Using Theory and Research to Guide Service Strategies

Activities and Strategies to Assist Participants in Achieving Intended Results

Matching the outcomes you have chosen with appropriate approaches and activities is the next logical step in the process. You have identified who you work with and what you want to achieve in general terms. You will now identify what you will do to achieve those results, in preparation for stating the results in more specific terms. We use the term “service strategies” to encompass the efforts that you will undertake. The word “service” distinguishes it from your total program and the word “strategies” highlights the fact that this step goes beyond just isolated activities.

Service strategies are what you will do and how you will do it. Strategies include specific activities (home visits, educational groups, use of a particular curriculum) as well as the general elements of the family support practices you will use (providing a welcoming atmosphere, respecting participant input). The intensity and duration of the activities are also key elements of your strategy.

How Will You Decide “What Works” to Achieve the Results?

There are several factors of particular relevance to family support programs in the choice of service strategies. We will now address the use of research and program theory to establish the link between the long term outcome you have chosen, the service activities you will provide, and the naming of short-term and intermediate outcomes.

What is research telling us about effective programming for families and children?

The shift in approach to promoting positive outcomes (in contrast to reducing negative ones) requires a search for supportive documentation to help “make the case” that this is an effective approach. Unfortunately, until recently, research on primary prevention or promotion of healthy families has not matched the long history of research on programs which seek to reduce negative conditions such as stress and dysfunction.

This is changing, however, as more effort has been invested in identifying “what works” in preventive services. An example of this is the body of work studying resiliency among children, and what are now called “risk and protective factors” (Werner & Smith, 1992). There is also a small but growing body of literature on primary prevention (Albee & Gullota, 1997) and the promotional approach (Cowen, 1998, 2000) that contains some findings from research already undertaken. Some implications of a promotional approach to outcomes and indicators were discussed in the previous chapter. We are highlighting some findings from recent research here, and there is a more complete listing of these publications at the end of this manual. New

resources and databases continue to be developed and updated (many are available on the Internet), so it is important to update your information periodically.

Here are some findings from recent publications:

- Prevention programs are most effective when they are tailored to the specific needs of the target population.
- The timing of the intervention matters. Some programs are much more effective with people at specific stages of their development or during certain life transitions: e.g., affective education (attempts to increase children's awareness and expression of feelings and their ability to understand the possible causes of behavior) was particularly effective in both increasing competencies and reducing problems for children 2-7 years old, but less so for those 7-11 and significantly less so for those older than 11. (Durlak and Wells, 1997).
- Providing a multi-faceted approach is generally more effective and especially with parenting education. A number of studies indicate that parent education, to be effective in improving parents' child-rearing skills, needs to be offered in conjunction with other services. For example, programs that combine parent services with preschool or child development programs were found to be significantly more effective than stand-alone parent education programs. (Durlak and Wells, 1997).
- Intensity and duration of service intervention matter. The length of time over which the service is provided and the intensity (number of times it is provided during that period) are significant factors in effective programming. For example, programs targeting first-time mothers from the pre-natal period and provide on-going parent training, medical, and social support over a period of several years, have been found to be among the most effective interventions in a meta-analysis of 177 primary prevention programs. These programs appear to work because they offer new mothers both social support and child-rearing assistance over an extended period, at a time of life when they typically welcome reassurance and support.
- Programs that used modeling, role-playing followed by feedback and reinforcement, and various self-control interventions (examples of behavioral or cognitive-behavior strategies) were nearly twice as effective as programs that used primarily non-directive strategies such as counseling and group discussion.
- Intense involvement of parents in their children's lives through the teenage years is critically important in enabling teens to avoid substance use and teen pregnancy as well as many other risky behaviors (CSAP, 1999).
- Programs that fostered caring and supportive relationships achieved dramatic positive changes in parenting, family management, bonding, and communication skills, resulting in decreased problem behavior and increased ability of youth to refuse drugs and alcohol (CSAP, 1999).

This list is by no means exhaustive. When you can use and cite such research in designing your service strategies, you enhance your ability to bring about the desired changes and increase your credibility both within your program and in the community. See the Reference and Resources section for other research sources.

By following the steps in this process and documenting your results, you can assist in gathering evidence that primary prevention and promotional approaches "work." Researchers have found their efforts to determine the effectiveness of preventive programs difficult because programs often do not have specific program goals or well-articulated service strategies, and do not use theory to guide their planned intervention (Durlak and Wells, 1997). When you make the effort to include those elements and document the effectiveness of your service strategies, you help build a more adequate basis for asserting the effectiveness of primary prevention and promotional approaches.

Examining the Role of Program Theory: Beliefs, Hypotheses and Assumptions

We don't always have the advantage of published research or evaluation studies to support the particular service strategies we have chosen. In the absence of evaluation research that supports the choice of a service strategy, one way to test potential effectiveness is to look at our underlying assumptions or theories about human development and the way people change. Whether we are aware of it or not, our theories and assumptions influence the way we choose services. You could come up with several very different approaches to achieving an outcome for your target population, depending on the way you see the situation and its causes.

Using the example of teen parents who use abusive or otherwise negative parenting behaviors, your underlying theory or assumptions about the cause of this behavior will strongly influence the service strategies you choose. Consider the implications of one theory about the causes of this behavior.

Desired Outcome: Teen parents will consistently use positive, age-appropriate disciplinary techniques with their children.

THEORY 1 "Lack of knowledge" is the cause: Teen parents show negative or abusive parenting behaviors because they lack knowledge of child development and age-appropriate discipline techniques.

STRATEGY 1 We will offer child development classes with hands-on parent-child interactions in a highly supportive environment using teachers who are effective and caring role models.

HYPOTHESIS If this service is provided, teen parents will show increased knowledge of child development and, over time, will increasingly use age-appropriate disciplinary techniques

Now consider an alternative theory or set of assumptions about the causes of negative parenting behavior by teen parents. Note that the desired outcome is the same, but a different theory about the cause leads to a different set of service strategies, and slightly different short-term outcomes.

Desired Outcome: Teen parents will consistently use positive, age-appropriate disciplinary techniques with their children.

THEORY 2	"Personal History" is the cause: Teen parents show negative or abusive parenting behaviors because they experience a great deal of stress and because they experienced punitive parenting behaviors themselves as children.
STRATEGY 2	We will offer counseling for the teen parent and weekly respite care for the child, to reduce the parent's stress and help her resolve childhood issues related to abuse.
HYPOTHESIS	If these services are provided, teen parents will experience decreased stress and will use less punitive discipline behaviors with their own children.

You can see that your theories and assumptions about behavior affect the way you approach the choice of service. They can have a great deal to do with what the activities are and how they are provided. A promotional approach, in particular, is positive, and includes support practices that have been shown to be successful. You will definitely want to discuss these issues with staff. Not only do they hold beliefs and assumptions that influence the choice of services, they also have responsibility for fulfilling the program activities or strategies consistent with program assumptions. Remind staff of some of the ideas about human development that they may already be very familiar with, and ask them to think about how these ideas influence the work you do. The classic child development theories of writers such as Erikson (1960) and Bronfenbrenner (1977), for example, have had much impact on family support philosophy and practice.

Devising Your Service Strategy

It is time now to discuss the service strategy you will employ. Let's go back to the service strategy in working with teen parents in the first example above. You will need to spell out specific details about the content of the classes, the level of training of the instructors, and how you will provide hands-on parent-child interactions. You will also need to take into account the recruiting efforts needed to engage these teen parents (whose voluntary participation may not be easy to attract and maintain), and how you will provide transportation and child care services, as needed. Your service strategy will also need to identify other organizations with whom you may need to work.

Questions to Consider in Spelling out the Service Strategy to Achieve Your Long-Term Outcome

- What activities are you proposing?
- Why do you think the proposed activities will lead to the proposed outcome? Are these activities/services based on research, program theory, past experience?
- What makes you think these activities will be effective with the intended participants? Are you using past experience, research, theories of change?
- How do these activities relate to the mission and purpose of the overall program?
- Would these activities reflect a "promotional" approach (strength-based, asset-building), or a "deficit reducing" approach (decreasing negative behaviors and conditions)? You may need to include some of each, depending on your outcomes.
- What other services or activities might be needed to make this strategy more effective? If you can't provide them, how do you think they might be obtained?
- What is the intensity of programming and participation level that you propose? Is the proposed intensity of programming and participation level sufficient to make this a significant, effective strategy?
- What is the typical length of the service: e.g., 4-6 week life skills course, 6- 12 week home visiting program, etc.
- How many participants do you propose to recruit for this service?
- What recruitment strategies would you need to engage this target population?
- How will you incorporate family support practices into the activities and approach?
- Will this be a one-on-one, small group, or large group activity?
- What are some possible ways to measure the effectiveness of this strategy in achieving the intended results? What kind of measurement strategies or tools have you used in the past? Do they include measures of effectiveness?
- What kind of staff positions are needed and how many?
- What kind of background and experience should staff have? Will they need additional training?
- What will the proposed services cost? Can you afford to provide them yourself, or do you need to collaborate with someone else to provide the level of service needed?

The following are additional questions for programs that have been functioning for some time:

- How many people were served in the past program year?
- How many participants attend a typical session or are served in a program period (if it is a parent education course lasting 10 weeks, for example)?

- Once ended, how many people tent to participate on a regular basis (at least 60% of the time)?
- How many drop out before completion of the service/course?
- What are the reasons that people drop out before completing the service?
- How many staff are needed to carry out this service?
- What are the personal characteristics that staff need in order to be successful in working with these participants?
- What are the educational qualifications that staff need? Is additional staff training needed to enhance staff ability to work with the intended participants?
- Are there other people who could help provide this service like consultants, staff of other agencies, volunteers? Who and how many?
- How much of the overall program's resources are used in this specific service (Service-related costs include staffing, site, supplies, curriculum)?
- Does the program/agency have the resources to continue to carry out this service as proposed?
- Would you say that this service is generally believed (by participants and staff) to be successful in accomplishing its purpose?

A Theory of Change

Together, *what* you do to bring about change and *how* you do it become your service strategy. Your service strategy will be most effective if it is guided and informed by your *theory of change*. In developing your theory of change, it may be helpful to ask yourself questions, such as "Will a program participant be likely to make significant changes in his or her life simply because you have provided a lecture on an important topic?" The chart below depicts a series of steps that an individual or a family typically goes through in achieving a significant level of change. This change process is further described in the Evaluation Forum's *Outcomes for Success!* (Reisman & Clegg, 1999).

Steps in the Change Process

Outcomes	*Types of Outcomes*
STABILIZATION	• Meeting financial obligations and dealing with crises
	• Stabilizing ability to meet basic needs (e.g., shelter, nutrition, clothing)
CONNECTIONS	• Building trust with staff, family, friend, neighbors (ending isolation)
	• Connecting with needed community resources or services

ATTITUDES & VALUES	• Changing attitudes, standards and values
	• Respecting others and themselves
	• Accepting program standards and rules
PERCEPTIONS & FEELINGS	• Changing perceptions and feelings
	• Being willing to talk about past experiences, telling their stories, releasing their feelings
	• Having a sense of hope, believing they can make it, seeing new options for themselves
	• Having positive view of selves, seeing selves in a new way
	• Recognizing the need for change
	• Being willing and motivated to change
KNOWLEDGE	• Gaining knowledge
	• Learning what triggers reactions
SKILLS	• Learning new skills, developing coping mechanisms, making appropriate decisions
BEHAVIOR	• Adopting new behavior(s)
STATUS	• Obtaining or maintaining a job

Family support staff will recognize the first steps above (such as building trust and having a sense of hope) as familiar but hard-to-measure preliminary steps that are often necessary before families can begin to achieve the long-term outcomes that society desires. Building trust, developing hope, recognizing the need for change, changing attitudes, being motivated to change are all in themselves very relevant outcomes for your program. They may be as important as the actual services you provide, and the importance of these preliminary "engagement outcomes" is increasingly recognized by evaluators.

Choosing Strategies for Intermediate and Initial Outcomes

This step begins the process of narrowing down your overall outcomes to a manageable and specific set of behaviors, knowledge, skills and attitudes that you believe can be achieved through participation in the chosen service strategy.

Revisiting the definitions:

Intermediate Outcomes: These outcomes are results that will lead to the long-term outcome, but which cannot be accomplished until initial outcomes have set the stage for their attainment. They are the links between where the participant starts and what you hope they will eventually achieve. They are primarily changes in skills and behaviors. Examples of intermediate outcomes include: increased use of positive discipline skills, improvement in school grades, completion of job training course.

Short-term or Initial Outcomes: These outcomes are results that can be achieved within a relatively short period of time (6 months to a year, perhaps) and that link logically to intermediate and long-term outcomes. They are primarily changes in knowledge, skills and attitude, with some change in behavior. Examples of short term outcomes include increased knowledge of positive discipline skills, improved school attendance and completion of homework, and increased job readiness skills. Also included here are the more basic *engagement outcomes* such as a measure of the level of participation in and satisfaction with the program services.

Attributes of Intermediate and Short-term or Initial Outcomes:

- Achievable
- Realistic
- Directly related to the service
- Directly related to the desires, aspirations and/or needs of the target population
- Related to your program's mission and purpose
- Related to your funders' goals or priorities
- Linked to research, experience, or family support assumptions/principles
- Measurable

Can you see the additional specificity in these outcomes, as contrasted to those used in choosing long term outcomes? *Remember, the basic question that you are asking yourself in participant-focused outcomes is: "What will change in the lives of individuals and families as a result of this service?"* For those who are working in community collaboratives, we can also ask, What will change in the life of this community as a result of this service?

Before you go on to developing your intermediate and initial outcomes, you may want to consider adding two categories to achieve the specificity that outcome accountability requires: the amount of change that is expected, and a time line for the change you propose.

The following is a suggested format for these "performance targets":

WHO	WILL CHANGE	WHAT	BY WHAT AMOUNT	WHEN
parent	expand	knowledge		
child	improve	skill		
youth	maintain	behavior		
care-giver/	increase/	condition		
family member/	reduce/			
family	demonstrate			

For example, suppose the *long term outcome* is, "Families will *increase their ability* to save money."

The **service strategy** might be as follows: Parents from a low income neighborhood will attend a series of eight weekly money-management workshops that focus on learning a variety of ways to save money and the how-to's of creating and following budgets. Participants will be matched with mentors who have already practiced the intended results in their own lives. These will be followed by periodic group sessions to give reinforcement and to share success stories and new strategies among participants. Staff will bring in a variety of people who will discuss strategies. These community resources will include people from banks (opening accounts), food banks (accessing supplementary food), Cooperative Extension (using coupons and shopping hints), and credit counselors (budgeting and the hazards of credit). A series of incentives will be established to reward achievement at each stage. Graduates of the program will become mentors. This could lead to a new outcome: Participants will *maintain their increased ability* to save money. What shorter-term achievements will build toward that outcome? Examine the following suggestions:

Intermediate outcome example (Second stage in reaching long term outcome, which could be achieved in one or two funding cycles)

WHO	WILL	CHANGE WHAT	BY WHEN
Families	will	open savings accounts and maintain budgets	by 6-month follow-up

Short-term outcome example (First stage in reaching long term outcome, must be achieved in one funding cycle)

WHO	WILL	CHANGE WHAT	BY WHAT AMOUNT	BY WHEN
Families	will learn	money-saving strategies and develop budgets	5 of 7 strategies	8-week course

Engagement outcome

A preliminary "engagement outcome" might be that ten families will voluntarily sign up for and complete the eight-week course.

WHO	WILL	CHANGE WHAT	BY WHAT AMOUNT	BY WHEN
Families	will sign up	money management course	10 families	start of course

References

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