Using Evidence to Strengthen Policies for Investing in Children

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Preface

The research described in this report was prepared for the European Commission, Directorate-General for Employment, Social Affairs and Inclusion.

This Evidence Guide was developed by RAND Europe, which in 2011 was appointed by the European Commission's Directorate-General for Employment, Social Affairs and Inclusion to provide content and technical support for the European Platform for Investing in Children.

The European Platform for Investing in Children (EPIC) is an evidence-based online platform that provides information about policies that can help children and their families face the challenges that exist in the current economic climate in Europe.

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1. Introduction

In February 2013, the European Commission (EC) adopted the Recommendation “Investing in Children–breaking the cycle of disadvantage” as part of the Social Investment Package, which proposes a long-term social strategy to help overcome the negative effects on children of the current economic crisis and to help children do well in school, enjoy good health and realise their full potential later in life. The Recommendation provides guidance for European Union (EU) Member States on how to tackle child poverty and social exclusion through policy efforts such as family support and benefits, quality childcare and early-childhood education. One component of the Recommendation encourages Member States to strengthen evidence-based policy development in order to most effectively break the cycle of intergenerational disadvantage. The Recommendation provides some examples of ways to strengthen the use of evidence when developing policies related to children, and these include:

- Make full use of existing statistics and administrative data to monitor the impact of policies on children and their families
- Strengthen links between the policy and research community and test relevant policy innovations
- Encourage evidence-based evaluation of programme outcomes
- Promote the exchange of good practice and knowledge.

The European Platform for Investing in Children (EPIC) website supports the evidence-based policy guidance of the Recommendation and efforts to improve policies related to children and families in several ways:

- Reports on the approaches that different Member States are using to invest in children
- Provides statistics related to children and families in the EU and Member States
- Collects and disseminates evidence-based practices that were found to have a positive impact on children and families in EU Member States

- Facilitates the sharing of innovative practices across Member States
- Distributes news and information about events around the EU related to investing in children.

This guide further promotes EPIC's role in supporting the Recommendation and improving investments in children by providing a starting point for policymakers who seek more information on how to use evidence to strengthen policies for investing in children. The guide will familiarize users with the basics of some approaches to using evidence to inform policies related to children including conducting needs assessments, selecting practices that have shown promise in previous implementation, developing a logic model to help plan a practice and determine if it has achieved its objectives, and conducting or overseeing various types of evaluation including theory-based evaluations and counterfactual impact evaluations. The guide contains original material and also points users to existing useful material that is available for free on the Internet.

In preparing this guide related to evidence, we recognize that there are different types of evidence that have value for policy decisions. These may include the experience of practitioners in the field, preferences parents have about schedules or locations, and many other types of information. This guide focuses on one particular type of information that is relevant to policy decisions related to investing in children: evidence that is derived from data. As we discuss below, these data may be qualitative or quantitative in nature.

The primary audience for this guide is policymakers or others who make decisions related to implementing the Recommendation or other investments in children. This guide provides an overview of ways of using evidence that would best strengthen these decisions and points users to additional resources if they want more detailed information.

Throughout this guide, for the sake of parsimony we use the term "practice" to refer to an action taken by a decision maker to improve the life chances of children. However, it is generally the case that one could substitute the terms "policy" or "programme" for "practice" in most instances.

→ Go to next section: **Ways Evidence Can Strengthen Child and Family Policies.**

2. Ways Evidence Can Strengthen Child and Family Policies

In this guide, the term “evidence” refers to data and information that inform policy decisions. Different ways of using of evidence can help improve a practice at different points in the policymaking or project life cycle. Evidence can help to improve policymaking throughout the life cycle by both informing the development of innovative practices as well as assessing their usefulness and impact. For instance, in the initial stages of policymaking, a needs assessment might use evidence to indicate where a population has specific needs that can be addressed by the policy process. During initial implementation of a practice, evidence from a theory-based evaluation can help assess ways that practice delivery could be improved, while evidence from a counterfactual impact evaluation is most helpful later in the project life cycle after a practice has achieved maturity in implementation (Fixsen et al, 2005). Below, we discuss these types of evidence as well as others that can inform policymaking at different stages in the decision-making process.

The unit or level of evidence may vary, and all of the levels are not relevant to every type of evidence. Different levels of evidence include:

- Population-level evidence: provides information for the entire community or the other geographic units that a practice affects. For example, this might involve collecting information on infant auto fatalities for an entire region after a free car seat policy was put into place.
- Practice-level evidence: informs decisions related to a particular practice, enlightening issues such as whether the practice is being delivered as intended or whether the practice is reaching its target population. In the car seat example, this may include answering questions such as how many free car seats were being distributed to families in need.
- Individual-level evidence: focuses on information about the individuals served. Examples might include assessing whether parents are using the free car seats properly.

We provide a brief overview of some of the ways that evidence is likely to be most helpful to the field of investing in children, share some examples and suggest some resources for those interested in further information.

We describe uses of evidence that are most relevant to strengthening investments in children, including:

Conducting a [Needs Assessment](#)

[Using Evidence to Select Policies and Programmes](#)

[Gathering and Using Evidence from Evaluations: Overview](#)

[Logic Models and Theories of Change](#)

[Theory-Based Evaluation](#)

[Counterfactual Impact Evaluation](#)

Conducting a Needs Assessment

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Agencies cannot implement all possible practices, and hence they use frameworks to help determine how to prioritize investments. A needs assessment is one such framework that uses evidence to help choose between the many possible policy alternatives. The needs assessment framework is based on the idea that limited resources can have the greatest benefit by targeting those outcomes where evidence indicates that the location exhibits the greatest need (Kilburn and Maloney, 2010, World Health Organization, 2001). For example, indicators could be compared for a particular geographic area over time, and greatest need could be identified as those that had worsened the most within the area over time. Another approach would be to compare indicators within a geographic area to those same indicators in other geographic areas that are similar, and in this case the greatest need would be related to those indicators where the area performed the worst relative to its peers (perhaps you can signpost to some examples because this narrative is a bit cryptic). While the needs assessment framework is motivated by the intent to improve policy decisions by employing evidence, there is necessarily some subjectivity inherent in selecting what evidence to use to demonstrate need, and different criteria could be used to define need.

In addition to cataloguing the needs that a community faces, needs assessments often also document the resources and assets present in a community that may be mobilized to address identified needs. These assets may include:

- Human assets, such as volunteers and paid staff
- Public and private organizations and institutions, including law enforcement, health care providers, religious groups, and others
- Infrastructure, like public transportation, parks, buildings.

Given that needs assessments generally gather evidence related to indicators as well as resources, many different sources are likely to be consulted during the needs assessment process. There are likely to be existing data that will be helpful, such as government statistics. You can get started with child and family statistics links on the EPIC website at: http://europa.eu/epic/statistics/index_en.htm. You may also need to consult locally-available indicators, and to supplement available data, you will be likely to want to collect some of your own information. An additional type of information that can contribute to a needs assessment is community perspectives and input. This may require organizing public forums, conducting focus groups or interviews, or other approaches to obtaining community member feedback. Community input can help identify potential barriers and resources that statistical evidence did not reveal and also can help promote community buy-in with policies and practices.

Examples

As part of its child poverty strategy, the United Kingdom's central government required local councils to conduct a child poverty needs assessment "to enable them to understand the characteristics of the poor in their area, and the key drivers of poverty that need to be addressed" (Central Bedfordshire Council, 2011a).

In Tower Hamlets, a borough of London with one of the highest ethnic minority populations in the capital, the needs assessment was crucial in identifying the populations in most critical need of support. In particular, study authors found that nearly half of the children in the borough are living in poverty (the highest rate in the country); however this poverty is not evenly distributed across areas. This type of variation can help policymakers identify the areas in which support is needed most. Additionally, they found that over one-quarter of 10 year olds in the area are obese, a number far higher than the national average and a potential target for policymaking (Wheawall et al., 2010).

On the other hand, the same assessment conducted in Central Bedfordshire found lower overall child poverty rates than the UK average: 13.1 percent compared to 21.3 percent. Despite this, they found that several areas within the council experienced poverty at significantly higher levels. Additionally, they found an increase in the proportion of children in the council area that were in families subsisting on workless benefits. Both of these findings, along with many others, indicate areas where policymakers might target the child poverty strategy (Central Bedfordshire Council, 2011a). In fact, the Central Bedfordshire Council used

these data to help inform a strategy to reduce child poverty in their borough. The data for example led policymakers to focus the strategy on “families with particular needs, such as teen parents, and those who often do not engage with services such as travellers and black and minority ethnic groups” (Central Bedfordshire Council, 2011b).

Suggestions for Further Reading

An outstanding detailed overview of conducting needs assessment is available at the Community Tool Box website, “Chapter 3: Assessing Community Needs and Resources,” which is available at: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>.

This World Health Organization publication provides an overview of conducting a community health needs assessment with introductory guides in English, Deutsch and François: <http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2001/community-health-needs-assessment-an-introductory-guide-for-the-family-health-nurse-in-europe>.

Using Evidence to Select Policies and Programmes

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Once an agency has used evidence from a needs assessment to narrow down the outcomes that it would like to improve or the service type that it will provide, evidence can also be used to select those policies and practices that will be most effective. Evidence from existing research studies sheds light on these types of characteristics of effective policies and programmes:

- the types and magnitude of outcomes that practices have been able to improve
- the activities, staff and curricula that have been employed
- the costs and resources needed to implement them
- barriers and facilitators of successful implementation
- unintended side effects or harmful effects.

That is, at the stage of developing a policy or practice, rather than starting from scratch, an organization can learn from evidence that others have gathered about what works and what does not work.

When a practice has been rigorously evaluated and that evaluation has determined that the practice had a positive impact on participants, that practice is often labelled an “evidence-based practice” because evidence has shown that the practice is effective (we will discuss impact evaluations in more detail below). The EPIC website’s [“Practices that Work – Evidence Based Practices”](#) webpage lists evidence-based practices, and this type of resource can help you learn about approaches that have been rigorously evaluated and been shown to improve outcomes. You might use this information to identify practices that work to address the priority outcomes that were identified in the needs assessment.

Even if a practice has not been rigorously evaluated, there are likely to be practical lessons learned from others' experience implementing a practice. The EPIC website's "[Practices that Work – Practice User Registry](#)" webpage includes programmes that can help you learn about what others are testing and learning across Europe, even if they have not done a formal evaluation yet. Consulting existing evidence about successful approaches and lessons learned can raise the likelihood that an organization achieves its objectives related to investing in children.

While there are benefits to adopting practices that have been shown to be effective or for which there is existing practical experience, it is necessary to assess the fit of existing practices to your setting and local context. For example, a practice may require particular types of trained professionals for service delivery, and you would want to ensure that your area had an adequate supply of these types of professionals. Other local fit considerations would include population characteristics or ancillary services that may be needed. Some adaptation of existing practices is typical when adopting practices, but these adaptations should be limited to those that do not alter the core components of a practice that are associated with its effectiveness. For example, translating materials into additional languages that are used in your area may not compromise practice fidelity, but changing the curriculum content, intensity of services, or other core components may change a practice so much that it no longer achieves the effectiveness of the original. See Rollieri et al. (2011) and Mattox et al. (2013) for more information about adapting practices to fit your context.

Examples

The "Think child, think parent, think family" programme describes their use of evidence throughout the project life cycle in their 2012 evaluation report (Roscoe, et al, 2012, <http://www.scie.org.uk/publications/reports/report56.pdf>). The objective of the "Think family" project was to improve services for families in which a parent has a mental health challenge, and it was implemented in 10 sites in Northern Ireland and England. Early in the report (page 3), the authors describe how the project began by first reviewing the existing evidence in the field to inform the design of their programme. They assembled a team to produce systematic literature reviews, and then "Think family" used the findings from these literature reviews to generate their guide to improving services.

Another example of the use of existing evidence for informing policymaking comes from Australia. The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) funds Family Support Programs (FSP) that are intended to improve children's outcomes by enhancing parenting knowledge, behaviour or cognition. The FaHCSIA commissioned an independent research organization to produce a publication that would increase the knowledge among FSP providers regarding parenting programmes that have been shown to be effective or show promise in boosting outcomes in order to improve parenting programmes across the country. The report (Parenting Research Centre, 2012) helps FSP providers learn:

- What outcomes from parenting programmes have been improved for families?
- What programmes exist that have promoted those outcomes for families?
- What is the evidence regarding the effectiveness of those programmes?
- For the Australian FSP setting, what aspects of the implementation of evidence-based parenting programmes are relevant?

This report is available here:

<http://www.parentingrc.org.au/images/Resources/Evidence-review-Analysis-of-evidence-parenting-interventions/EvidenceReviewParentingInterventions.pdf>.

Suggestions for Further Reading

For more information about the growth of evidence-based practice in the area of child policy in the EU, see

http://www.rand.org/pubs/corporate_pubs/CP724z2.html.

In a very comprehensive approach to incorporating evidence into selecting and developing practices and policies, the U.S. Centers for Disease Control describes three types of evidence that together can inform decision making in order to produce the best possible outcomes (Centers for Disease Control, 2013). Their framework for using evidence for decision making recognizes the contribution of three dimensions of evidence:

- **Best available research evidence** derives from rigorous research studies (see: https://vetoviolence.cdc.gov/apps/evidence/docs/BARE_82312.pdf).

The EPIC “Evidence-Based Practices” section is an example of “best available research evidence”.

- **Experiential evidence** is based on the experience and expertise of individuals who have provided services, received services or resided in a particular area (see: https://vetoviolence.cdc.gov/apps/evidence/docs/Experiential_82412.pdf). The EPIC “Practice User Registry” can help you identify individuals from around Europe who have experience that may inform your work.
- **Contextual evidence** refers to information about the community resources available to deliver the policy or programme, the characteristics of the people who will deliver and receive services, and other aspects of the local area that are likely to impact the fit and success of services (see: https://vetoviolence.cdc.gov/apps/evidence/docs/Contextual_82312.pdf). This is similar to a needs assessment, which was discussed above.

Information about the framework, including online training modules and case study examples, can be found at: <http://vetoviolence.cdc.gov/evidence/#&panel1-7>.

Another resource that contains helpful information on selecting and adapting interventions is Chapter 19 of the Community Tool Box, which is available at: <http://ctb.ku.edu/en/node/716>.

Finally, the Getting to Outcomes® (GTO) framework contains step-by-step information on how to select and, if necessary, make adaptations to a practice using evidence. The GTO manual contains instructions as well as worksheets that guide agencies through this sometimes complicated process. The GTO guide has been adapted into an online toolkit, which is available, along with a PDF version of the manual, here: <http://www.rand.org/pubs/tools/TL114.html>.

Gathering and Using Evidence from Evaluations—Overview

Overview

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Evaluation findings are a subset of the types of evidence that can improve policymaking related to children and families. The term “evaluation” refers to the use of data and information to systematically answer questions about, for example, the effectiveness of a practice, or the way in which it is being implemented (Rossi et al, 2004). Evaluation is a central tool of effective practice planning, implementation, on-going management, as well as a way to assess whether the practice has achieved its objectives. Many textbooks and other references describe dozens of different types of evaluation (Evalsed Guide, 2013; Guthrie, et al., 2013, Chen, 2005). The evaluation discussion in this guide focuses on impact evaluation, which refers to evaluations that are designed to quantify and explain effects of interventions (Evalsed Sourcebook, 2013). For detailed information about evaluation for the purposes of performance auditing, please see Ling and van Dijk (2009).

The terminology used to refer to types of evaluation is not standardized, so one of the objectives of this section is to review different evaluation terms you may encounter. In the EU, the questions that evaluation addresses have been characterized by whether they address issues related to “how” or “why” a policy or practice works and what was the change attributable to a policy or practice. Evaluations that ask “how” or “why” are often referred to as “theory-based evaluations,” and evaluations that ask “what was the change caused by the intervention” are often called “counterfactual impact evaluations.” As we discuss further below, within these two broad types of evaluations, there are many different variants of evaluation and a number of terms are used to describe them.

Terminology you may hear that is used to classify evaluations distinguishes between “formative” and “summative” evaluation. The former refers to evaluation that often takes place as a project is being initiated and implemented, and is generally to improve project design, planning and start-up. Formative evaluation can also help established projects improve operations or adapt to changing environments (Chen, 2005). The term “summative evaluation” refers to an assessment as to whether a project achieved its desired objectives, and generally

measures outcomes after the intervention. The way that these concepts align with the evaluation terms in the previous paragraph is that most theory-based evaluations are formative and most impact evaluations are summative.

Within the two broad categories of evaluations—theory-based evaluation and counterfactual impact evaluation—there are many variants. Each of these variants achieves different evaluation objectives, has different characteristics, and may be conducted at different points in the life cycle of a project. For example, evaluation can even be incorporated into the programme design stage by employing a logic model (Evalsed Sourcebook, 2013). Theory-based evaluation may help a programme engage in continuous quality improvement on an ongoing basis, and evaluations during the operating period of a programme are sometimes referred to as “interim evaluations” (Evalsed Sourcebook, 2013). Finally, counterfactual impact evaluation might be used to summarize the impact of a practice, which is an example of “ex post evaluation” (Evalsed Sourcebook, 2013). Table 1 summarizes some of the main characteristics of theory-based and impact evaluation. We now describe in more detail the features of some of the primary types of evaluation that you may encounter in your work related to investing in children.

Table 1

Some Characteristics of Theory-Based and Counterfactual Impact Evaluation

Characteristic	Theory-Based Evaluation	Counterfactual Impact Evaluation
Types of questions addressed	“How” or “why” a practice works	“What” change is attributable to the practice
Variants of this type of evaluation	Logic model or programme theory specification Process evaluation Implementation evaluation	Outcome monitoring Efficacy evaluation Effectiveness evaluation Outcome monitoring

	Continuous quality improvement	
Unit of analysis	Organization, community, or individual	Typically the individual level, but can include organization or community level
Timing	During start-up, implementation or on-going delivery After delivery	During and after delivery
Examples of outcomes examined	Participation rate in programme Family retention across full life of programme Measures of programme fidelity	Child health Child development Maternal labour force participation Child maltreatment
Person who typically conducts the evaluation	Programme management staff, possibly researcher external to programme	Researcher external to programme, possibly programme staff
Formative or Summative	Formative	Summative

Suggestions for Further Reading

The European Commission has produced an online resource that provides guidance on the evaluation of socio-economic development projects. However, the resource provides general information that would inform evaluations of many types of social policies. Known as “Evalsed,” the resource consists of two parts:

- The Guide—this component is oriented toward decision makers who are responsible for managing programmes. It covers topics such as the benefits and uses of evaluation, planning and managing evaluations, and developing institutional capacity for conducting evaluations.

- The Sourcebook—this component is aimed more at evaluation practitioners and provides detailed descriptions of evaluation methods and techniques.

The Commission updates this online resource on a regular basis, incorporating new information and deleting parts that are out of date. The main page of Evalsed, which contains links to the Guide and the Sourcebook can be found at: http://ec.europa.eu/regional_policy/information/evaluations/guidance_en.cfm.

A resource that is a good introduction to evaluation is a guide from Harvard University that aims to help decision makers be better consumers of evaluations. While the guide is oriented toward helping decision makers in the area of early childhood, the discussion is applicable to many areas of policy. This guide, which is titled “Early Childhood Evaluations: A Decision-Maker’s Guide” is available at: http://developingchild.harvard.edu/resources/reports_and_working_papers/decision_makers_guide.

Logic Models and Theories of Change

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While not a type of evidence per se, specifying a theory of change or a logic model for a practice is part of the implicit or explicit underpinning of every evaluation activity and also informs other uses of evidence to inform policy. Logic models and theories of change are related concepts that both aim to link practice inputs and activities to goals. Formally specifying the relationships between these components informs evaluation, because it indicates what is expected to change, for whom, when, and by how much. Designing an evaluation to conduct a theory-based evaluation that assesses family participation rates in a programme or designing an impact evaluation to determine if child health improves as a result of a practice would both require knowledge of these relationships (Ling and van Dijk, 2009).

Groups that deliver interventions or policies often develop a theory of change or specify a logic model early in the life of their project to help them assess whether they have assembled the required inputs, such as staff, training and materials (Vogel, 2012, W.K. Kellogg Foundation, 2004). Additionally, some funders require submission of a well-articulated theory of change or logic model as part of the application for funding. Another benefit of specifying these models at the inception of a project is that it clarifies the roles of potential stakeholders whose collaboration might be required for success. For example, if a new parenting programme will depend on paediatric health clinics for referrals; this would be indicated in a theory of change or logic model.

Logic model methods have been in use for several decades, and there is more standardization in their contents and format (Clark and Anderson, 2004). Logic models typically present a diagram of a practice that helps stakeholders specify inputs, activities and outcomes. The purpose of a logic model is to be clear about

a project's goals and ensure that the inputs and activities are aligned toward achieving those goals (W.K. Kellogg Foundation, 2004). A logic model is typically a description of the project, and below, we provide an example that is in the most-often used logic model format, showing the relationship between inputs, activities, outputs, short-term outcomes and long-term outcomes.

Theories of change are a more recent addition to the project management and evaluation toolbox, and their production is likely to involve more time and work and a larger set of stakeholders (Clark and Anderson, 2004). Theories of change are often more narrative in form than being a diagram, and there is less standardization in their format. Theories of change often take a project's goal as the starting point, and work backward to articulate how and why the practices will lead to the goal. This type of model specifies assumptions, context, the order of activities, and many more details than would be included in a logic model.

Examples

Here we briefly describe the logic model presented as part of the World Heart Federation's "Kids on the Move" initiative toolkit. The toolkit provides a framework to help individuals in low-resource areas working with children to promote physical activity and improve diet (see <http://www.world-heart-federation.org/what-we-do/awareness/kids-on-the-move-toolkit/>). The framework includes modules on planning, implementation, evaluation, and continuous quality improvement. The planning module includes a project logic model, which is reproduced below in Figure 1.

Figure 1
Kids on the Move Logic Model

Reproduced from: World Heart Federation, 2014: <http://www.world-heart-federation.org/what-we-do/awareness/kids-on-the-move-toolkit/1-planning/writing-the-plan/logic-model/>

This logic model articulates the entire initiative in a specific way that can serve as a roadmap for implementation and evaluation. The logic model describes the essential inputs and activities that together produce the project outputs that in turn generate the desired outcomes. Note that this project has specified short-term and long-term outcomes. This logic model informs the later modules of the toolkit, such as which outcomes should be measured in the evaluation. For more details on this project's logic model and evaluation, see: <http://www.world-heart-federation.org/what-we-do/archives/kids-on-the-move-toolkit/>

In contrast to a logic model, a theory of change generally includes a narrative to provide the details that would accompany a diagram of a project's theory of change. Below in Figure 2, we show the diagram that is part of the theory of change for "Building Community Schools: A Guide for Action" (Children's Aid Society, 2013, Appendix E, available at: <http://www.childrensaidsociety.org/publications/building-community-schools->

guide-action-2013-edition). This publication also includes an appendix titled “Theory of Change Basics for Community Schools” (Appendix D, by Helne Clark), which provides a general overview of theories of change in addition to specifics about their application to this practice.

Suggestions for Further Reading

There are numerous resources that provide information about creating a project logic model, and some helpful resources are:

- *W.K. Kellogg Foundation Logic Model Development Guide*, which is available for free at: <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
- The SAMHSA request for proposal available at <http://www.samhsa.gov/capt/tools-learning-resources/logic-model-program-evaluation>
- The Logic Model Builders from the U.S. Child Welfare Information Gateway: <https://toolkit.childwelfare.gov/toolkit/>.

There are fewer resources related to developing theories of change, but these are useful resources:

- *ESPA guide to working with the Theory of Change for research projects*, which is available at: <http://www.espa.ac.uk/files/espa/ESPA-Theory-of-Change-Manual-FINAL.pdf>.
- The seminal guide to theory of change by the Aspen Institute, *The Community Builder’s Approach to Theory of Change*, can be accessed at: <http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/rccco-mmbuildersapproach.pdf>.

Figure 2—Theory of Change Diagram for Children’s Aid Society Community Schools

Reproduced from: Children’s Aid Society, 2013, Appendix E: <http://www.childrensaidsociety.org/publications/building-community-schools-guide-action-2013-edition>

Theory-Based Evaluation

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A theory-based impact evaluation focuses on “how” a project is working and “why” it functions as it does. It often monitors and documents the implementation of a practice, and can take place throughout the project life cycle. Theory-based evaluations are often also called “process evaluations” and are generally formative evaluations. Other terms used to refer to different types of theory-based evaluations include “implementation evaluation,” which examines the strengths and weaknesses of the delivery of a programme by an agency, and “fidelity assessment”, which is the evaluation of whether the practice or programme is being implemented in adherence to the practice’s specific protocols or curriculum. Pilot testing to test the feasibility of a new project before scaling up could be considered a type of theory-based evaluation.

Theory-based evaluations provide project management with an indication of how well the programme plans were put into action. This might involve assessing whether the project is serving the types and numbers of families that were intended, whether the intended intervention or services were delivered with fidelity, whether the quantity of services (amount of time, or numbers of interactions per family) were delivered as planned, and whether project costs are in line with expectations. By evaluating dosage, costs, satisfaction, and fidelity early in a project and on an on-going basis, project managers can make midcourse corrections that will help improve a programme’s operations and effectiveness. This type of evaluation can also help to identify gaps in the programme theory and assist in assessing programme plans for such features as completeness and feasibility.

Examples of the types of questions that a theory-based evaluation might examine include:

- What were the referral sources of families who participated?
- How many families received services?
- How often did families participate?
- What are the characteristics of the families who received services?
- Were the project activities implemented with fidelity?
- How satisfied were families with services?
- What do other community stakeholders think of services, and do they have recommendations for improvement?
- How much do services cost per family?

A specialized type of theory-based evaluation is a programme of on-going evaluation referred to as “continuous quality improvement” or CQI. A CQI evaluation is characterized by being a regularly scheduled assessment of how an organization can improve operations and involves examining a broad spectrum of information from the project. For more information on CQI and examples of CQI worksheets, see Mattox et al. (2013):

<http://www.rand.org/pubs/tools/TL114.html>.

A type of theory-based evaluation that is often confused with counterfactual impact evaluation is “outcomes monitoring.” **Outcomes monitoring** examines whether children and families receiving services are achieving the outcomes that the policymaker or implementing organization has identified as priorities (Chen, 2005). This type of evaluation is invaluable for programme planning, management and monitoring. Outcome monitoring does not compare the outcomes of participating families to those of a comparison group, but rather simply measures the outcomes of participating families to assess whether programme objectives are being realized by those families. Hence, outcome monitoring does not clearly attribute measured outcomes to the services, but instead is used as a tool for project management and is a type of theory-based evaluation. A hypothetical example of outcomes monitoring is an evaluation of a project that aims to promote infant motor vehicle safety by distributing free infant car seats at a local hospital. If a survey of parents who had been given car seats after giving birth at the local hospital found that parents didn’t understand how to install the seats and, as a result, and only 60 percent of their newborns were seated in a car seat when in an automobile, then project managers would know that modifications to their project needed to be made. While the results of outcome monitoring are valuable to project management, they do not meet standards for evidence-based practice, such as those used by the EPIC Evidence-

Based Practice project (http://europa.eu/epic/practices-that-work/evidence-based-practices/index_en.htm). Because these types of results often contain valuable information, the EPIC User Registry houses information on practices that have conducted these types of evaluations and gained important lessons-learned.

Examples

Parenting Young Children

The Parenting Young Children (PYC) programme was a home-based parent education programme designed for parents with intellectual disabilities (ID). The goal of the programme was to develop parents' skills and confidence in parenting tasks such as feeding, sleeping, injury prevention, and interactions with the child. The programme was first implemented in Sweden in response to the Swedish government's policy agenda, which included supporting parents as a key policy goal. A theory-based evaluation of the PYC programme in Sweden was conducted, analysing professionals' experiences with PYC.

Most professionals who used the PYC programme in their work with families found that it strengthened their work with parents by providing a new way of thinking about and interacting with parents with intellectual disabilities. Professionals appreciated the structure of the curriculum, and found it a useful enhancement to their work. Professionals felt strongly that the programme was benefiting the parents with IDs whom they were serving (Starke, Wade, Feldman & Mildon, 2013)

This example shows how theory-based evaluation can be used to gather useful information on how a programme is working, and in particular whether the staff in the front lines feel that it is useful for their work. While this type of evaluation doesn't definitively tell us whether a programme improves outcomes for the parents who are being served, it offers useful insights that are helpful to programme planners.

Bicycle Helmet Campaign

In Denmark, a 10-year Bicycle Helmet Campaign aimed to promote children's use of bicycle helmets by portraying helmets as "cool" and informing children of the danger of not using helmets. The programme also offered new helmets to children who felt that their helmets were unfashionable or did not have a helmet. Schools were also involved in the campaign, using the classroom as a forum for group discussions on the benefits of helmet use.

The Bicycle Helmet Campaign staff conducted a theory-based evaluation of the programme, asking teachers about how class time was used and whether it was used to discuss bicycle helmets. They also asked teachers and children whether the programme had improved helmet use. This evaluation yielded lessons-learned which are not only useful for this particular campaign, but would be important information for any agency considering implementing a similar injury-reduction programme. Staff learned that teachers felt that they had many topics to cover in their classrooms, and it was difficult for teachers to prioritize traffic safety. They also found that changing attitudes and behaviours can take a long time, so any similar programme should be designed as a long-term intervention. Finally, based on their research, evaluators concluded that the programme must be fun for children in order to encourage their participation.

The same Bicycle Campaign staff also conducted outcomes monitoring of the programme, asking students whether they used helmets more or less frequently after the campaign was complete, finding that 30 percent of students reported using helmets more after the campaign (MacKay et al., 2006).

Suggestions for Further Reading

Both the Evalsed Guide and the Sourcebook described above contain thorough discussions of theory-based evaluations, and they can be found at: http://ec.europa.eu/regional_policy/information/evaluations/guidance_en.cfm . The Evalsed Guide is more oriented toward decision makers while the Sourcebook is aimed more at evaluators.

Theory-based evaluation can also be used in an on-going way to continually improve practice delivery. This is called Continuous Quality Improvement (CQI). For more discussion related to CQI and outcomes monitoring, see Mattox et al, 2013, which is available at <http://www.rand.org/pubs/tools/TL114.html>.

Counterfactual Impact Evaluation

Overview

Examples

Suggestions for Further Reading

Overview

The overarching goal of counterfactual impact evaluations is to identify what changes came about as a result of implementing a practice.

Counterfactual impact evaluation is the type of evaluation required to meet the standards of evidence-based practice, such as those used by the EPIC Evidence-Based Practices section (http://europa.eu/epic/practices-that-work/evidence-based-practices/evidence-criteria_en.htm). Counterfactual impact evaluation is used to assess whether there were improvements in outcomes, and whether those improvements can be attributed to a particular practice. These evaluations employ rigorous research designs that compare participants' outcomes to those of a comparison group. In the best case both the treatment group and the comparison group are randomly chosen, which is not always possible or ethical in social policy experimentation. Most counterfactual impact evaluations are not executed by project managers but rather by professional researchers. These evaluations provide credible evidence regarding the size of gains that programmes are able to realize relative to some other condition, such as no services or another programme model. Detailed discussions of rigorous research designs can be found in the Evalsed Sourcebook (http://ec.europa.eu/regional_policy/sources/docgener/evaluation/guide/evaluation_sourcebook.pdf).

Examples

EUropean Drug Abuse Prevention programme

An example of a counterfactual impact evaluation is the evaluation of the EUropean Drug Abuse Prevention programme, or EU-DAP. The EU-DAP is a school-based prevention programme that was developed to reduce the use of alcohol, tobacco, and illegal drugs among 12-14 year old students and was initiated in the 2004-2005 school year. The EU-DAP team developed a new

substance abuse prevention programme, because evaluations of previous substance abuse prevention programmes had found mixed results and it was not clear that programmes developed in North America would transfer to the EU setting. The curriculum built on earlier evidence regarding the previous approaches that were found to be ineffective or effective and leading theories about behavioural change (see description at: http://europa.eu/epic/practices-that-work/evidence-based-practices/practices/european-drug-abuse-prevention-trial_en.htm).

The programme was implemented in six countries (Austria, Germany, Sweden, Spain, Italy, Greece, Belgium), and a counterfactual impact evaluation was conducted to see whether it had been effective (Faggiano et al., 2008, Faggiano et al., 2010).

The study involved comparing schools that did not participate in the programme to schools that did receive the programme. By doing this, the researchers conducting the study could see how drug abuse changed over time for both groups. They found that, after the programme was implemented, the students that did participate in the intervention were less likely to drink, smoke and use cannabis than those students who did not participate in the programme. Because this study had a high-quality design, researchers and policymakers can be certain that these changes in drug use were due to the programme (rather than any other factors).

Not only is this sort of evidence useful for those policymakers involved in the EU-DAP programme, but it is also useful for policymakers in the future who are considering implementing smoking prevention programmes.

EPIC Evidence Based-Practices database

Many other interventions have done careful counterfactual impact evaluations and been found to be effective. The EPIC Evidence-Based Practices database contains a wealth of information on such programmes, with a specific focus on programmes that have been implemented in the EU, and these are examples of the types of evaluations that can demonstrate impact.

Suggestions for Further Reading

The Evalsed Guide and Sourcebook, which are described above, discuss the objectives of counterfactual impact evaluation and methods, respectively. They are available at:

http://ec.europa.eu/regional_policy/information/evaluations/guidance_en.cfm .

Another useful guide on counterfactual impact evaluation is *Social Experimentation, A Methodological Guide for Policy Makers* (J-PAL Europe, 2011, available at: <http://ec.europa.eu/social/BlobServlet?docId=7102&langId=en>). This guide is intended for policymakers interested in embarking on social experimentation, but the evaluation discussion is applicable to many social investments, including investing in children. The guide provides an overview of six common approaches to counterfactual impact evaluation and also discusses the costs of each approach and the complexity of their implementation.

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