation, consultation, etc.) should be made.
3. Once the group has agreed on the goals and objectives they should ensure that these are stated in a form that is measurable. For example, what precisely is meant by “appropriate cases” and “the system is more thoughtful in its response”.

4. Once a clear process and corresponding goals and objectives have been articulated and operationalized, the third component identified by Rutman for achieving an Evaluable Program Model must be implemented. This involves the creation of linkages or determining which outcomes are expected to result from which interventions.
5. An appropriate evaluation plan should then be constructed.
6. The management team should review the evaluation plan and make decisions regarding which methodologies are most appropriate for their purposes.

If these 6 steps are followed, the stakeholder group will arrive at an Evaluable Program Model that meets Rutman's criteria and is consistent in both theory and its practical application. Following this, serious consideration must be given to changes required by the Agency information systems in order to increase their capacity to produce the information required by the evaluation plan.

Chapter Seven

Evaluation of Personal Learning Goal and Objectives

This practicum was based on one overriding learning goal and seven learning objectives that were developed by the student in the beginning stages of the practicum's implementation. Evaluative comments related to this learning goal and the seven corresponding objectives are summarized in this chapter. The student's learning objectives and demonstrated ability to successfully complete the tasks related to the practicum were evaluated in three ways: (1) the utilization enhancement checklist, which is a self-examination tool used for assessing the evaluator's effectiveness; (2) administration of a staff and management questionnaire, which served to identify strengths and weaknesses in the student's performance; and (3) a reflection journal, which was used by the student throughout the practicum to identify learning opportunities and areas for growth. Each of these is described below, followed by a more detailed analysis of each learning objective.

Utilization Enhancement Checklist

The Utilization Enhancement Checklist, adapted from Brown and Braskamp (1980), is a useful tool for assessment in five broad categories: determining the evaluator's role, understanding the organizational context; planning the evaluability assessment; conducting the evaluability assessment; and communicating the evaluative information (see Appendix H).

The checklist was used by the student at two points during the practicum in order to determine her effectiveness as an evaluator. Completing the checklist following two distinct phases of the evaluability assessment allowed the student to assess her work within those stages as well as to determine whether any progress was made between

them. The first use of the checklist occurred directly following the completion of the preliminary evaluability assessment in March, 2004. The checklist was used a second time at the completion of the full-scale evaluability assessment.

As mentioned in Chapter One, six of the items from the checklist were deemed unnecessary for the purposes of the practicum so were omitted, resulting in a total possible score of 88. The score interpretations were also adapted to reflect the omission of the six items. The categories, as identified by Brown and Braskamp (1980) and adapted for these purposes were: 25 or less - Don't expect too much to happen as a result of your efforts. Most likely your information will be ignored or gather dust on a shelf somewhere; 23-44 - You may be called back later to do another evaluation, but don't count on it. Perhaps you might get a publication from your efforts, but the world won't change; 45-66 - Somebody may actually do something different as a result of the evaluation, especially if it reinforces what they were already thinking; 67-88 - Be careful! You may be so effective that someone may have you earmarked as an administrator, even though you have no desire to be one (Brown & Braskamp, 1980).

The Utilization Enhancement Checklist was completed by the student following the preliminary evaluability assessment with the goal of achieving a score of 44/88 (50%). It was determined that a score of 50% would be acceptable at this stage in the evaluability assessment and would reflect an effective intervention. On that occasion, the student achieved a score of 52/88 or 59%. Because this score exceeded the goal of the student, the intervention was deemed effective.

The first assessment using the checklist served to highlight those areas on which the student needed to improve. The student set a goal of 66/88 (75%) for the second

stage of the assessment. Following the completion of the full-scale evaluability assessment the student completed the checklist and obtained a score of 72/88, or 82%. This was a 23% increase in score from the first utilization of the checklist, indicating an increase in the effectiveness of the intervention and a positive self-examination by the student.

As a result of the checklist the student was able to identify several strengths, particularly in the areas of planning and conducting the evaluability assessment. The student's strengths included her skill in creating data collection instruments and the application of these instruments; her use of an inclusive process; and her assessment of potential implications resulting from the evaluability assessment and consequent strategies to deal with these.

The second appraisal utilizing the checklist also provided the student with information as to those areas of knowledge and practice that could be further developed. These were identified by the student primarily in the area of communicating the evaluative information. In particular, the student felt that she could have made additional reports available for the various audiences involved with the Initiative, provided evaluative information to stakeholders in a more timely fashion, involved the staff group in the interpretation of the findings, and done a more thorough job of linking her presentations to decision-making processes.

Staff and Management Questionnaire

The staff and management questionnaire was developed by the student as part of the practicum. This questionnaire was organized according to three categories: meetings; interviews and/or focus group; and general. Each of these categories contained five

questions that related to a particular element of the student's learning and to the corresponding learning objectives. A copy of the questionnaire can be found in Appendix I.

The questionnaire was distributed to 21 individuals who had direct participation in one or more elements of the evaluability assessment (i.e., attended a meeting in which the student participated, attended a focus group and/or participated in an interview). The questionnaires were sent to appropriate individuals via an inter-office mail system. The respondents were requested to return the completed questionnaires to the practicum supervisor using the same procedure. One follow-up reminder was sent by email.

In total, 14 of the 21 individuals completed and returned the questionnaires (a 67% response rate). Frankfort-Nachmias and Nachmias (1996) indicate that the average response rate for a mail questionnaire with one follow-up is 42%; therefore, the 67% response is considered quite adequate.

The results of the questionnaires are presented in Table 9. Because a likert-type scale was utilized which applied a consistent direction of expressed values, the student was able to accurately measure the assessment of her performance by those individuals who completed the questionnaire. The following weights were assigned to the expressions in the continuum of responses: strongly disagree = 1; disagree = 2; neutral = 3; agree = 4; strongly agree = 5; unable to comment = 0. However, no responses were recorded for "strongly disagree" or "disagree" so these cells were removed from the table. The total possible score that the student could have achieved is 1050 (15 questions multiplied by a response of strongly agree for each response multiplied by the number of respondents = 14).

Table 9: Data from Staff Questionnaire: The Frequency and Percentage of Responses by Question

Question	Frequency and Percentage of Responses							
	Neutral		Agree		Strongly Agree		Unable to Comment	
	N*	%	N	%	N	%	N	%
Part I Meetings								
1. The student appeared to have a good understanding of the PTI during discussions at meetings I attended.	0	0	7	54% [†]	4	31%	2	15%
2. The student presented information that was relevant to the Initiative.	0	0	7	50%	4	29%	3	21%
3. The student's presentations were clear.	0	0	3	21%	8	57%	3**	21%
4. The student's responses to questions were informative.	0	0	8	57%	3	21%	3	21%
5. The student acted in a professional manner.	0	0	1	7%	10	71%	3	21%
Part II Interviews and/or Focus Groups								
1. The student displayed appropriate interview/focus group facilitation skills.	0	0	3	21%	10	71%	1	7%
2. The interview/ focus group questions were clear.	1	7%	6	43%	6	43%	1	7%
3. The student was able to clarify information when required.	0	0	4	29%	9	65%	1	7%
4. The interview/focus group questions encouraged response.	1	7%	3	21%	9	65%	1	7%
5. I felt comfortable enough with the student to respond honestly to the questions asked.	1	7%	0	0	12	86%	1	7%
Part III General								
1. The student appeared to have a good understanding of the structure and programs of WCFS.	1	7%	10	71%	2	14%	2	14%
2. The student appeared to have a good knowledge of evaluation principles and procedures and was able to articulate these when appropriate.	0	0	5	36%	8	57%	1	7%
3. I feel that I had the opportunity to provide sufficient input into the evaluability assessment.	0	0	6	43%	7	50%	1	7%
4. I feel that the evaluability assessment process and the information it has generated has been helpful to the Initiative.	2	14%	6	43%	4	29%	2	14%
5. The student's requests for information were appropriate and made in a professional manner.	1	7%	3	21%	10	71%	0	0

Notes: † One response was left blank for question 1; therefore percentages are out of 13 instead of 14.

* N = the number of respondents (the frequency).

**Totals may not equal 100% due to rounding.

In general, the feedback from staff and management was very positive with regard to the student's performance. Part I of the questionnaire shows that 80% of the responses were in either the "agree" or "strongly agree" category; in Part II, 89% of the responses fit into these categories; and in Part III, 87% of the responses fit into these categories. As the questions were all worded so that positive feedback could be indicated by an "agree" or a "strongly agree" response this data suggests that, in general, the respondents found the student's performance to be more than satisfactory.

Upon further examination, it was noted that 25 responses were made in the "unable to comment" category, producing a score of 0 for those items. This is an indication that the student could have perhaps done more to include a few individuals more directly in the evaluability assessment so they were better able to comment on the process. The results of the staff and management questionnaire will be further utilized in a more detailed analysis of the individual learning goals, which is described below.

Reflection Journal

In order to more carefully evaluate specific process elements of the learning experience, a journal was kept by the student throughout the practicum. The journal was used by the student to describe the various activities that comprised the practicum, as well as a self-reflection by the student regarding how well those tasks were performed. The journal also served as a medium for self-dialogue in which the student was able to identify potential areas of concern and to critique ways that these could be approached. Items that required discussion with the Practicum Steering Committee, the practicum supervisor and the student advisor were first broached in the reflection journal as a way

of providing clarification to the student prior to engaging in discourse on these subject areas.

Evaluation of Learning Objectives

(1) To gain a broad understanding of Winnipeg Child and Family Services' current organizational structure and programs, as well as a good understanding of the Parent-Teen Initiative.

The achievement of this learning objective was evaluated by reviewing responses to three questions contained within the questionnaire. These questions and the corresponding data elicited from respondents are presented here.

The first question used to evaluate this objective was Part I, question #1 (i.e., the student appeared to have a good understanding of the Parent-Teen Initiative during meetings I attended). As shown in Table 9, 85% of respondents agreed (54%) or strongly agreed (31%) with this statement, with one individual commenting that s/he was not present during the group meeting.

Question # 3 from Part I of the questionnaire (i.e., the student's presentations were clear) was also analyzed here because of the student's assertion that clear presentations are an indication of an individual's knowledge and understanding of a particular subject area. The responses from those interviewed signify that 78% of individuals either agreed or strongly agreed with this statement, while 21% were unable to comment.

With regard to the third evaluative component, Part III, question #1 (i.e., the student appeared to have a good understanding of the structure and programs of WCFS), 85% of respondents either agreed (71%) or strongly agreed (14%) with this statement,

with the two individuals who responded “unable to comment” clarifying their responses with the following comments: “I only know specific to PTI not other agency programs” and “Has never been discussed or presented”.

Evaluation of this learning objective also occurred through self analysis, which was described in the reflection journal. The student completed several tasks in order to achieve this learning goal. Specifically, a review of program and Agency documents was undertaken, including the Agency organizational chart, the Child and Family Services Act and the Orientation Manual. The student also attended a one-half day information session for students completing their field placements at WCFS, participated in several meetings related to the operation of the parent-Teen Initiative and conducted interviews with a variety of Agency staff members representing differing levels of the organizational hierarchy. As a result of the analysis presented here, the student has concluded that this learning objective had been achieved.

(2) To learn how to work collaboratively with a Steering Committee comprised of individuals representing various levels of the agency's staff and management structure.

The achievement of this learning objective was evaluated by reviewing the reflection journal for examples of positive interaction with and feedback from the Steering Committee. As the Steering Committee was formed following the completion of the preliminary evaluability assessment, the student did not have many opportunities to fulfill this learning objective. The Steering Committee met on only two occasions; however, the journal review shows that these were positive meetings with a great deal of feedback exchanged between those present. Several of the suggestions made by the Steering Committee were incorporated into the evaluability assessment design and the

student had the opportunity to present results to the Committee, which indicates that collaboration took place. Therefore, this learning objective was satisfactorily achieved.

(3) To gain an understanding of program evaluation principles and procedures, with special attention paid to evaluability assessment, outcome evaluation and process evaluation and to apply this knowledge in an evaluability assessment of the Parent-Teen Initiative and in the creation of an evaluation model.

The completion of the literature review and the utilization enhancement checklist were methods used to evaluate this learning objective. With respect to the Utilization Enhancement Checklist, it was earlier reported that the student received a final score of 82%, which is a good indication of self-assessed achievement of this objective. The student was also able to report a 23% increase in the assessment of evaluability assessment skills and knowledge over the course of the practicum as a result of this tool. While the student had established a goal of a particular percentage for the checklist, this, in and of itself, is not an adequate gauge of whether or not this objective was accomplished. Therefore, the student also attempted to gain a more impartial interpretation of the achievement of this learning objective through analyzing the responses to three questions in the staff questionnaire.

Part I, question #4 asked respondents whether the student's responses to questions were informative. Table 9 provides the feedback that 78% of individuals either agreed (57%) or strongly agreed (21%) with this statement. As well, one individual made the comment that "any questions generally were based on clarification and process, not on content". Again, 21% of respondents were unable to comment, which may be because

they were not present at one of the meetings during which the student presented information on the Initiative.

The second question used to evaluate this learning objective was Part III, question #2 (i.e., the student appeared to have a good knowledge of evaluation principles and procedures and was able to articulate these when appropriate). In 93% of the cases, individuals reported that they agreed (36%) or strongly agreed (57%) with this statement. One individual responded that they were “unable to comment” and clarified this response by adding: “Has never been discussed or presented”.

Finally, Part III, question #4 asked individuals to comment on whether they feel that the evaluability assessment process and the information it has generated has been helpful to the Initiative. This question produced a mixed response with 14% of individuals remaining neutral on this topic, 43% agreeing with the statement; 29% strongly agreeing; and 14% reporting that they were unable to comment. This variance in response could be due to several factors, one of which is individuals’ fear of the unknown and desire to wait for the final results prior to weighing in on this matter.

A review of the reflection journal also provided detail on those opportunities for learning about program evaluation, particularly evaluability assessment, and the application of this knowledge throughout the practicum. An understanding of evaluation principles and procedures was acquired primarily through the literature review, which was undertaken in the first stage of the practicum, and through instruction by the academic advisor and the practicum supervisor. Based on the analysis provided here, the student has concluded that this learning objective has been achieved.

(4) To increase my understanding of issues and interventions related to parent-teen conflict.

Evaluation of this learning objective was accomplished by reviewing responses to two questions from the staff questionnaire: Part I, question #2 (i.e., the student presented information that was relevant to the Initiative); and Part III, question #2 (i.e., I feel that I had the opportunity to provide sufficient input into the evaluability assessment). These questions were deemed appropriate by the student because having the opportunity to learn from those who have experience in a subject area serves to increase one's knowledge, which can be displayed and built on when one is able to present relevant information to these individuals and gain feedback from them.

In 79% of the cases, respondents agreed or strongly agreed that the student was able to present relevant information and in 93% of the cases, respondents agreed (36%) or strongly agreed (57%) that they had the opportunity to provide input into the evaluability assessment process. One individual responding in regards to input into the evaluability assessment reported that they were "unable to comment" and added that this "has never been discussed or presented". These statistics, coupled with the student's own sense of increased knowledge of parent-teen conflict interventions and related issues (gained through the literature review process) are evidence that this objective was satisfactorily achieved.

(5) To develop skills in data collection techniques by constructing interview guides and a formal questionnaire, and conducting interviews with parents and WCFS staff members.

The reflection journal provides a detailed account of the various tasks that were undertaken throughout the practicum as well as the student's performance in completing

these tasks. As part of the practicum, the student created a staff questionnaire, a client interview guide, a staff interview guide, and a focus group guide. As well, the student participated in tutorials on the CFSIS, parent-teen and child maintenance databases, and learned how to extract various data sets from each.

In addition to creating data collection instruments, the student facilitated a focus group with four managers, and conducted client interviews with four parents as well as fourteen PTI staff members. The student's performance and data collection skills were assessed by respondents who participated in these interviews. The responses to staff questionnaires are provided below.

Question #1 of Part II asked participants if the student displayed appropriate interview and/or focus group facilitation skills. In 92% of the cases, respondents indicated that they agreed (21%) or strongly agreed (71%) with this statement. One of the respondents also commented that "The interview with myself went very well. She made me feel quite comfortable to express my thoughts". As these respondents are all quite skilled and experienced in conducting interviews (as required by their positions), positive feedback from this group was essential for the student to conclude that her performance on this task was satisfactory.

Two additional questions in Part II addressed the student's interviewing skills: question #4 (i.e., the interview/focus group questions encouraged response) and question #5 (i.e., I felt comfortable enough with the student to respond honestly to the questions asked). These statements were affirmed by respondents in 86% of the cases for both statements, although a greater proportion of respondents answered that they strongly agreed to statement #5 (86% vs. 65%). As well, an additional comment was made that

the student made the respondent “Very comfortable – great listener”. It was particularly important to the student that interviewees felt comfortable and felt able to respond openly within the context of the interview. Therefore, these statistics indicate a significant achievement for the student.

Part II of the questionnaire also included two statements related to the interview questions specifically: question #2 (i.e., the interview/focus group questions were clear) and question #3 (i.e., the student was able to clarify information when required). In 86% of the cases, the respondents either agreed (43%) or strongly agreed (43%) that the interview and/or focus group guides were clear. Correspondingly, when the questions were not clear, the student was able to clarify information, according to 93% of respondents.

One final comment was included as a response to one of the surveys: “She brings a lot to her work, and being placed in a different environment (WCFS and the PTI Initiative) she was very informative, professional and I was quite impressed with her skills and capabilities. Thank you Darcey”.

As a result of this analysis, the student has concluded that all of the elements contained within this learning objective have been satisfactorily achieved.

(6) To gain an understanding of how to analyze qualitative interviews and statistical data.

A theoretical understanding of the analysis of qualitative interviews and statistical data was gleaned from the literature review, which was completed in the preliminary evaluability assessment phase. However, the practical application of this information, which formed the majority of the student’s learning opportunities related to this

objective, proved challenging. Fourteen staff interviews, four client interviews and one managers' focus group were transcribed and the data broken down according to theme. The data was then organized by theme in order to remove the context created by the respondent and thus to provide an unbiased representation of the information. A variety of learning activities were engaged in through the analysis of the focus group and interview data, including determining what methodology would be used in the analysis, collapsing raw data into categories and then themes, creating tables to display the data in a more organized way, interpreting the data and preparing it for presentation to others. Executing these tasks gave the student hands-on experience in qualitative and quantitative data analysis, and consequently have led to the successful achievement of this learning objective.

(7) To gain experience writing an evaluability assessment report.

This document is a culmination of the research and practical work that have gone into the completion of the practicum. The student was responsible for the creation of draft documents that were made available for review to the Practicum Steering Committee. This involved ensuring that the findings of the evaluability assessment were accurately represented and that no one who participated in the assessment could be identified through their comments.

As well, the student had to make certain that the language which was used in the report could be understood by its audience and that the information was relevant to the Initiative. The student created a Documents Model, a Staff and Managers' Model and a Field Model, which were based purely on observable facts and comments made by participants, and which are critical elements of an evaluability assessment report.

Throughout the process, the student had to articulate conclusions and make recommendations based on available data. As a result of completing all of these elements which were highlighted for responsible and appropriate report writing, it is concluded that this objective has been accomplished at a satisfactory level.

Evaluation of Learning Goal

The learning goal of the student was to develop knowledge and skill in preparing for and conducting an evaluability assessment within an organization that was going through structural change in a highly politicized environment. Because the learning objectives were structured to lead to the accomplishment of the student's general learning goal, and the successful achievement of these objectives has been demonstrated, it is concluded that the learning goal has been met.

References

- Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI). (2003). Retrieved February 5, 2003 from <http://www.aji-cwi.mb.ca/eng/generalbackground.html>.
- Alkin, M. C. (1972). Evaluation theory development. In C. H. Weiss (Ed.), *Evaluating action programs: Readings in social action and education* (pp. 105-117). Boston, MA: Allyn and Bacon.
- Ambert, A. (1999). *Parents, children and adolescents: Interactive relationships and development in context*. New York: Hawthorne.
- Atlantic County, New Jersey Social Services. (2004). *Children and youth services: Juvenile/family crisis centre*. Retrieved July 4, 2004 from http://www.aclink.org/Intergenerational/mainpages/youth_services.asp.
- Bavolek, S. J. (1987). *Building nurturing interactions in families experiencing parent-adolescent conflict: Validation of the nurturing parenting program*. Retrieved June 27, 2004 from <http://www.nurturingparenting.com/research>.
- Brown, R., & Braskamp, L. (1980). Summary: Common themes and a checklist. In L. Braskamp & R. Brown (Eds.), *Utilization of evaluation information*. San Francisco: Jossey Bass.
- Cameron, G., & Karabanow, J. (2003). The nature and effectiveness of program models for adolescents at risk of entering the formal child protection system. *Child Welfare*, 82 (4), 443-474.
- Chambers, D. E., Wedel, K. R., & Rodwell, M. K. (1992). *Evaluating social programs*. Boston, MA: Allyn and Bacon.
- Corbeil, R. C. (1992). Evaluation assessment: A case study of planning an evaluation. In J. Hudson, J. Mayne, & R. Thomlinson (Eds.), *Action-oriented evaluation in organizations: Canadian practices* (pp. 107-128). Toronto, ON: Wall and Emerson.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Frankfort-Nachmias, C., & Nachmias, D. (1996). *Research methods in the social sciences* (5th ed.). New York: St. Martin's Press.
- Gabor, P. A., & Grinnell, R. M. Jr. (1994). *Evaluation and quality improvement in the human services*. Boston, MA: Allyn and Bacon.

- Guba, E. G., & Lincoln, Y. S. (1987). The countenances of fourth-generation evaluation: Description, judgment, and negotiation. In D. J. Palumbo (Ed.), *The politics of program evaluation* (pp. 202-234). Newbury Park, CA: Sage.
- Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation*. San Francisco, CA: Jossey-Bass.
- Kluger, M. P., & Alexander, G. (1996). How do we know we're making a difference? In P. J. Pecora, W. R. Seelig, F. A. Zirps, & S. M. Davis, (Eds.), *Quality improvement and evaluation in child and family services* (pp. 101-123). Washington, DC: Child Welfare League of America.
- Knox, A. B. (1980). *Developing, administering, and evaluating adult education*. San Francisco, CA: Jossey-Bass.
- Lerman, P., & Pottick, K. J. (1995). *The parents' perspective: Delinquency, aggression and mental health*. Chur, Switzerland: Harwood Academic.
- Linn County Iowa Government. (2000). *Youth services in-home services*. Retrieved July 4, 2004 from <http://www.co.linn.ia.us>.
- MacDonald, G. D. (1992). Accepting parental responsibility: "Future questioning" as a means to avoid foster home placement of children. *Child Welfare*, 71 (1), 3-17.
- Madaus, G. F., Stufflebeam, D. L., & Scriven, M. S. (1983). Program evaluation: A historical overview. In G. F. Madaus, M. S. Scriven, & D. L. Stufflebeam (Eds.), *Evaluation models: Viewpoints on educational and human services evaluation* (pp. 3-22). Boston, MA: Kluwer-Nijhoff.
- Mayne, J., & Hudson, J. (1992). Program evaluation: An overview. In J. Hudson, J. Mayne, & R. Thomlinson, (Eds.), *Action-oriented evaluation in organizations: Canadian practices* (pp. 1-19). Toronto, ON: Wall and Emerson.
- Ministry of Children and Family Development, British Columbia Government. (2002). *Working with community to support children, youth and families: A system of care. Companion document*. Retrieved June 27, 2004 from http://www.mcf.gov.bc.ca/change/pdfs/companion_document.pdf. Author.
- Nicoloff, N. (1999). Re-connecting youth... Integrating child welfare and children's mental health services to serve adolescents and their families... A five year review. *OACAS Journal*, 43 (3), 12-16. Retrieved July 4, 2004 from <http://www.oacas.org/resources/OACASJournals/1999October/ReconnectingYouth.pdf>.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

- Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & Plotnick, R. D. (2000). *The child welfare challenge: Policy, practice, and research* (2nd ed.). New York, NY: Walter de Gruyter.
- Rodwell, M. K., & Woody, D. III. (1995). Constructivist evaluation: The policy/practice context. In E. Sherman, & W. J. Reid (Eds). *Qualitative research in social work* (pp. 315-327). New York, NY: Columbia University Press.
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systemic approach* (7th ed). Thousand Oaks, CA: Sage.
- Rutman, L. (1980). *Planning Useful Evaluations: Evaluability Assessment*. Beverly Hills, CA: Sage.
- Rutman, L. (1984). Evaluability Assessment. In L. Rutman (Ed.), *Evaluation research methods* (2nd ed) (pp. 27-38). Beverly Hills, CA: Sage.
- Suchman, E. (1967). *Evaluative research*. New York, NY: Russell Sage Foundation.
- Suchman, E. A. (1972). Action for what: A critique of evaluative research. In C. H. Weiss (Ed.), *Evaluating action programs: Readings in social action and education* (pp.52-84). Boston, MA: Allyn and Bacon.
- Scheirer, M. A. (1994). Designing and using process evaluation. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer (Eds.), *Handbook of practical program evaluation* (pp.40-68). San Francisco, CA: Jossey-Bass.
- Unrau, Y. A., Gabor, P. A., & Grinell, R. M. Jr. (2001). *Evaluation in the human services*. F. E. Peacock.
- Weiss, C. H. (1972). Evaluating educational and social action programs: A treeful of owls. In C. H. Weiss (Ed.), *Evaluating action programs: Readings in social action and education* (pp. 3-27). Boston, MA: Allyn and Bacon.
- Weiss, C. H. (1972). The politicization of evaluation research. In C. H. Weiss (Ed.), *Evaluating action programs: Readings in social action and education* (pp.327-338). Boston, MA: Allyn and Bacon.
- Weiss, C. H. (1973). Between the cup and the lip. *Evaluation*, 1 (2), 49-55.
- Winnipeg Child and Family Services. (2002a). *Families returning for service: Final report*. Winnipeg: Author.
- Winnipeg Child and Family services. (2002b). *Memorandum re: Response to families experiencing parent teen conflict – pilot project at intake*. Winnipeg: Author.

Winnipeg Child and Family Services. (2002c). *Parent teen response at intake: Evaluation Plan*. Winnipeg: Author.

Winnipeg Child and Family Services. (2002d). *Parent teen response at intake implementation team – Statement of work*. Winnipeg: Author.

Winnipeg Child and Family Services. (2002e). *Parent teen response at intake project process map*. Winnipeg: Author.

Winnipeg Child and Family Services. (2002f). *Service enhancement at intake task team: Final report*. Winnipeg: Author.

Winnipeg Child and Family Services. (2003). *Orientation manual*. Winnipeg: Author.

Appendix A
Parent Teen Response at Intake
Evaluation Plan

The Parent Teen Intake Initiative aims to provide a timely, consistent and specialized response to families experiencing parent teen conflict. The identified goals of the project are as follows:

- **To decrease the numbers of adolescents entering Agency care.**
- **To decrease the number of days adolescents spend in agency care.**
- **To decrease the number of times families return to the agency for service to resolve parent teen conflict situations.**
- **To increase the quality of service to families experiencing parent-teen conflict.**
- **To increase cross program collaboration;**
- **To increase collaboration with external agencies who provide services for youth.**

Outcome indicators were identified, as were methods of tracking these, as follows:

Goal #1: To decrease the numbers of adolescents entering Agency care.

Evaluation Questions:

- 1) Is there a reduction in the number of admissions into care for the Northeast and South Intake units of 11-17 year old youth over the one-year duration of the pilot project (Dec 1, 2002 to Dec 1, 2003) compared with the number of children who were admitted to care over the same time period in the last fiscal year (Dec 1/00-Dec 2002) for these units?
- 2) Are the number of admissions into agency care of 11-17 year old youth who received Parent Teen service from the Northeast and South Intake teams less than the number of admissions for 11-17 year old youth who received service from the Northwest and Central Intake Units?
- 3) Are the numbers of admissions into Agency care of 11-17 year old youth who received Parent Teen Service and were transferred to family service less than the admissions to care for 11-17 year old youth who received service from the Northwest and Central Intake units and were transferred to family service units? (*Comparison group may also be made up of referral 'overflow' i.e. families who were eligible for the program but due to limited project capacity did not receive a specialized parent teen response).

Data Collection Methods:

- The 2001-2002 fiscal year information regarding the number of 11-17 year olds that entered Agency care from all four Intake units will be obtained from the Agency accounting database. This will establish a baseline to compare the number of youth who entered care who received service from the Project and who received 'service as usual';
- The Agency accounting data base will be used to track the number of youth who entered agency care who received service from the Parent Teen Project and who received 'business as usual' service from the Northwest and Central Intake units.
- A 'Parent Teen Response Team Tracking Form' will be used to track the number of youth who entered agency care who received service from the Parent Teen Project.
- The names of the families experiencing parent teen conflict that received service from the Northwest and Central Intake units will be collected. CSFIS will be used to track whether these youth entered agency care.

Goal #2: To decrease the number of days teens spend in agency care.Evaluation Questions:

- 1) Is there a reduction in the number of days that 11-17 year old youth spend in care who received Parent Teen service over the one-year duration of the pilot project (Dec 1, 2002 to Dec 1, 2003) compared with the number of days youth spent in care over the same time period in the last fiscal year (Dec 1/00-Dec 2002)?
- 2) Is there a reduction in days spent in care for 11-17 year old youth who received Parent Teen service compared with the number of days spent in care by 11-17 year old youth who received service from the Northwest and Central Intake Units?
(*Comparison group may also be made up of referral 'overflows' i.e. families who were eligible for the program but due to limited project capacity did not receive a specialized parent teen response).
- 3) Are the number of days youth spend in care less for the families who received a Parent Teen Response than for those families who received service as usual six months following transfer to Family Services?

Data Collection Methods:

- 2001-2002 fiscal year information regarding the number of days that 11-17 years old youth spent in agency care from the Northeast and Intake units will be obtained from the Agency accounting database. This will establish a baseline to compare the number days that 11-17 year old youth spent in care who received service from the Northeast and South Intake Units over the course of the one-year pilot project;
- A 'Parent Teen Response Team Tracking Form' will be used to track the number of days that 11-17 old youth spent in care who received service from the Parent Teen Project.

- The names of the families experiencing parent teen conflict that received service from the Northwest and Central Intake units will be collected. CSFIS will be used to track whether these youth entered agency care.
- Families who received service as usual and families who received the Parent Teen Response will be tracked six months after service to determine whether youth entered care. If so, the number of days will be calculated and compared.

Goal # 3: To decrease the number of times families return to the agency for service to resolve parent teen conflict situations.

Evaluation Questions:

1). Do families who receive the specialized Parent Teen Response return less often for service over a one year period (December 1, 2002 to December 1, 2003) than do families who received 'service as usual' from the Central and Northwest Intake units?

Data Collection Methods

- The 'Parent Teen Response Team Tracking Form' will be used to track the number of times that families return for service for the families receiving the Parent Teen Response.
- CFSIS will be used to track the number of times that family files were reopened over a the one year pilot project period for families experiencing parent teen conflict receiving service from the Northwest and Central Intake units.
(A comparison group may also be made up of referral 'overflow' i.e. families who were eligible for the program but due to limited project capacity did not receive a specialized parent teen response).

Goal # 4: To increase the quality of service to families experiencing parent-teen conflict.

Evaluation Questions:

1). Are families satisfied with the service they received from the Parent Teen Initiative?
2.) Are families who received service from the Parent Teen Initiative more satisfied with this service compared with families who received 'service as usual?'

Data Collection Methods

The quality of the Parent Teen Response service will be assessed using the five most important drivers of service quality: timeliness, knowledge/competence, fairness, courtesy/comfort, and outcome.

- Families who received service from the Parent Teen Initiative will be asked to complete a telephone survey using a Satisfaction Form designed to collect

information regarding their satisfaction with the service they received related to the five quality drivers.

- The satisfaction ratings of families who received service from the Parent Teen Initiative will be compared with the satisfaction ratings of families who received 'service as usual' using a similar satisfaction survey.
- The satisfaction survey will be administered to families whose files have been closed, both those who received service from the Parent Teen Initiative and those who received service as usual. Due to volume, the survey will be administered to a portion of families selected randomly from each group. Agency volunteers will administer surveys over the telephone.

Goal # 5: To increase cross program collaboration

Evaluation Questions:

- 1). Do the agency staff involved in the Parent Teen project believe that their ability to work together collaboratively with other program staff on behalf of families has been enhanced by the Project model?
- 2) What specific benefits from the project design that promote a teamwork approach are identified?
- 3) What if any barriers are identified to working collaboratively on behalf of families?

Data Collection Methods:

- Focus group and/or individual interviews with the Parent Teen Response Staff to be conducted six months after the Parent Teen Project start date. This allows for project modification/fine-tuning.

Goal #6: To increase collaboration with external agencies that provide services for youth.

Evaluation Questions:

- 1). **Do external agencies perceive an ability to work more collaboratively since the project was launched?**
- 2). If so, to what factors do they attribute this?
- 3). Are there other processes that they might identify to increase collaboration further?

Data Collection Methods

- Telephone interviews with key stakeholders six months after Project start date.

Appendix B Parent Teen Tracking Form

Project Type: Parent Teen Initiative - South Intake Unit
 Parent Teen Initiative - North East Intake Unit

FAMILY INFORMATION

CFSIS file number: _____ Family name: _____

Parents:

Legal Mother's name: _____ Legal Father's name: _____

Other caregiver's name: _____

Family Type: Single parent-female Single parent-male Adoptive family
 Two parent Blended/step parent Extended family

Legal Mother's ethnic background:

Aboriginal Caucasian Black Asian Unknown Other

Total Number of Children in the Home (who are under 18 years of age):

1 2 3 4+

Identified Youth Information (Only list those children involved directly in the conflict)

1) Child / youth's last name: _____

First name: _____

Gender: Male Female Birthdate: _____ / _____ / _____
D M Y

Child/Youth Residence (At time of case opening):

In parents home In Agency care

Staying with friend /extended family/neighbour On street

Other: _____

2) Child/Youth's Last Name: _____

First Name: _____

Gender: Male Female Birthdate: _____ / _____ / _____
D M Y

Consultation Information

Date of parent teen consultation: _____ / _____ / _____
D M Y

Name of consultation worker(s): _____

Family/teen presenting issues: (Check up to three issues)

- | | |
|---|--|
| Physical altercation (s) between teen and parent <input type="checkbox"/> | Parent-mental health issues <input type="checkbox"/> |
| Child/youth involved in criminal activity <input type="checkbox"/> | Parent-substance abuse <input type="checkbox"/> |
| Child/youth behaviour out of parent's control <input type="checkbox"/> | Parent-medical issues <input type="checkbox"/> |
| Child/youth behaviour out of school's control <input type="checkbox"/> | Teen-mental health issues <input type="checkbox"/> |
| Teen-substance abuse issues <input type="checkbox"/> | Teen-medical issues <input type="checkbox"/> |

Result of consultation:

- | | |
|--|--------------------------------------|
| Case Referred to Parent Teen Steering Committee <input type="checkbox"/> | File Closed <input type="checkbox"/> |
| Family did not receive/attend consultation <input type="checkbox"/> | |

Reason for file closure, if file was closed after consultation:

- | | |
|--|--|
| Family required information/consultation only <input type="checkbox"/> | Family referred to an external resource <input type="checkbox"/> |
| Family did not attend consultation <input type="checkbox"/> | |

CLOSING INFORMATION (the following information to be completed at the time of file closure)

Parent Teen Service Offered (Rank order all services provided, using #1 as the service most involved with the family after referral has been made to the Initiative, #2 as the secondary service, #3 as the additional service and so on.) **Please note that Intake will most often not be the #1 service and in fact may not provide any service at all after referral.:**

				Name of Worker:
Parent Teen Intake	<input type="checkbox"/>	Start Date : _____ / _____ / _____		_____
		<small>D</small> <small>M</small> <small>Y</small>		
Family Preservation / Reunification	<input type="checkbox"/>	Start Date : _____ / _____ / _____		_____
		<small>D</small> <small>M</small> <small>Y</small>		
Family Support	<input type="checkbox"/>	Start Date : _____ / _____ / _____		_____
		<small>D</small> <small>M</small> <small>Y</small>		
Community	<input type="checkbox"/>	Start Date : _____ / _____ / _____		_____
		<small>D</small> <small>M</small> <small>Y</small>		
Mediation	<input type="checkbox"/>	Start Date : _____ / _____ / _____		_____

D M Y

Worker: _____

Independent Living Start Date : _____ / _____ / _____
D M Y

E.I.A. Start Date : _____ / _____ / _____
D M Y

File Disposition

File Closed Start Date : _____ / _____ / _____
D M Y

File Transferred to Service Unit Start Date : _____ / _____ / _____
D M Y

File Transferred to General Intake Unit Start Date : _____ / _____ / _____
D M Y

File Transferred to Abuse Intake Unit Start Date : _____ / _____ / _____
D M Y

Reason for File Closure

Goals/objectives reached satisfactorily

Parents no longer wanting service

Teen no longer wanting service

Family moved

Family accessed other external resource

Outcome at closure/transfer (Youth 1)

Youth in family home

Youth in home of relative/friend/neighbour

Youth went on E.I.A.

Youth living on the street

Other: _____

Youth entered agency care because of unresolved parent teen conflict

Youth entered agency care for other reasons (please specify):

If youth entered care/was in care, please describe the circumstances:

The youth was in care at the time the case was referred to the Parent Teen Initiative:

The youth entered care during the course of Parent Teen Initiative:

Start Date : _____ / _____ / _____
D M Y

The youth was discharged from agency care during the course of service:

End Date : _____ / _____ / _____

D M Y

The youth remained in care at the end of the Parent Teen service:

If youth (1) was in care at time of closing, what resource is the youth in?

Foster Home

Group Home

Emergency Receiving

Independent Living

Did the youth (1) reside in any of the following during the course of Parent Teen service?

Ndineway

MYS Shelter

YECSS-CSU

Outcome at Closure/Transfer (Youth 2)

Youth in family home

Youth living on the street

Youth in home of relative/friend/neighbour

Youth entered agency care because of unresolved parent teen conflict

Youth went on E.I.A.

Youth entered agency care for other reasons (please specify): _____

If youth (2) was in care at time of closing, what resource is the youth in?

Foster Home

Emergency Receiving

Group Home

Independent Living

Did the youth (2) reside in any of the following during the course of parent teen service?

Ndineway

YECSS-CSU

MYS Shelter

Parent Teen Service Information

Parent Teen Intake End Date: _____ / _____ / _____
D M Y

Family Preservation / Reunification end date: _____ / _____ / _____
D M Y

Mediation End Date: _____ / _____ / _____
D M Y

Independent Living End Date: _____ / _____ / _____
D M Y

E.I.A. End Date: _____ / _____ / _____
D M Y

Follow up Information: (to be completed by administrative support staff at six months and one year from project start date)

April 1/03:

File disposition

File remains closed

File reopened to agency

File remains open

Date file reopened: _____ / _____ / _____
D M Y

Youth Placement Status

Youth remained in care

Youth entered/reentered care?

Date Youth entered/reentered care: _____ / _____ / _____

November 15/03:

File disposition

File remains closed

File remains open

File reopened to agency

Date file reopened: _____ / _____ / _____
D M Y

Youth Placement Status

Youth remained in care

Youth entered/reentered care?

Date Youth entered/reentered care: _____ / _____ / _____
D M Y

/KT May 2, 2003

Appendix C Staff Interview Guide

Thanks so much for agreeing to meet with me today. Just to clarify, I am not an employee of Winnipeg Child and Family Services, I am a Graduate Student at the University of Manitoba in the Faculty of Social Work and I am conducting interviews with the Parent-Teen Initiative staff group as part of my practicum. I'm really interested in hearing about your experiences with the Parent-Teen Initiative and your opinions about the services you have provided. It's important that you know that all of the information you provide me is considered confidential. Eventually I am going to write up a report based on the findings from the interviews I'm conducting and all of the information that I have gathered will remain anonymous with no identifying information provided. That way anyone who participates in the research, whether it is the people who have used the services, the Parent-Teen Initiative's staff or managers will not be identified. Do you have any questions? Okay, let's begin. You have the choice to not answer specific questions if you don't want to.

1. Does the Parent-Teen Initiative have stated goals and objectives? If yes, what is your understanding of these.
2. What criteria are used to assess eligibility for the Parent-Teen Initiative?
 - Who determines eligibility? Can you walk me through the process?
3. What is the process that occurs during consultation? Please describe it.
 - How are recommendations decided upon?
4. What criteria are used to select the auxiliary services that are offered to families following a consultation?
 - How involved do you feel you are in making that decision?
5. What positive outcomes, if any, do you believe are associated with the provision of auxiliary services?
6. How is the provision of auxiliary services supported or hindered by organizational structures or policies? Can you give me an example?
7. How do you feel that cross-program collaboration has changed as a result of the Initiative? Has it improved, worsened or has no change occurred? Please describe.
 - What has encouraged improvement in cross-program collaboration?
 - What seems to interfere with cross-program collaboration?
8. What do you like about the Initiative?
9. What do you dislike about the Initiative? How could things improve?

Appendix D

Client Interview Guide

Thanks so much for agreeing to meet with me today. Just to clarify, I am not an employee of Winnipeg Child and Family Services, I am a Graduate Student at the University of Manitoba in the Faculty of Social Work and I am conducting some interviews with families as part of my practicum. I'm really interested in hearing about your experiences with the Parent-Teen Initiative and your opinions about the services you have received. It's important that you know that you will not be individually identified in any of the information I share with Child and Family Services. Participation in this research is completely separate from the involvement you have had with the agency. Eventually I am going to write up a report based on the findings from the interviews I'm conducting and all of the information that I have gathered will remain anonymous with no identifying information provided. That way anyone who participates in the research, whether it is the people who have used the services, the Parent-Teen Initiative's staff or managers will not be identified. Do you have any questions? Okay, let's begin - I have some questions based on general topic areas. You have the choice to not answer specific questions if you don't want to.

History & Referral

1. What was happening within your family that encouraged the contact with Child and Family services?
 - Was this the first time your family has been involved with the agency? If there has been other involvement, can you tell me what provoked it and what the result was?
 - Are you still receiving service through the agency right now? If so, what is the nature of that service?
2. Did you pursue other resource options prior to coming to CFS? What was most helpful?
3. How did you come to hear about the Parent-Teen Initiative? When were you first referred to the Parent-Teen Initiative? Who made the referral?
 - In your opinion, what made you eligible for the Parent-Teen Initiative?
4. When you first heard about the Initiative, what did you want or expect from the service?
 - Did the Initiative meet your expectations? Please explain.
 - How would you describe your experience with the Parent-Teen Initiative?

Consultation

Just to be clear - we are talking about the initial meeting between your family and two social workers, which would have taken place at the Portage office.

5. Did you and/or your family members take part in a consultation? If not, why?
 - How did you feel about that meeting? Did you find it helpful? Why or why not?
 - Is there anything about the consultation that you would change? Do you have any suggestions for how the consultation process could be improved?
 - What happened following the consultation? Did your file close or did you receive further service? If no, further service – how did you feel about that?

This next section will focus on your thoughts/experiences with the auxiliary services provided to you through Child and Family Services. I don't need you to identify the worker, I'm only interested in hearing about your opinion of the service. If you have been involved with more than one auxiliary worker through the Initiative, I'd be interested in hearing about your experiences with all of these service providers.

Auxiliary Services

6. How many workers did you have through the Initiative? What service did they provide?
 - What kinds of activities was/were the worker(s) involved in with your family?
 - How did you feel about the help she/he provided to you and your family?

Results of Initiative Participation

7. Would you say that there have been changes in your relationship with your child since you began your involvement with the Parent-Teen Initiative? Yes, no, or no change - please expand.
8. What, if anything, did you like about the Parent-teen Initiative? What were the good things about the Initiative?
 - What, if anything, did you dislike about the Initiative? Are there any problems with the Initiative?
 - Do you have any suggestions for how things could improve?

9. If you felt there was the need, would you return to the Initiative for service? Why or why not?
10. If you knew someone who was experiencing conflict with their teen, would you tell them about the Initiative? What would you tell them?

Appendix E

Focus Group Questions

1. What are the characteristics of those families assessed as appropriate for the Parent-Teen Initiative?
 - What is the rationale for this?
 - Case example to illustrate?
2. What kind of case situations are not appropriate for the Parent-Teen Initiative?
 - What is the rationale for this?
 - Case example?
3. Who determines eligibility? Can you walk me through the process?
 - How is the information obtained?

Now I'd like to ask some questions about the auxiliary services that are offered through the PTI, which, as I understand it includes Family Preservation/Reunification, Family Support, Community/Mediation, EIA or Independent Living. Have I missed anything?

4. What criteria are used to assess eligibility for auxiliary services offered by the Parent-Teen Initiative?
 - Why might families not be offered services?
5. What criteria are used to select the services that are offered to families following a consultation?
 - Why might families be offered certain services over others?

Appendix F Staff Recommendations

The following recommendations were made by the 14 WCFS staff members who took part in an interview. Their responses are provided here in order to reflect their perceptions regarding the Initiative's current functioning and as information to the stakeholder group. The responses were categorized by the evaluator.

Structure – 26

- 6 people mentioned the issue of the auxiliary staff taking on a different role, i.e. carrying the case, with 4 feeling that auxiliaries should take on more responsibility; 1 who feels it should be left as it is; and 1 who merely mentioned it as an issue.
- 4 responses highlighted the 60 day maximum – 3 people felt this should be flexible while 1 merely mentioned it as an issue.
- 5 responses addressed the issue of opening the Initiative up to other areas; 4 people felt this was a good idea while 1 felt the Initiative was already serving too diverse a client range.
- 7 responses addressed issues with consults - 1 person stressed the importance of having a male/female complement; 2 stated that the one-hour time frame was too restrictive; 3 people felt that consults bookings should be more flexible, i.e. should occur in the field or in the evening; 1 individual recommended discontinuing the consults.
- 1 individual recommended that more attention be paid to older teens.
- 1 individual recommended not servicing "multi-problematic" families.
- 1 individual commented that the program should be truly voluntary.
- 1 individual suggested that a tighter framework be developed.

Program Roles – 21

- 7 responses addressed the issue of better engaging particular auxiliary services – community, EIA, Independent Living.
- 9 people commented on clarity of roles and stated that, in many cases, the staff group are unclear on what each program does and when they should be utilized within a case.
- The special circumstance of family support (separate Union) was addressed on 3 occasions.
- 2 respondents commented on intake's role, i.e. working with families that are better suited for regular intake.

Communication and Meetings – 21

- 11 respondents acknowledged that more, timelier and better communication between programs was necessary.
- 6 individuals highlighted the importance of entire systems meetings, while 1 individual felt they were unnecessary.
- 2 individuals commented on the importance of the bi-weekly team meetings and the need for these to continue (provided they are well organized).

- 1 individual stated that families do not always understand the information they receive about the Initiative.

Staff/Management Dichotomy – 12

- 10 responses addressed issues of staff members feeling disconnected from the management team and the decision-making process, a lack of communication between management and staff, and the need for a formal process to be in place to address this.
- 2 staff responded that the managers are not always in agreement with each other.

Caseload – 11

- Several respondents spoke about an unequal caseload distribution (according to amount of work, not numbers) and underutilization of some services. Issues were raised about some staff hanging onto cases for too long a time in order to appear full and one individual commented that they would like additional cases assigned to them. The issue of some services being underutilized was seen as problematic considering the number of families that are turned down for service.

Process – 10

- Various issues were described regarding PTI processes including: families have to jump through too many hoops prior to attending consult (2 respondents); lack of attention paid to barriers for families coming in for consult; lack of follow-up with families who have missed consult; the consultation process itself (3 respondents), particularly the inattention to questions dealing with potential damage to children in utero; the process by which families receive information about the PTI; families not having more involvement in decisions (really not a voluntary service); file closures; and no identified process for management to receive staff feedback in an anonymous way.

Administrative Issues – 10

- Generally, these recommendations were concerned with requiring coordination of services - all staff members should have similar recording responsibilities; everyone should be made aware in a timely fashion (no middle man) when they are assigned to a case with another individual; staff should be given clear meeting minutes; database information should be complete and include the names of all individuals attached to file; and the use of follow-up forms were all recommended.

CRU/Screening - 10

- There were 10 people who commented on the CRU's role in the Initiative. These respondents stated that the CRU does not have a good understanding of the PTI and are not able to make appropriate referrals as a result. Training sessions were recommended as a way of resolving this issue. It was also noted that CRU should not be trying to convince families to try the Initiative again.

Team Functioning – 9

- 7 individuals stated that the parent-teen team should be housed in one building, with 3 of these stating that it should become its own unit. 2 general comments were made about encouraging the team to become closer knit.

Case Assignment – 8

- 5 individuals responded that they would like to know what the case assignment team bases their decisions on, while 2 people specifically asked for a rationale to be given when a consultation recommendation is overturned.
- One comment was made that sometimes case assignment should not depend on service duplication; rather what is the best fit for the family.

Agency – 7

- 2 individuals commented on a lack of agency recognition for their skills and work.
- 2 individuals reported that the agency must show its commitment to the project by announcing its continuance and maintaining the appropriate staff complement.
- 1 individual saw the service as taking away from other areas that are overburdened.
- 1 individual noted that the agency needs to take more responsibility if things go wrong (workers can feel vulnerable).
- 1 individual noted that agency politics took away from the good work that the Initiative was doing.

Staff Issues – 4

- 2 comments were made about staff requiring particular skills to work within the Initiative.
- 1 individual recommended that training occur on an on-going basis for PTI staff.
- 1 comment addressed the lack of culturally appropriate staff within the Initiative (i.e. Aboriginal staff members).

The Future of the Initiative – 4

- 3 responses were made about the restructuring; 2 indicating the Initiative should continue and 1 that addressed the fear of government imposing tight guidelines on interventions.
- 1 individual responded that they wanted a clearer understanding of the Initiative's next steps.

Appendix G Client Recommendations

The following recommendations were made by the 4 PTI clients who took part in an interview. Their responses are provided here in order to reflect their perceptions regarding the Initiative's current functioning and as information to the stakeholder group. Due to the small number of responses, they were not categorized by the evaluator.

- Peer contact and parental connection (what do other parents do in this situation).
- Child connecting with other kids and me connecting with other parents.
- Wanted to hear from another parent that I'm not the only one having problems with my child.
- Needs to take place in a community – a community is necessary to support a family.
- They should provide a mentor service so kids can meet others a few years older than them who went through similar difficulties and were able to change their behaviours and be successful.
- I would have liked to have the service longer.
- Tangible, concrete suggestions of ways to help the situation.
- What do other parents do; validate the good things the family is doing; need to call him on his behaviour and let him know it's not acceptable; support the parents as well as the child; the focus was on the parent and what they did.
- Going to the office was very difficult for me; would have been better if someone could come to my house.
- Should be teaching a parenting course.
- Helped that my daughter heard from the social workers what the rules were around services (i.e. can't just go on independent living because you want to).
- Heard what my daughter had to say which was important.
- Didn't like 9:00 am meetings – would have preferred a more convenient time.
- Provide community support; go in and have someone introduce themselves; have them tell you what kind of services were available; ask me what kind of help I wanted.
- The person that I met there at the consultation should be my worker.
- Should treat me with respect.
- Someone should have supported me when I was in my state of crisis.
- Don't blame the parent.
- Show the child that others have struggled with similar issues.
- Connect parents and kids to services.
- Validate good things and offer support; let them know that things are going to be okay.
- Get more input from the people who use the service.

Utilization Enhancement Checklist

Appendix H

Directions: There are forty-four items listed below which focus on self-analysis, understanding the organizational context, planning and evaluation, the evaluability assessment process and communication. You may wish to rephrase some of the items to fit your particular situation or to add items. The checklist can serve as a guideline as you conduct an evaluability assessment or as a self-examination after you complete an evaluability assessment. To serve these multiple purposes, all items are written in the present tense.

A. Determining the Evaluator's Role

1. Assess level of personal congruence with the program's general goals and consider withdrawing if the incongruity may result in unnecessary conflicts.
2. Determine extent of personal commitment to the importance of conducting an evaluability assessment of this program.
3. Analyze degree to which personal values and opinions about the program are publicly advocated by the evaluator.
4. Determine appropriate share of responsibility for utilization.
5. Specify activities related to an educational role as well as a data-gathering, information-providing role.
6. Establish congruence between personal role perception (data-gatherer, consultant, expert, recommender, change agent) and audience expectations.
7. Determine willingness to spend time with program staff in activities that are not directly related to the evaluability assessment (for instance, informal lunches).
8. Establish a sense of credibility and trust with the program coordinator, staff, and other audiences.

B. Understanding the Organizational Context

1. Obtain and study the organizational chart.
2. Identify the names of key people within and outside the organization.
3. Identify the decision makers and potential users of evaluation information within and outside the organization.

4. Determine which staff and other users should be consulted as the evaluability assessment is planned and conducted.
5. Determine whether the sponsor of the evaluability assessment is committed to the evaluation activity and uses evaluative information.
6. Determine the information sources and channels within the organization.

C. Planning the Evaluability Assessment

1. Make sure there is a clear understanding of the role of the evaluability assessment.
2. Set up specific sessions in which the evaluability assessment plan and its implementations are discussed with key persons.
3. Assess the implications of decisions based on the evaluability assessment that affect personnel.
4. Assess the political implications of various evaluability assessment findings.
5. Determine the likely sources of resistance to positive evaluability assessment results.
6. Determine the likely sources of resistance to negative evaluability assessment results.
7. Determine the freedom to provide evaluative information to various audiences.
8. Determine strategies for dealing with potential conflict and tension between program coordinator/staff and evaluator.
9. Design an evaluability assessment plan that will have technical credibility and provide information.
10. Establish a mutual problem-solving approach with the program personnel and decision-makers.

D. Conducting the Evaluability Assessment

1. Make sure that everyone understands the purpose of the evaluability assessment.

2. Involve key personnel in determining the purposes, issues, and general evaluation strategies.
3. Involve representatives of potentially affected groups in making decisions about instrumentation and data sources.
4. Be accessible to program staff during the evaluability assessment to learn of and share perspectives from which each is interpreting the information.
5. Collect data from multiple sources.
6. Make sure the data collection instruments and procedures are understandable and relevant.
7. Have informal as well as formal meeting with key persons.
8. Maintain a mutual problem-solving relationship with staff and administrators throughout the evaluability assessment.
9. Collect information needed, but only that.
10. Adapt the evaluability assessment plan to meet changing information needs.

E. Communicating the Evaluative Information

1. Make periodic informal reports or presentations.
2. Ask program staff, especially those most affected, to assist in interpreting the findings.
3. Communicate major findings when available and considered appropriate; do not wait for the formal report deadlines.
4. Share rough drafts or preliminary thoughts with key persons before making a final presentation.
5. Write different reports for different audiences.
6. Make presentations understandable and easy to follow.
7. Link presentation to key issues and decisions.
8. Make sure that all audiences receive the evaluative information in sufficient time prior to key decision-making events.

9. Keep written reports brief.
10. Use several media (slides, charts) when making formal presentations.

Score Interpretation – Here are some rough guidelines for interpreting the results of your analysis. Allow two points for each question answered positively.

- | | |
|------------|--|
| 22 or less | Don't expect much to happen as a result of your efforts. Most likely your information will be ignored or gather dust on a shelf somewhere. |
| 23 – 44 | You may be called back later to do another evaluation, but don't count on it. Perhaps you might get a publication from your efforts, but the world won't change. |
| 45 – 66 | Somebody may actually do something different as a result of the evaluation, especially if it reinforces what they were already thinking. |
| 67 – 88 | Be careful! You may be so effective that someone may have you earmarked as an administrator, even though you have no desire to be one. |

**Staff Questionnaire
Appendix I**

*Please note that the respondent is not required to answer any questions if he or she chooses.

The following questions are being used by the student to rate her performance while conducting the evaluability assessment of the Parent-Teen Initiative. All responses will be anonymous and the results will be included in the student's practicum report.

PART I – MEETINGS

For the following questions, please respond according to your own experience attending meetings for which the student was present. Examples to consider in responding include Practicum Steering Committee meetings, Steering Committee meetings, Staff meetings and Team meetings (include management and staff).

1. The student appeared to have a good understanding of the Parent-Teen Initiative during discussion at meetings I attended.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

2. The student presented information that was relevant to the Initiative.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

3. The student's presentations were clear.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

4. The student's responses to questions were informative.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

5. The student acted in a professional manner at meetings that I attended.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

PART II – INTERVIEWS AND/OR FOCUS GROUP

For the following questions, please respond according to your own experience participating in interviews or a focus group conducted by the student. Some of you may have participated in more than one interview or an interview and a focus group. Please consider all of these instances when responding.

1. The student displayed appropriate interview/focus group facilitation skills.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

2. The interview/focus group questions were clear.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

3. The student was able to clarify information when required.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

4. The interview/focus group questions encouraged response.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

5. I felt comfortable enough with the student to respond honestly to the questions asked.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

PART III – GENERAL

The following questions deal with general subject areas. Please respond according to your own experience when interacting with the student.

1. The student appeared to have a good understanding of the structure and programs of Winnipeg Child and Family Services.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

2. The student appeared to have a good knowledge of evaluation principles and procedures and was able to articulate these when appropriate.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

3. I feel that I had the opportunity to provide sufficient input into the evaluability assessment.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

4. I feel that the evaluability assessment process and the information it has generated has been helpful to the Initiative.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

5. The student's requests for information were appropriate and made in a professional manner.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable To Comment
1	2	3	4	5	6

Comments: _____

Any additional comments:

Thank you for taking the time to complete this questionnaire. Your feedback is greatly appreciated!