

**FROM SOCIAL EXPERIMENTS TO REFORM INITIATIVES:
IMPLICATIONS FOR DESIGNING AND CONDUCTING EVALUATIONS**

Charles L. Usher

School of Social Work
The University of North Carolina at Chapel Hill
301 Pittsboro Street
Chapel Hill, NC 27599-3550

Voice: (919) 962-6496
E-Mail: lynn_usher@unc.edu

Presented at the annual meeting of the American Evaluation Association, November 3, 1995, Vancouver, British Columbia.

This research was supported by the Center for the Study of Social Policy, the Annie E. Casey Foundation, the Family Preservation Evaluation Project of Tufts University, and the Edna McConnell Clark Foundation. The author is responsible for the contents. It does not necessarily represent the opinions or positions of any sponsor.

FROM SOCIAL EXPERIMENTS TO REFORM INITIATIVES: IMPLICATIONS FOR DESIGNING AND CONDUCTING EVALUATIONS

In an effort to improve outcomes for disadvantaged families and children, a number of states and communities have embarked on “reform initiatives” designed to make fundamental changes in the provision of family supports and services. Although sponsored by different foundations, such as the Annie E. Casey Foundation, the Edna McConnell Clark Foundation, and the Danforth Foundation, several consistent themes have emerged in these efforts. In fact, the following features of such initiatives have attained the status of design principles for policy and practice, collectively representing what Charles Bruner (1995) has described as the “mantra” of family and children services reform:

- family-centered supports and services
- an emphasis on prevention and early intervention rather than crisis intervention
- strength-based family assessment
- cross-system collaboration
- community-based decisionmaking

Casting these efforts as *reform* initiatives reflects, first, the exasperation of policymakers, program managers, and consumers with family and children service systems as they have heretofore existed, and second, their “conviction that ‘system reform’ is the single most plausible, potent, and practical way to improve the odds and outcomes facing the rising generation of American kids at risk.” (Nelson, 1994) Thus, according to the logic underlying comprehensive change initiatives, the only means of achieving meaningful changes in policy, programs, and practice is by generating and maintaining the political momentum associated with reform.

This approach differs in many ways from the “social experiments” that were undertaken between the mid-1960s and the late-1980s. Indeed, stakeholders use the phrase “reform initiative” intentionally to connote long-term commitment to systemic change in contrast to the tentative ambivalence of the term “project.” As a result, social experiments and reform initiatives tend to differ on at least the following dimensions:

- interventions that constitute multifaceted “bundles” rather than unidimensional changes in technology
- a focus on *outcomes* as opposed to changes in the *behavior* of individuals
- families and communities as units of analysis rather than individuals
- explicitly incorporating community context into interventions rather than protecting against “contamination” of contextual factors

This change in orientation also is occurring in the context of dramatic political changes that are producing a significant shift in power from the federal government to state governments and from the states to local governments. While they arise primarily from electoral changes that favor a conservative political agenda, these changes are consistent—except for the substantial cutback in federal resources—with system reformers’ calls for a devolution of power. Thus, federally directed social experimentation is anathema both to recent political trends and to new strategies of social intervention that seek to be unique to each community.

The shift from social experimentation to reform initiatives clearly has implications for how evaluations are designed and conducted, and to a certain degree, is an outgrowth of changes in perspective among evaluators themselves. Indeed, while an ideological shift underlies rejection of the primacy of the federal government in social policy, it has a counterpart in recent critiques of the experimental paradigm in evaluation research (Levitan, 1992 and Schorr, 1995). The basic argument of such critics is that approaches to evaluation that were developed in the era of social experimentation are ill-suited to contemporary social intervention strategies. As a result, evaluators are not seen as responsive to the information needs of policymakers and program staff.

These concerns have as much or more to do with the *context* in which evaluations are designed and conducted than the *methods* that are employed (Usher, 1995). In essence, evaluators are attempting to redefine their role, both their own conception of it as well as the expectations that policymakers, program staff, and consumers have of them. Some view their role as empowering stakeholders who do not have training or experience in evaluation to engage in evaluative activities (Fetterman, Kaftarian & Wandersman, 1995). Others seek to move evaluation away from an auditing mentality in which evaluation is an adversarial event and

toward a self-evaluative process guided by a team of stakeholders that includes professional evaluators (Usher, 1995). Some give emphasis to the need for consumer input in calling for “participating policy analysis” (Durning, 1993), while others tie the role of the evaluator to the target program’s phase of development (Miller, 1993)

This paper uses a current family and children services reform initiative to illustrate the changing context of social program evaluation. Following a description of that initiative, it proposes a framework within which such an initiative might be evaluated. The proposed framework incorporates certain design features that seek to respond to and to build on the unique qualities of reform initiatives. It also assumes a different alignment of roles for evaluators, program staff, consumers, and policymakers.

Efforts to Improve Outcomes for Families and Children in Missouri

The State of Missouri is currently involved in several broadly focused and multifaceted initiatives to improve outcomes for families and children. These efforts are embodied in a new statewide entity, the Family Investment Trust, and in Community Partnerships that are emerging at the local level. They also are reflected in new approaches to supporting and serving families and children, such as school-linked services in Caring Communities and the multi-track child protective services system being developed under Senate Bill 595. The various initiatives are consistent in their broad goal of improving *outcomes* for families and children, and in the objective of improving, first, the formulation of policy affecting families and children, and second, their access to appropriate and effective supports and services. Yet, each initiative focuses on specific changes in *process* that are intended to enhance the efficiency and effectiveness of informal and formal supports and services for families and children.

The manner in which these initiatives are being implemented is creating a multi-layered reform mosaic in that some neighborhoods and communities are involved in multiple initiatives while others are affected only by initiatives that are statewide in scope. From the standpoint of evaluation, this creates both challenges and opportunities. For example, some changes are having an impact across the entire state. As a result, the only way to assess their impact is by historical comparisons. In cases where changes are confined to particular neighborhoods or communities,

evaluative control is better because it is possible to make both historical and cross-site comparisons.

The following discussion begins by describing the objectives of the various initiatives and proceeds to a description of the initiatives themselves. It then provides an overview of an approach to evaluation that is consistent with the underlying reform orientation of the initiatives and builds on a “common-sense” appreciation of the need for evaluation. The paper concludes with a recommendation that participants build their capacity for self-evaluation and describes the implications of such a strategy for key participants.

Objectives of Missouri’s Reform Initiatives

Generally, the objectives of Missouri’s family and children’s services reform initiatives fall into two broad categories: 1) improved outcomes for families and children; and 2) changes in the systems and processes by which policy is formulated and supports and services are delivered. Consistent with admonitions that the design and evaluation of new interventions must be theory-driven (Weiss, 1995), participants are seeking to be clear about the outcomes they are seeking, how they believe those outcomes can be attained, and how they will measure progress toward them.

Outcomes. The “bottom line” for Missouri’s reform effort is expressed in the following statement taken from *Missouri’s Direction for Change: Achieving Better Results for Families and Children* (1995: p. 5):

Missouri’s mission is for children to have strong families, and to live in communities where parents are working, children are succeeding in school, and growing up healthy, safe and prepared to enter productive adulthood.

Six “core results” embedded in this statement provide a foundation from which participants are attempting to define a broader set of outcomes and indicators by which they can monitor progress in attaining their objectives. What remains to be developed, however, is a framework within which to move from the six very broad outcomes on which there appears to be consensus to second- and third-level performance indicators that will be meaningful to program managers, supervisors, frontline staff, and families and children.

The Center for the Study of Social Policy (CSSP, 1995: p. 7) describes a hierarchy of measures that provides guidelines for developing such a framework. The hierarchy includes three types of measures—outcomes (or results), indicators, and performance measures. An outcome is “a condition of well-being for children, families, or communities.” An indicator is a measure that helps quantify the achievement of an outcome and for which data are available. In contrast, performance measures describe “the system’s production line and how well its services and programs are working or not working.”

Such a framework is useful in a number of ways. First, while outcome measures are often slow to change, indicators and performance measures provide mileposts for assessing progress and produce early signals of progress or the lack of progress. Second, performance measures (which could be developed at a fourth, fifth, or further level) are meaningful to frontline operations, providing both consumers and providers evidence of the operational integrity and effectiveness of supports and services. Third, indicators and performance measures are more readily disaggregated to the community or neighborhood, thereby making performance assessment accessible to participants at those levels as well as those with a statewide perspective.

Changes in Systems and Processes. Participants in Missouri’s change initiatives appear convinced that they must develop “new ways of doing business” if they are to improve outcomes for families and children. Generally, this will involve changes on three different levels, each of which entails specific change strategies:

- changes at the neighborhood and community level, specifically Caring Communities and Community Partnerships;
- changes at the state level, specifically changes in the role and operation of state agencies and the ongoing evolution of a role for the Family Investment Trust; and
- changes in the relationship between the state and its communities, and associated changes in roles.

As a result of these changes, family and children’s services will have a different “look and feel” because, for example, more decision-making authority will exist at the local level, planners and program staff will acknowledge and build on informal supports, and consumers will have more influence on the design and delivery of services.

Among the areas of change listed above, only Caring Communities has direct implications for how supports and services are provided to families.* Other changes are directed more toward the formulation of policy and the allocation of resources, and would only indirectly affect program strategies and the delivery of service. As a result, the linkage between these change strategies and improvements in outcomes for families and children is more tenuous given that the impact of changes of this type would be mediated by actual changes in the delivery of supports and services.

State-level participants have made some preliminary efforts to identify indicators that they would associate with progress in this area. Again, in developing these measures, it will be important that these indicators emerge from a consensus about changes in structures, processes, and relationships that participants agree are *essential* to the creation of a “new way of doing business” that is necessary if any significant improvement in outcomes is to be achieved.

A Framework for Improving Outcomes

Consistent with the preceding discussion, Figure 1 outlines the basic framework for Missouri’s efforts to improve outcomes for its families and children. It identifies five factors that ultimately will determine whether the intended improvements occur: 1) the Family Investment Trust; 2) Caring Communities; 3) Community Partnerships; 4) state government; and 5) relationships among participants involved in each of the four areas of change enumerated above. The role of each factor in the change initiative is distinct, although there is necessary and appropriate overlap among roles, too.

The Family Investment Trust is a critical change agent that has statewide influence. The Trust has an influence on relationships among state participants, on the development of Community Partnerships, and on relationships between state and local participants. Its objectives are: 1) to articulate the vision for change; 2) conduct strategic planning with and for state agencies; 3) build leadership and capacity at the local level; and 4) evaluate results. Members of its board of directors also have direct influence over key state agencies and subordinate staff at the local level who participate in Community Partnerships and Caring Communities.

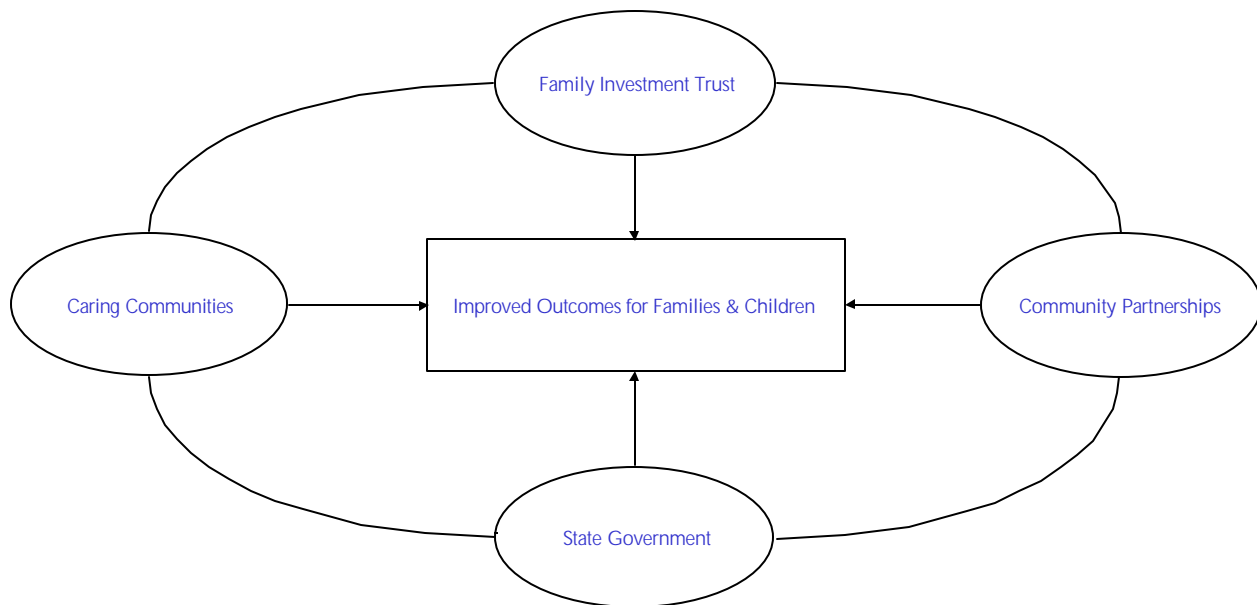
Community Partnerships constitute the local governing entities of the change initiative. As such, they represent newly created (or yet to be created) arenas within which a new set of

* The assumption here is that school-linked services are an inherent and defining characteristic of Caring Communities.

actors will be brought together to take on significant responsibilities for the formulation and implementation of policies affecting families and children, and for the allocation of resources in support of those policies. As outlined below, they also will play a significant role in evaluating progress toward the goals of the initiative.

Caring Communities embody aspects of both local governance and service delivery. As noted above, school-linked services are a defining characteristic of the concept of Caring Communities. Yet, within each community, there will be a Caring Communities Council to plan and oversee service delivery, within general guidelines and parameters established by the Community Partnership or state agencies.

Figure 1: Factors Contributing to Improved Outcomes for Missouri's Families and Children



As the change process moves forward in Missouri, these factors will combine in different ways to have a varying influence on individual communities. In addition, there is some debate about the necessity of Community Partnerships, with the argument being made that changes in operation by state agencies may obviate the need for such entities. More importantly, however, neighborhoods and communities should be expected (given that enhanced responsiveness is a central goal of the change initiative) to develop unique program and service strategies that are

tailored to their particular needs and resources. Thus, the basic premises of Caring Communities, Community Partnerships, and the broader change initiative in Missouri are that the residents of any given community: 1) know their needs and resources better than outsiders; 2) routinely assess the quality of life in their community by making comparisons with other communities; and 3) with advice from both consumers and professionals, can create more efficient and effective ways of supporting and serving families and children.

AN APPROACH TO EVALUATING COMMUNITY CHANGE INITIATIVES

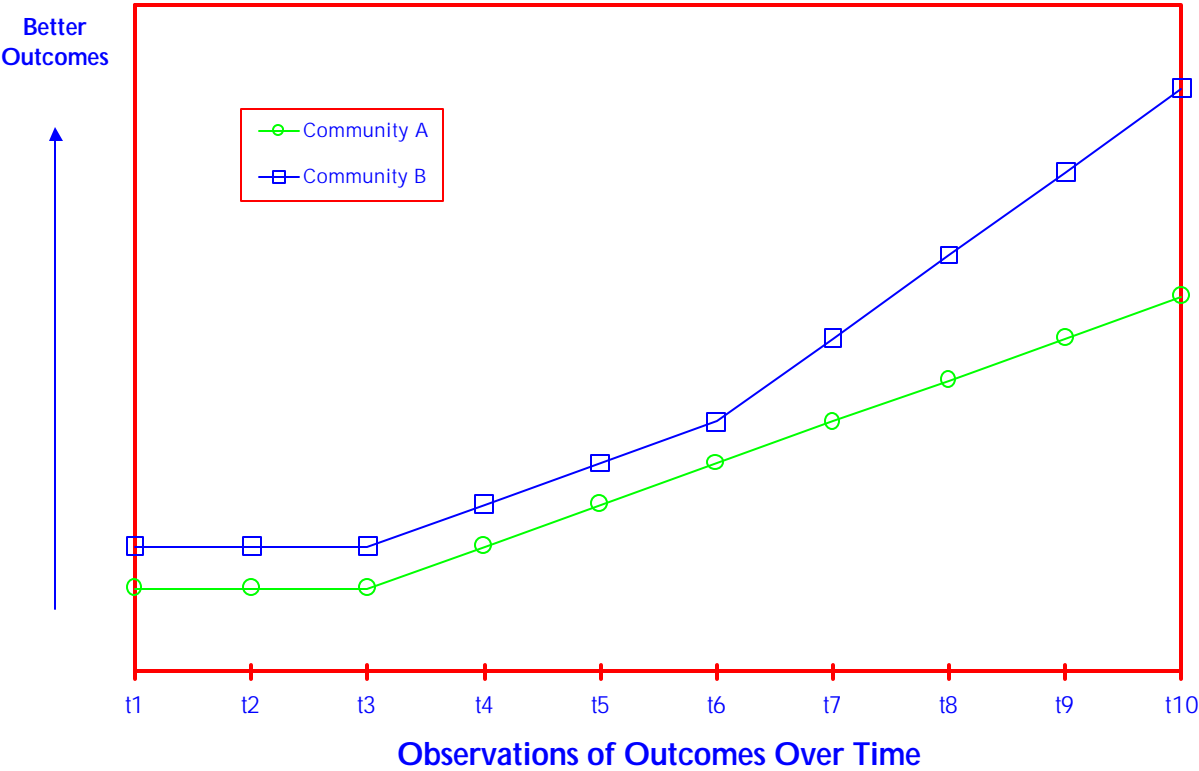
The residents of a given state or community generally gauge their quality of life by making comparisons with other states or communities that they think of as somehow comparable. The perception that they are lagging behind may inspire a search for alternatives to address the deficiency and a willingness to invest in remediation (typically something that seems to have worked in other states or communities). After taking action, residents often make some assessment of impact, “controlling” for differences in impact by restricting comparisons to communities that are more or less similar to their own.

This sort of “common-sense” evaluation actually incorporates key aspects of quasi-experimental designs used in formal evaluations. By choosing “comparable” communities for comparison, the residents of a given community are factoring in historical similarities that could be used in statistically matching “treatment” and “comparison” sites. Also implicit in their assessments are pre- and post-implementation observations of outcomes that are expected to be affected by a particular intervention.

Figure 2 depicts this type of comparison within the formal context of a quasi-experimental evaluation of the impact of efforts in two communities that are seeking to improve outcomes for families and children (a similar framework was introduced by Usher, Gibbs & Wildfire, 1995). The first three timepoints ($t_1 - t_3$) provide an historical baseline that suggests comparability between Communities A and B with regard to the outcome of interest. Timepoints t_4 through t_6 reveal a period when both communities experienced a significant improve in outcomes, perhaps as a result of a factor that had statewide impact. The last four timepoints ($t_7 - t_{10}$) show a difference, however, suggesting that something in Community B produced a marked improvement in outcomes exceeding what was accomplished in Community A.**

** The design also could be extended to the neighborhood level, thereby enabling local governing entities such as Community Partnerships to make comparisons of outcomes within or across urban areas.

Figure 2: Improvements in Outcomes for Two Communities



This evaluation design is inherently stronger than either a simple pre- and post-implementation comparison of matched communities or a time-series (trend) analysis of a single community. In the former case, the one-shot pre-implementation observation of outcomes used to match communities may not be reliable. The proposed design, in contrast, bases pre-implementation comparability on matched time-series or trend data. Similarly, an isolated analysis of timepoints $t_1 - t_6$ for Community A might have led to the conclusion that its efforts to improve outcomes during the period encompassing timepoints $t_4 - t_6$ had been uniquely effective. By making the comparison with Community B, however, it becomes apparent that the improvement could have been part of a statewide trend and that local improvements were simply part of that trend.

The “analysis” associated with this approach to evaluation will often be qualitative, drawing on the insight and perspective of participants who, depending on the level of comparisons being made, know the history and current status of their state and community.

Indeed, it is this intimate knowledge of what an evaluator might term “mediating variables” that enhances the reliability of interpretations of trends in outcomes. Therefore, while evaluative efforts will almost certainly entail sophisticated statistical analysis, the objective is to create a framework within which a wide range of participants—consumers and program managers serving on local governing entities, elected officials, and others who lack analytical expertise—can reach a more informed conclusion about whether progress is or is not being made.

INCORPORATING SELF-EVALUATION

Evaluations of human services often focus narrowly on service technology. Such assessments typically examine specific changes in individuals and families that may be associated with a particular intervention or combination of interventions. A critical (but often unstated) assumption in these evaluations is that other aspects of the lives of both treatment and comparison subjects remain static while they are participants in the evaluation. The same assumption extends to all participants, regardless of whether they participate in the initial or final phases of an evaluation.

It is difficult, if not impossible, to assert this assumption in evaluations of family and children services *reform* initiatives. The goal of such initiatives is positive change rather than the maintenance of control conditions for an evaluation. Applying the concept of “self-evaluation,” policymakers and managers constantly monitor the implementation of new approaches to service, assess impact, and make mid-course corrections either to bring operations in line with the intended model of service or to enhance cost-effectiveness (see Usher, 1995). The underlying assumption is that the design and implementation of innovative service strategies necessarily entails a research and development (R&D) process by which managers and program staff learn what works and make continual improvements in the quality of services (see Thomas, 1989).

Establishing and maintaining a flow of information pertaining to program operations and impact is essential to self-evaluation. This begins with the specification of outcomes, indicators, and performance measures because the production of certain information will require a new investment of resources. State and community decision-makers must set priorities, therefore, in terms of where they will invest the resources they have chosen to dedicate to maintaining their capacity for self-evaluation. An important role for state leaders will be to specify key measures

that will facilitate comparisons across communities. Similarly, community leaders will need to identify data that should be available for all neighborhoods, again for the purpose of making the comparisons that undergird the proposed evaluation design.

The notion of self-evaluation is quite consistent with quality improvement efforts that many states and localities are pursuing (Walters, 1994). It has special meaning in this context, however, in that it is carried out as part of a reform initiative that involves local governance. This means that rather than being restricted to managers and program staff, the concern for quality and cost-effectiveness of services extends to consumers, elected officials, and other stakeholders. The “numbers” used to focus decision-making should be meaningful to these participants and helpful to them in making mid-course corrections.

Finally, it is important to recognize that self-evaluation treats evaluation as an ongoing process rather than an event (Usher, 1995). From this perspective, knowledge of the history of a state, a community, or a neighborhood is a critical resource in interpreting the findings of the evaluation. Interpretation of the trends depicted in Figure 2 requires such insight. As noted above, however, such interpretations will be severely constrained unless efforts are made to provide a comparative context for them. Only in this way will neighborhoods and communities know whether they actually are improving outcomes for families and children.

THE CHALLENGES OF BECOMING SELF-EVALUATING

It is important to understand that self-evaluation will not be successful without an initial and continuing commitment of time, energy, and resources by stakeholders in a reform initiative. This entails phases of planning and decision-making related to: 1) specifying and prioritizing outcomes; 2) deciding how to measure progress toward those outcomes; 3) compiling and analyzing performance data; 4) assessing performance based on what the data are *interpreted* to show; and 5) making mid-course corrections that will improve progress toward priority outcomes. As the following case illustrates, each phase in each cycle of the self-evaluation process entails challenges and none can be skipped or given short shrift.

Many states and communities are subject to consent decrees that seek to improve outcomes for families in which children are at risk of being removed from their homes by the child welfare agency. Often there is a concern that too many children are being removed

inappropriately and that children who enter out-of-home care do not find permanent homes as quickly as they should. In negotiating its consent decree, one state child welfare agency agreed to a phased implementation of a package of reforms, scheduling certain counties (termed “Stage I counties”) for initial implementation of the reforms while waiting to implement them in other counties according to a predetermined schedule.

In 1993, more than two years after Stage I counties began implementing reforms under the consent decree, court monitors could find little evidence that the desired results were being achieved, in spite of what appeared to be a sincere commitment by state and local child welfare officials. The child welfare caseload remained high and lengths of stay did not appear to decline. As part of a broader reform initiative, therefore, stakeholders began to look for additional information that might lend new insights concerning the performance of the child welfare system.

With advice and assistance from consultants involved in the initiative, the state child welfare agency worked with information systems staff to produce files that tracked children from their initial placement in out-of-home care through all subsequent placements and re-entries to care. Unlike the caseload snapshots being used by court monitors, these data more accurately represented *all* children coming into out-of-home care rather than being biased toward the experience of children who had the longest lengths of stay and the most disruptions. By including children who entered care in the two years prior to implementation of the consent decree (1989 and 1990) and children who entered care in succeeding years, this database made it possible to focus on children for whom the consent decree might conceivably have had the greatest impact.

For a variety of reasons, the construction of this database was time-consuming and required significant staff resources. First, state administrators were not willing to invest these resources until they were convinced that the effort would produce new and better information than was already available. One reason this was difficult was that the state lacked staff with the training and experience to recognize the potential usefulness of such information. Second, even after administrators made the decision to request tracking data, it was necessary for them to obtain the cooperation and assistance of information systems staff in another agency. The programmers in this agency then had to fit this request into their regular flow of work. This, of course, resulted in a delay of several months.

Two important sets of findings have emerged from the analysis of this new database. First, concealed in the caseload profiles was a dramatic decline the number of children initially entering out-of-home care in the Stage I counties. As Figure 3 shows, the number of children placed outside the home for the first time in these counties declined much more significantly than in other parts of the state. In fact, over the six-year period from 1989 through 1994, the number of children initially entering care in Stage I counties declined by 70 percent, compared to 38 percent statewide.

Figure 3: Initial Admissions to Out-of-Home Care
(as a Percentage of 1989 Admissions)

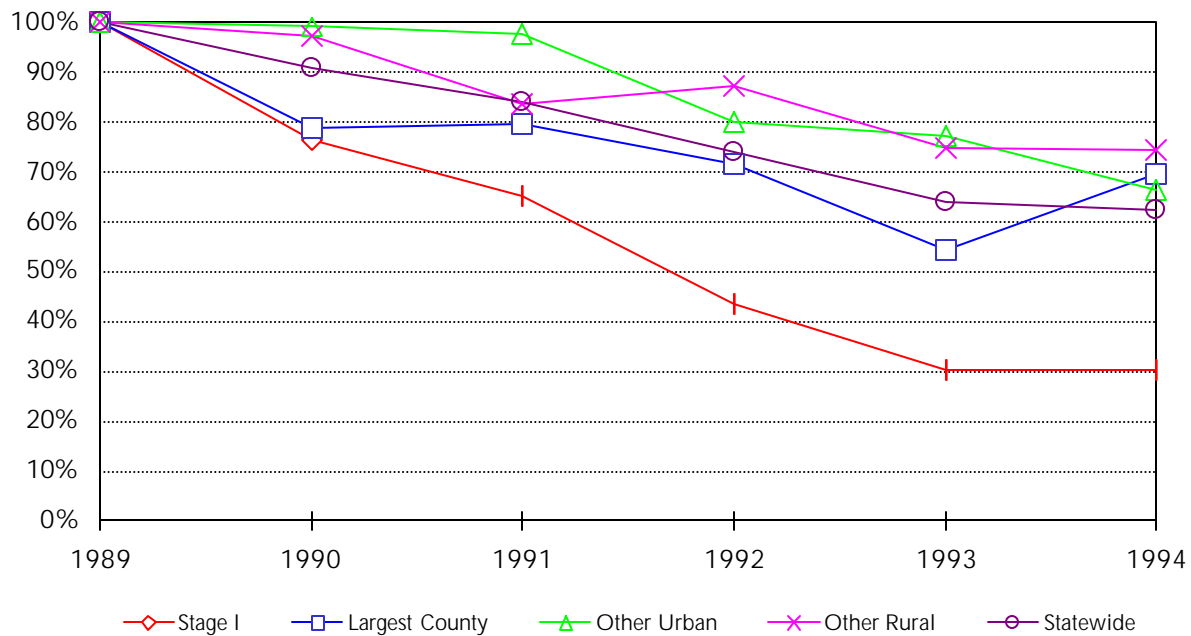
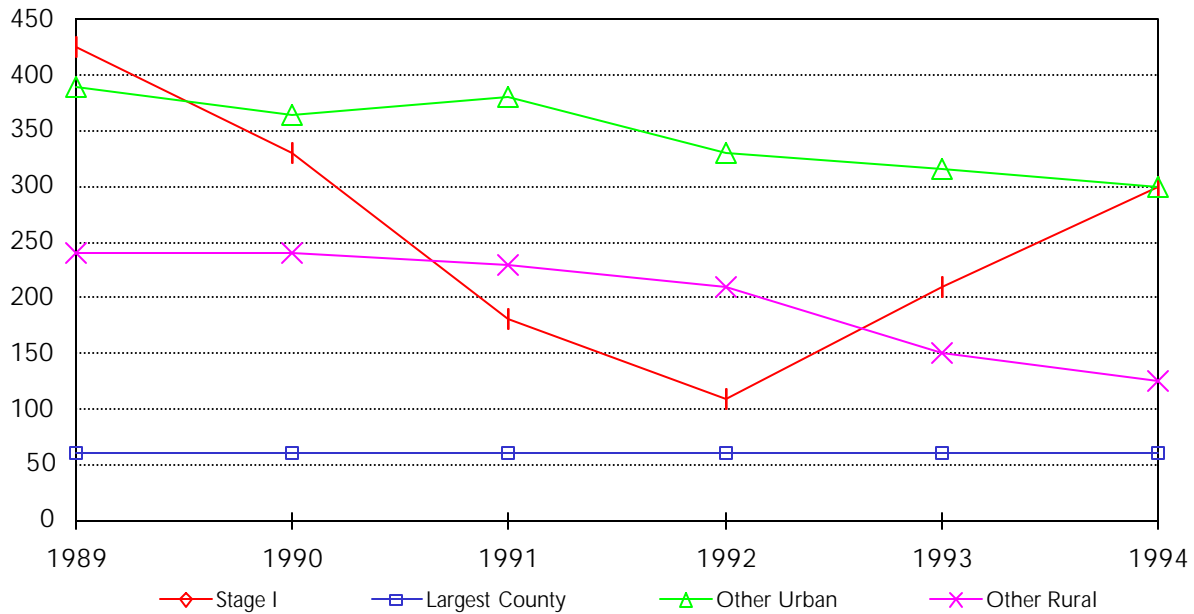


Figure 4 indicates that the length of stay for children placed in foster homes also dropped substantially in the two years following implementation of the consent decree, in contrast to no changes or only slight changes in other counties. In 1993 and 1994, however, the median length of stay for children entering foster care in Stage I counties rose to levels that were higher than those for children in other parts of the state.

The length-of-stay data for Stage I counties in 1993 and 1994 illustrate an important aspect of self-evaluation that warrants discussion. On the surface, the increases seem to indicate a decline in performance and worse outcomes for children, perhaps suggesting an erosion of early

gains or a reversion to past problems. It may be possible, however, that the needs and circumstances of children entering care in more recent years are more severe and necessitate longer periods of care. If stakeholders conclude that the decline in entries to care is, in fact, due to improved decisionmaking related to out-of-home placements, such an interpretation would be plausible. Of course, it could be confirmed by risk and needs assessment data *if such data were available*.

Figure 4: Median Length of Stay for Children Entering Foster Homes



The manner in which findings are presented in Figures 3 and 4 illustrates the advantage of having comparison communities. If such comparisons were not available, it would not be possible to conclude that the improvement in outcomes was unique to Stage I rather than part of a statewide trend. Therefore, while local participants are in the best position to explain changes in outcomes, it is incumbent on state officials to provide comparative data so that individual communities can make judgments about how much progress they are making.

CONCLUSIONS

Ultimately, the dilemma confronting stakeholders in the illustrative state is the same one facing professional evaluators—how to make decisions based on imperfect knowledge. The available data are often rudimentary and only crudely describe how the lives of children and their families change as a result of their interaction with service providers. Ignoring these limitations, conclusions about the effectiveness of new approaches to supports and services must be based on databases that are as limited as those described above (that is, summary data for six years and five groups of counties). Complicating matters further is the fact that key data related to critical decisions are not systematically recorded, and therefore, unavailable for analysis.

There is, however, an alternative to this “glass-half-empty” perspective. First, as the above illustration shows, the data now being used are much better than what had been available previously and they can be presented in an evaluative context that strengthens conclusions about the impact of new interventions. Second, having made a long term commitment to improving outcomes, participants in a change initiative have the opportunity continually to improve the quality of the information on which they base their decisions. Again, rather than viewing the planning and evaluation process as a “once-and-for-all” event, they accept that it is ongoing and necessarily entails continual refinements. This is the prospect held forth by self-evaluation for states and communities that are willing to make the necessary commitment of time, energy, and resources to make it work. Without it, they forsake the opportunity of achieving local control and self-direction.

REFERENCES

- Bruner, C. (1994). A framework for measuring the potential of comprehensive service strategies. *Making a difference: Moving to outcome-based accountability for comprehensive service reforms*. Resource brief 7. Falls Church, VA: National Center for Service Integration.
- Center for the Study of Social Policy. (1995). *From outcomes to budgets: An approach to outcome-based budgeting for families and children's services*. Washington, DC: author.
- Durning, D. (1993). Participatory policy analysis in a social service agency: A case study. *Journal of Policy Analysis and Management*, 12, 297-322.
- Fetterman, D., Kaftarian, S. & Wandersman, A. (1995). *Empowerment evaluation: Knowledge and tools for self-assessment and accountability*. Thousand Oaks, CA: Sage Publications.
- Levitan, S. *Evaluation of federal social programs: An uncertain impact*. Occasional paper 1992-2. Washington, DC: Center for Social Policy Studies, The George Washington University.
- Miller, P.B. (1993). *Building villages to raise our children: Evaluation*. Cambridge, MA: Harvard Family Research Project.
- Nelson, D. (1994, September). Keynote address for Reforming Systems, Reforming Evaluation, a conference sponsored by the Annie E. Casey Foundation, Baltimore, MD.
- Schorr, L. (1995 October). *New approaches to evaluation: Helping Sister Mary Paul, Geoff Canada and Otis Johnson while convincing Pat Moynihan, Newt Gingrich and the American public*. Presentation at Utilizing Research & Evaluation for Programs and Policy, a conference sponsored by the Annie E. Casey Foundation, Baltimore, MD.
- Thomas, E.J. (1989). Advances in developmental research. *Social Service Review*, 63, 578-597.
- Usher, C.L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice*, 16, 59-68.
- Usher, C.L., Gibbs, D.A., & Wildfire, J.B. (1995). A framework for planning, implementing, and evaluating child welfare reforms. *Child Welfare*, 74, 859-874.
- Walters, Jonathan. (1994). TQM: Surviving the cynics. *Governing*, September, 40-45.
- Weiss, C.H. (1995). Nothing as practical as good theory: exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. P. Connell, A. C. Kubisch, L. B. Schorr, and C. H. Weiss (Eds.), *New approaches to evaluating community initiatives*. Washington, DC: The Aspen Institute.