



**Evaluation of FASD Prevention
and FASD Support Programs
An Introductory Guide**

www.fasd-evaluation.ca



How to Use This Guide

This guide is a companion resource to the www.fasd-evaluation.ca website. The website includes evaluation frameworks, methods, tools, and indicators of success to support the work of community-based FASD prevention programs for women including pregnant women and recent mothers, supportive intervention programs for adults and older youth with FASD, and FASD programs in Aboriginal communities. This guide provides an introduction to the visual maps that the website is based on, discussion questions for groups planning or undertaking evaluation, and suggestions on how to make use of the variety of resources available on-line.

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Getting Started

Why focus on program evaluation? We view program evaluation as a resource to inform evidenced-based decision-making (e.g., funding and planning), and as a means to increase learning about the following:

- How a particular model works with a given population
- How program improvements can be made, and how to provide feedback to enhance program effectiveness
- How new outcomes and outcome measures may be identified, as our understanding of the needs of a given population increases
- What difference a program is making for participants, providers, communities and service systems.

Program evaluation is NOT about judging success versus failure, program inspection, or measuring programs against fixed goals.

In our consultations with community programs across Canada, we have seen remarkable successes, innovations and adaptations, and trial and error. We believe that evaluation can capture the hard work of individuals, programs and communities and lead to improved, sustainable FASD programming.

The evaluation tools and resources collected in this project highlight the numerous approaches and contexts in which evaluation takes place. This guide is intended to support finding a common evaluation language for FASD prevention and FASD support programs so that programs can grow, be sustained, and shared with other communities.



How to Use the Maps

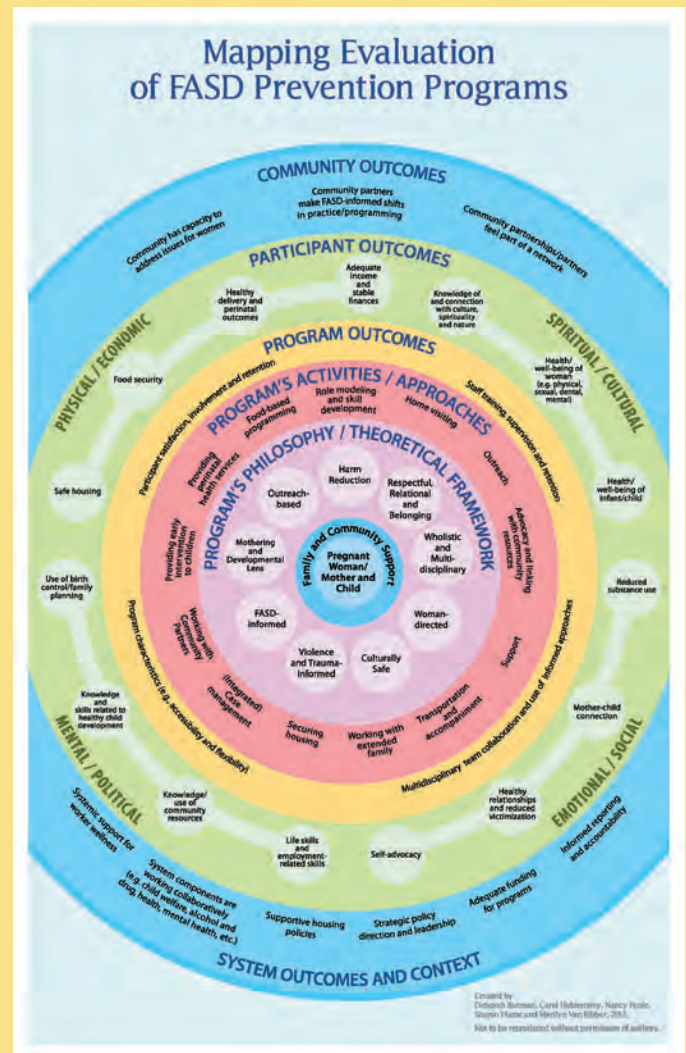
When getting started with program evaluation, we have found it helpful to start by looking at the “big picture.” We have created three visual maps that provide a framework for thinking about outcomes, activities and approaches in three types of community-based programs:

- 1) FASD prevention programs;
- 2) FASD support programs; and
- 3) FASD programs in Aboriginal communities.

Elements of our frameworks or “Maps” include: programs’ theoretical foundations, program activities and approaches, program/formative outcomes, participant outcomes, community outcomes, and systemic outcomes. At the centre are the people who are the focus of the community-based programs.

These maps are intended to help program staff, planners and funders to more easily identify the aspects of programs that contribute to positive client and community outcomes and the range of outcomes that can result from or be associated with certain approaches and program activities. They also give us a common framework for thinking about how to conduct evaluations across programs or across communities. In some cases, the maps may make some previously invisible program activities visible — especially often underfunded activities such as transportation, client accompaniment to meetings, and provision of food.

The maps can also be used as a starting point for program design. The maps are meant for evaluative purposes; the approaches and activities that are identified are drawn from work in various FASD programs across Canada. As an example, outreach-based as a philosophy supports the activity of transportation and accompaniment, which in turn is reflected in program and participant outcomes.



The circular design of the maps are congruent with, and has been informed by, Indigenous wholistic frameworks of well-being that emphasize the interconnectedness of all aspects of existence, phases of the lifespan and future generations, as well as the importance of wholistic approaches to healing and understanding FASD.

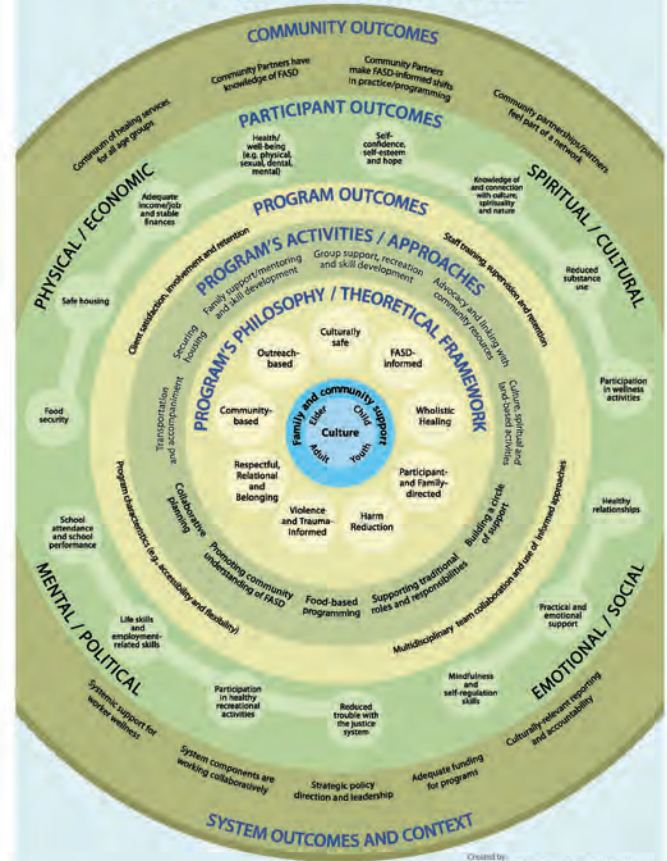
Although the overall design and majority of elements are shared between the three maps, there are also some important differences. For example, the evaluation map pertaining to FASD programs in Aboriginal communities has “Culture” in the innermost ring, which is then encircled by “Family, Child, Youth, Adult, and Elder” to denote the centrality of culture and extended family in the provision of support leading to wellness and healing. The map for FASD support programs has “Youth/Adult with FASD” in the innermost ring, surrounded by “Family and Community Support,” to emphasized the importance of an individualized approach to working with people living with FASD.

Mapping Evaluation of FASD Support Programs

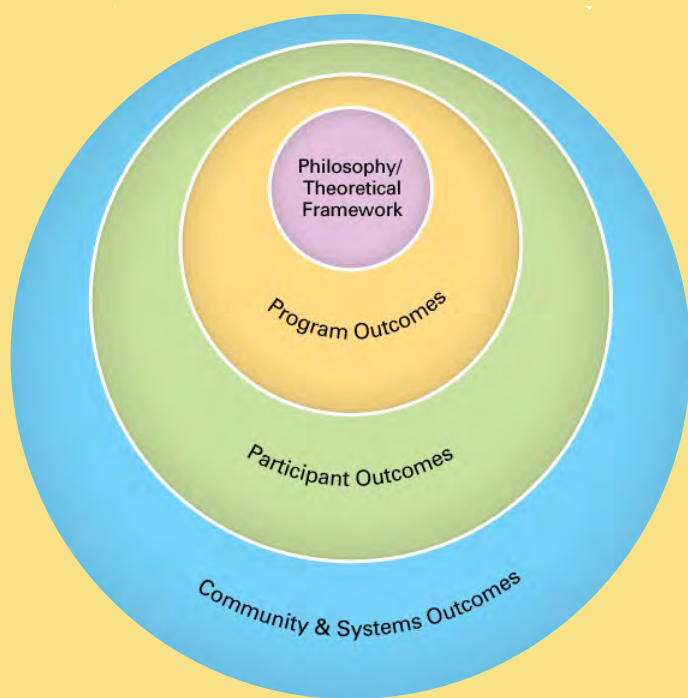


Created by Deborah Robbins, Carol Hobbomey, Nancy Probst, Susan Harris and Marlyne Van Blitters, 2012. Not to be retransmitted without permission of authors.

Mapping Evaluation of FASD Programs in Aboriginal Communities



Created by Marlyne Van Blitters, Susan Harris, Carol Hobbomey, Deborah Robbins and Nancy Probst, 2012. Not to be retransmitted without permission of authors.



Left: An overview of the concentric rings of the visual maps.

Reflection and/or Organizational Assessment Questions

Every program and every program evaluation is unique. Programs differ as a function of a program's specific goals, setting and resources, as well as the community's context, history, and so forth. Thus, every program evaluation will be unique in terms of the outcomes, indicators, data collection methods and tools that are most appropriate and feasible to use. The questions below are intended to support program managers and staff in developing a tailored evaluation approach. This framework is aimed at informing not only program managers and staff but influencing whole communities and systems to better respond to FASD.

- What has been your experience with evaluation?
- What would you like to learn by evaluating your program?
- What is the underlying thinking or assumptions about why your program will work – i.e., why the program will make a positive difference? (For example, what is your thinking about the life experiences and circumstances of women who have substance use issues, including those who use substances during pregnancy? what are important approaches and aspects of service delivery?)
- Who – or what - is at the centre of your program?
- What is your program's theoretical or conceptual framework?
- Are your program outcomes clearly described? Have there been unexpected outcomes, positive or negative?
- Do the Maps help you see connections between various program activities? Is there a rationale for why certain approaches are used in your program? Are there gaps in what is provided?
- Are there important activities that you do that are not "officially" recognized or funded, e.g., provision of food, transportation?
- Has your program ever conducted a formal or informal evaluation? What data collection tools were used (e.g., program statistics, focus groups, surveys)? What were the findings?
- What, if anything, did those involved in the evaluation identify as being promising or wise practices?
- Is your approach to evaluation consistent with or reflective of the program and/or agency values?
- To what extent can program participants, staff, and community partners participate in evaluation? What approaches might be successful in engaging your clients (e.g., photography, discussion and planning workshops, on-line surveys)?



How to Use the Maps to Develop a Program-Specific Evaluation Plan

As you develop and/or refine your own program-specific evaluation approach, you may find it helpful to explore the FASD Program Evaluation website (www.fasd-evaluation.ca). The website uses the visual maps to organize tools and resources from Canadian and international FASD prevention and support programs. The website is intended to help you easily identify outcomes, indicators and data collection processes and tools that are most relevant to your situation.

We are seeing a cascading effect from the dissemination of the maps – they are being used at a provincial level in Canada (e.g. Alberta and Manitoba) to inform frameworks for evaluation, as well as internationally as the basis for other evaluation research. As well, the maps are proving to be a useful framework for discussion about evaluation across sectors.

Here are some examples that we have heard so far:

- A researcher/evaluator in Australia sought permission to use the evaluation maps for two studies: one to do with training pre-release prisoners to work in the mining sector and the other to do with provision of respite services for families with a family member with a disability. The maps form the framework for the case studies of these two projects and may serve as the framework for other projects.
- One person has the maps hanging on her office wall. FASD was not a safe subject for the community but the maps are eye-catching and culturally appealing and draw the viewer in, making it possible to then have a conversation about FASD.
- One FASD support program that is collecting lots of data without a framework to guide and provide a rationale for their data collection activities, is now using the maps in reverse, that is to create an evaluation framework. This will help them to identify areas where they perhaps don't need to continue collecting information as well as gaps in information.
- A focus group with staff taking part in an evaluation of transition house services found that the maps were a useful basis for talking about program philosophy/approach, activities, and outcomes.

The maps are also being used:

- As a basis for planning an evaluation of a new program and to ensure that the program's philosophy/approach and the evaluation process are a match
- To inform approaches to FASD prevention by programs across Canada, helping them consider the implementation of specific principles such as how to be FASD informed when doing prevention work, or how to be trauma-informed when working with women accessing one-stop shop services, along with activities such as transportation and accompaniment in support of an outreach-based approach.

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