

## Demonstrating the Value of Human Services Evaluation Framework

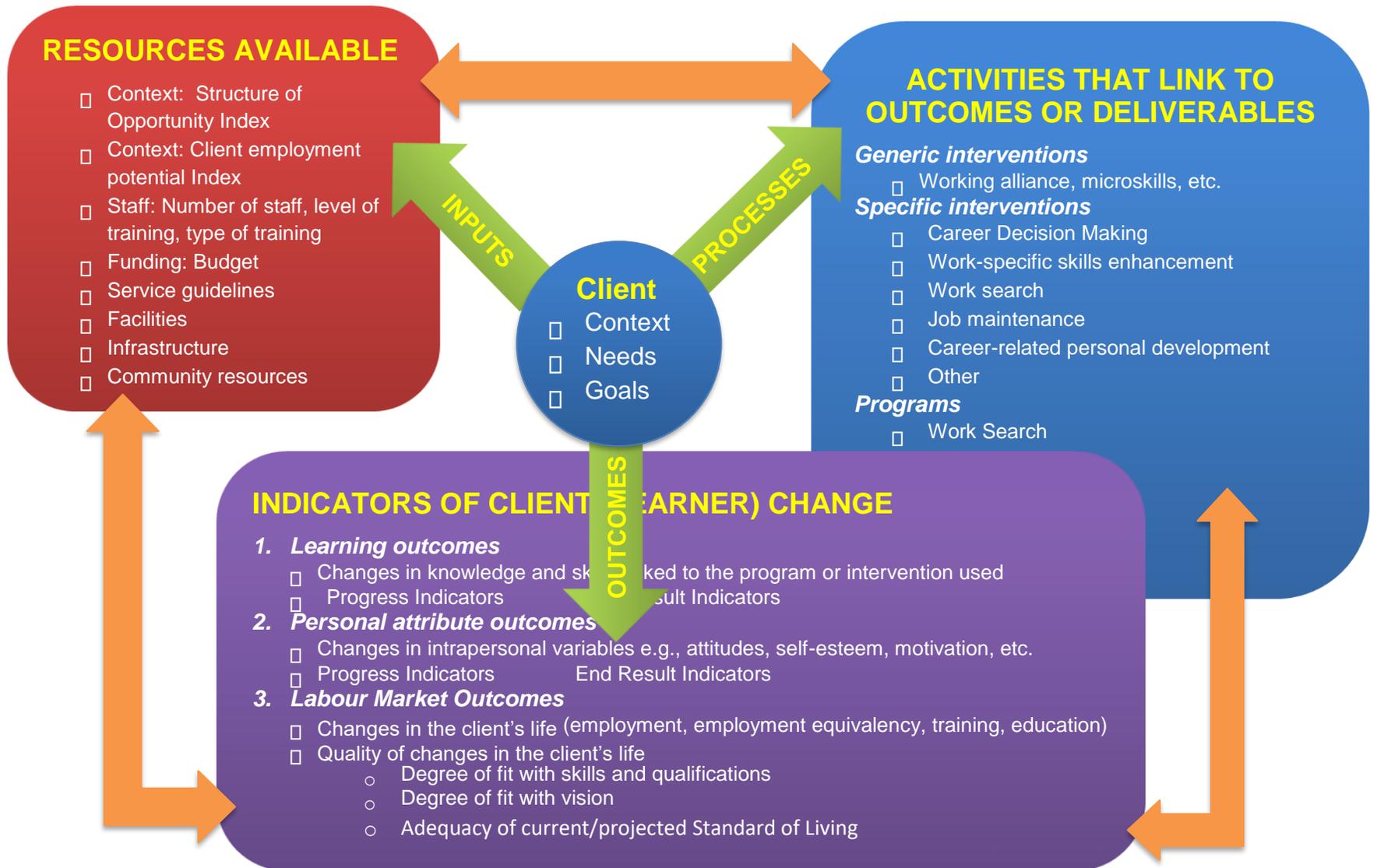
Two trends that are becoming increasingly more prominent in all human services settings (e.g., mental health, school guidance, career services, health services) are outcome-focused interventions and evidence-based practice. The foundational goal in outcome-focused interventions centers around demonstrating how clients (students, learners, etc.) change as a result of the interventions (programs, instruction, etc.) they receive. The foundational goal in evidence-based practice is to be better able to address concerns about what sorts of interventions, delivered under what circumstances, work best with what kinds of people, striving to achieve what sorts of goals. When these two trends are addressed adequately, it is possible for practitioners (teachers, counsellors, youth workers, career advisors, etc.) to provide convincing evidence that links learner (client) change to the program (intervention) in which they participated. (See Baudouin, et al., 2007.)

To gather this sort of evidence, we have found it useful to adopt a variation on a simple Input → Process → Outcome framework. The framework is illustrated in Figure 1 and described briefly below. The framework has been used extensively to evaluate career development interventions, but it also is appropriate in other types of counselling settings, mental health settings, physical health settings, other human services settings, and educational settings (Hiebert & Charles, 2008; Hiebert, Domene, & Buchanan, in press). For ease of reading, we have used the term client when referring to people who are receiving services, but we could also have used terms like: learner, student, or patient. In a similar vein, we have used the term practitioner to refer to people who are providing services, but we could also have used terms like, counsellor, teacher, youth worker, career advisor, nurse, or physician. Thus, although we have used the terms client and practitioner, we encourage others to substitute the appropriate terms for the settings in which they are working.

The framework we have developed centers around the needs and goals of clients. In planning an appropriate intervention, it is important to examine the context in which clients live. This includes factors such as: ethnicity, culture, significant others, structure of opportunity, past learning history, previous history of working on the situation under examination, etc. A client's context can have limiting or facilitating influences on the types of interventions that are possible, on the success of any intervention undertaken, and also on what outcome expectations are reasonable. In the process of examining client context, it usually is possible to identify the types of needs a client would like to see addressed and to set explicit goals that a practitioner and client will work on together. Our approach to intervention and evaluation is based on practitioners and clients working together in a collaborative relationship where goals, outcome expectations, and indicators of success are negotiated and mutually agreed on by

practitioners and clients, and where appropriate by third party stakeholders. Once the goals are set, planning the intervention (How will we accomplish the goals?) and the evaluation (How will we tell that the goals have been accomplished?) can begin.

**Figure 1: Intervention Planning and Evaluation Framework**



Constructing an intervention plan and an evaluation plan begins by identifying the types of changes that a client will (hopefully) experience as a result of the intervention, and developing a method for documenting that the changes have taken place (i.e., the indicators of change). Going on a road trip provides a useful metaphor. The journey begins by identifying a destination. Once the destination is clear, then the route can be planned. Sometimes, people enjoy just going for a drive in the country with no particular destination in mind. In those cases, enjoying the process is the main goal. However, if the travellers want to end up at a specific place, then it is important to have agreement on what is the end point before beginning the journey. Thus, the starting point in planning client change interventions is to get clarity on the outcomes being sought and the indicators of success that will be used to gauge progress towards the ultimate goal.

## **Outcomes**

An outcome is the specific result of an intervention, including changes in client competence (knowledge and skills), changes in client personal attributes, changes in client situation, and/or broader changes for the client and/or community. These broader outcomes usually can be thought of as the impact of the changes in client competence or changes in client personal attributes. The changes in client knowledge and skill (learning outcomes) should be described in a way that permits them to be linked directly to the intervention being used. The personal attribute outcomes usually are not addressed directly in an intervention, however they usually are likely by-products that accompany the knowledge clients acquire or the skills clients attain. The ultimate end goal of an intervention most often involves some sort of change in a client's life or in some broader societal context (impact outcomes). For example, clients might learn about the role that deep relaxation can play in helping people reduce stress (knowledge) and with practice might learn how to place their body in a state of deep relaxation (skill). Using the knowledge and practicing the skill likely will result in the client being less stressed (personal attribute), which in turn might result in fewer headaches (impact), or fewer interpersonal hassles (impact), or fewer absences from work (impact). Similarly, a client attending an anger management workshop might acquire knowledge and skill regarding anger management and as a result might feel less angry and less irritable, and as a result might experience fewer family anger outbursts, or less spousal abuse, or fewer arguments with co-workers.

**Outcomes and outputs.** In our work, we distinguish between outcomes and outputs. We reserve the term outcome to refer to changes that clients experience. We use the term outputs to refer to the products or artefacts produced during an intervention. Thus, a resume, portfolio, cover letter, list of job leads, etc., that are created as part of a job search workshop are outputs. They are not outcomes because they do not indicate client change.

**A note on personal attribute outcomes.** Personal attribute outcomes include things like: attitudes (e.g., belief that change is possible, internal locus of control), intrapersonal factors (e.g., confidence, motivation, self-esteem), and client independence (e.g., client self reliance,

client initiative, client independent use of resources). There is some debate about whether or not personal attribute outcomes are in fact learning outcomes. Rather than get into a debate about this, we have identified them as a separate category of outcomes, acknowledging that some people may view these as learning outcomes and others may not. Sometimes personal attribute outcomes are referred to as “precursors” (Hiebert, 1994; Killeen, White, & Watts, 1993; Maguire & Killeen, 2003), for they often mediate between skill and knowledge attainment and the life-impact outcomes. They speak to the client’s willingness (ability) to put learning into action. There is widespread agreement that these personal attributes are important and that it most often is difficult to obtain the desired amount of impact if these personal attributes are not addressed. We suggest that these types of client outcomes need to be identified and addressed in their own right and trustworthy methods need to be developed to evaluate these variables.

### Stories From The Field

In a national investigation on evaluation practices (see Lalande & Magnusson, 2007; Magnusson & Lalande, 2005) participants had much difficulty identifying what is an outcome, in a way that would permit the outcome to be linked to the programs or services being offered. For example, many survey respondents indicated that an intervention such as “networking” resulted in all the potential outcomes listed as being achieved, even outcomes such as “build and maintain a positive personal image,” “change and grow throughout one’s life,” “maintain balanced life/work roles.” Clearly, the link between teaching a client the importance of networking and helping a client develop a network, and outcomes such as “building a positive self-image,” is quite tenuous, at best. Furthermore, we suspect that few agencies would feel comfortable being held accountable for producing outcomes such as “building a positive self-image” as a result of a workshop on networking. This discovery is one of the factors that led us to reserve the term outcome to refer to client change and to describe knowledge and skill outcomes in a way that links them to the content of an intervention.

In order to rectify this situation, we suspect that extensive inservice or other forms of staff development will be necessary.

**A note on impact outcomes.** Impact outcomes are the spin-off effects that derive from the learning outcomes, or perhaps from the personal attribute outcomes. They are the “ultimate, hoped-for” end result of an intervention. Agencies and funders need to collaborate and reach agreement on what impacts can be reasonably expected. For example, in times of high unemployment it might not be reasonable to expect that all people who participate in a work search program will end up finding employment. In times of lower unemployment, or in geographic regions where the job market is robust, it might be more reasonable to expect high placement rates following completion of a work search program. In economically disadvantaged areas, there might be lower job mobility because people believe that any job is better than no job, but there might also be greater social unrest because people have not found work that is personally meaningful. In areas where there is high cultural and ethnic diversity, it might be useful to implement a program aimed at increasing acceptance and reducing

discrimination in order to achieve greater social acceptance and greater employability. The legitimacy of the ultimate and hoped-for outcomes needs to be a matter of negotiated agreement on the part of all stakeholders involved in providing services.

## Processes

Processes refer to the intentional activities that practitioners and clients undertake in the hopes of fostering client change. Interventions include the interactions of practitioners with clients or third parties as well as the components of the programs and services that are instrumental in achieving the client outcomes being sought. Processes can be grouped into two broad categories: Generic and specific.

**Generic interventions** are those practitioner actions that are embedded in most interactions with clients or third parties, regardless of the nature of the client's problem or the goals being sought. For example, a strong working alliance between practitioner and client has been shown to be important in facilitating client change. Thus, developing a strong working alliance likely will be part of virtually all interventions. Similarly, teaching a client to reframe an unpleasant event and view it as an opportunity for growth could be part of several interventions and could contribute to achieving numerous client goals.

**Specific interventions** are more singularly focused than generic interventions. They usually are linked directly to client goals and outcomes, or linked to interactions with third parties that are intended to foster client change. Specific interventions can be part of interactions with clients directly or they can be bundled together as part of programs or workshops. In school settings, specific interventions represent the curriculum being used and the instructional methods that are appropriate for the curriculum.

We have found that it is useful to organize the types of programs and services that an agency offers into categories according to the topic or problem that is being dealt with. We suggest using topical headings (e.g., career decision-making, stress, anger management, etc.) as the organizing tool rather than organizing programs and services according to the type of intervention (e.g., workshops, individual counselling, etc.). The topic or content of an intervention is related directly to the type of client change being sought. Using a topical organizing system also recognizes that the topics might be addressed in programs or other services in a variety of different ways, e.g., through counselling, teaching, workshop facilitation, guidance, and made available to client in a variety of different ways, e.g., in a group setting, a classroom, through individual counselling, or guided self-help. The mandate of the agency, the expertise of the staff, and the learning styles of the clients typically all come into play when deciding how the interventions are implemented.

### **Stories From The Field**

Based on reports from the field and the national survey referred to earlier, the following framework has been developed for organizing the kinds of specific interventions that are used to initiate and/or sustain client change in career services settings. The first four categories (career decision making, job-specific skills enhancement, job search, and job maintenance) represent typical interventions used to achieve learning outcomes. A fifth category (career-related personal development) pertains to personal attributes related to employment or employability. While most agencies offering career services do not have a mandate to offer personal counselling, when there is a personal issue, such as lack of self-confidence, that is affecting a client's ability to pursue career goals, it is important to address that issue as part of a career intervention. A sixth category (other) is to acknowledge that an important and legitimate part of providing comprehensive career services is to be able to recognize when someone may need to be referred, for example, to a de-tox program prior to beginning work aimed more directly at finding employment.

Most agencies likely will find it useful to develop a similar type of organizing system for the types of interventions and services they provide.

An important next step in developing a comprehensive evaluation plan is to map the client learning outcomes onto the interventions. Agencies will need to be very clear about the client outcomes that they want to be held accountable for, and then to identify where in the programs or services they offer are the components that are likely to produce those outcomes. Sometimes it will be the case that a fun activity will end up being removed from a program or workshop because it does not relate directly to any of the expected outcomes. Sometimes it will be discovered that an outcome does not relate specifically to any of the processes included in the intervention. In such cases, the list of outcomes may need to be revised by removing an outcome, or the intervention may need to be revised to include a component that connects directly to the outcome being sought. The mapping of interventions onto outcomes will need to be quite detailed and likely will be quite specific to an agency or a program, but using a common organizing system to identify the outcomes and the interventions will help to identify what it is reasonable to expect from the services being offered.

An important part of evidence-based practice involves documenting the processes followed by both service providers and service recipients, as well as any significant others that potentially could be affecting the achievement of outcomes. In order to claim that an intervention is responsible for producing a client outcome, we must be able to say with confidence that both service provider and client have followed the intervention plan. There are many examples in our field where an intervention appears to be ineffective, but closer scrutiny reveals that the intervention plan has in fact not been followed.

### **Inputs**

The resource base that an agency can access has a large influence on the agency's ability to offer quality services. The resources that an agency can access have a major influence on the

programs and services that an agency can offer. Reciprocally, certain interventions require specific and sometimes unique resources in order to be implemented successfully. The ultimate goal in evaluating services and also in planning interventions is to be able to link the changes clients experience to the services they received and to the resource base required for successful delivery of the services. Working reciprocally, the statement would be: Given the resource base, an agency can offer certain services, which in turn will likely result in corresponding client changes. Thus, it is important to track the resources used when delivering services. This includes factors such as: Funding (e.g., budget, special grants), staff (e.g., number of staff, competencies of staff, level of staff training), service guidelines (e.g., agency mandate, funder requirements), infrastructure (e.g., physical facilities, support staff, consultants), community resources (e.g., other professionals, volunteers, libraries, internet cafes).

Any comprehensive plan for evaluating the effectiveness of career development interventions needs to incorporate a systematic method for gathering data on all three components of the framework depicted in Figure 1. In order to get an accurate picture of which interventions work best, with which clients, under which circumstances, it is necessary to examine the client outcomes, the processes used to obtain those outcomes, and the resources (inputs) needed to enact the processes.

### **Total Quality Service Factors**

Quality Service Factors do not link directly to client outcomes and therefore are not included in our evaluation framework. However, but they have an effect on the general operation of an agency and therefore are important. We know that a client who gets rude treatment from a receptionist or encounters a dismissive attitude by a group facilitator, likely will receive a less-than-best outcome from even a very good program. A list of quality service factors might include items such as: Client satisfaction, client relationship with the agency (clients return for service, clients are self reliant), stakeholder satisfaction, employer satisfaction (this could be also an impact outcome if job stability was a goal), level of service utilization, number of clients seen, types of client problems addressed, number of visits made by a client, wait time for receiving services, number of applicants for services, agency reputation, ability to fund-raise. Even though these factors sometimes are thought of as outcomes, they are not indicators of client change, per se. Therefore, we suggest that they be regarded as separate from intervention planning and outcome evaluation. We suggest also that agencies and funders include client change as an important factor when thinking of *Total Quality Service*. Ultimately, reducing client wait list time or increasing the number of clients seen is not really useful if the services are not resulting in client change.

#### **Stories From The Field**

Comprehensive descriptions of ways in which this evaluation approach has been used and a compendium of tools used in field trials incorporating this framework can be found on the web

site of the *Canadian Research Working Group on Evidence-based Practice in career Development (CRWG)*.

<http://www.crwg-gdrc.ca/>

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