Keeping it simple: manageable program planning and evaluation in human service organisations

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Abstract

The following review of program *planning and evaluative models seeks to determine relevance within 21st century Victorian welfare in the context of increasing regulation of service quality and standards of practice. This paper examines three distinct models from the literature: incrementalism, the ethical model, and the effectiveness model as they demonstrate a shift from a simplistic means-focussed approach, to values-based, measurable and outcomes-focussed planning and evaluation methods. These models are critiqued, recognising that complex frameworks can be resource-intensive and ambiguous in their practical application. Thus, common elements are identified to inform a more generic program planning framework. This article asserts that discrete program planning models cannot be universally applied, and that specific models or hybrids should be considered by planners and evaluators within the organisational and broader environmental contexts. The key is to ensure the resultant framework – whether generic or tailored, is meaningful, manageable* and of value.*

Keywords: program planning models, evaluation, human services management, quality improvement

Introduction

As a human services consultant, I have been engaged by diverse organisations across health and welfare sectors to undertake a broad range of activities including strategic and business planning, service and program development and review, policy development, submission writing and quality improvement, to name a few. There are key areas of commonality between each of these organisational activities, in that they all involve planning, development and review of organisational processes and systems or sub-systems as a means of creating change to improve outcomes for consumers[*]. Improving the lives of people and communities is the fundamental purpose of human service programs (Lewis, Packard and Lewis 2007), and therefore underpins all levels of planning and evaluation.

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[*] The term 'consumer' herein refers to past, current and potential clients

Program planning models proposed by social science theorists provide practitioners with a suite of approaches from which to draw and adapt to specific contexts (service specific, organisational, integrated (cross-sectoral partnerships), community and/or governmental). Determining the most appropriate planning model is largely informed by the nature of the program and the anticipated impact of the program on consumers, the organisation, other key stakeholders and the community. Furthermore, program planning and change management are inextricably linked, in that implementation of new programs always creates change within an organisation. Consideration must be given to a range of factors such as staff animosity, fear, enthusiasm, innovation; budgetary allocation across cost centres placing greater pressure on bottom line funding; profile, management responsibility, and so on. In addition to identifying and developing strategies to address or thwart potential internal politics and conflict, it is equally important to consider external environmental influences. Cohen and Cohen (2000) state that it is crucial to understand the broader contexts of change in which a program operates. Planning activities should therefore take into account the local and broader environmental factors (political, cultural, social, economic, ecological and technological) that may impact on, influence or be affected by implementation of programs.

In line with welfare sector best practice that promotes tailoring services to individual client needs, program planners should be tailoring planning techniques to each individual program context to maximise effectiveness of processes and achievement of desired outcomes. This may involve taking the 'best bits' of two or more models and creating a hybrid model or simply adding other criteria or frameworks to an existing program planning model.

This paper considers three distinct models: incrementalism, the ethical model, and the effectiveness model, in order to explore how approaches can be adapted to ensure relevance to organisational and broader environmental contexts. I also draw on other frameworks I have found useful in my work.

Model critique

Charles Lindblom's incrementalism

As its name suggests, incrementalism is a program planning model that is focussed on the implementation of a series of small, generally unplanned, organisational changes (Lindblom 1959). Planning activities within this framework are focussed on the means for change rather than the ends, which are pre-determined and imposed.

The five key elements of incrementalism are: separation of political and planning centres; lack of value consensus; absence of general ends; specific ends are remedial, opportunistic or unclear; and functional rationality (Mayer 1985).

This process does not generally seek community or organisational input or agreement regarding issues and their resolution, but is driven by political influence and a preoccupation with facts. Planning objectives may be corrective in nature – involving a negative focus. It is often

underpinned by a concern with economic development, and may be intentionally ambiguous to avoid 'accountability for an undisclosed decision making rationale

Incrementalism is focused on process, and specific outcomes rather than broader end results; thus it might be described as aligned with Wadsworth's *Open* or *Inquiry Evaluation* (Wadsworth 1997). The open evaluation model provides for an ongoing planning and assessment of processes – a continuous cycle of plan, act, assess, review. There are variations of continuous quality improvement (CQI) models, but essentially they involve a process of system/program reflection, planning and trialling of change, analysis and either further reflection/planning or implementation. The wider relevance of Wadsworth's open and review evaluations will be revisited in greater depth.

My view is that incrementalism as a planning approach appears to be most prevalent in government departments and large bureaucratic organisations, but may also be seen in smaller organisations where change is imposed and inflexible, and those charged with responsibility must plan an evolutionary process of change within restrictive boundaries.

Whilst Lindblom (1959) and Mayer (1985) have indicated that incrementalism is the most commonly adopted planning model, the lack of recent reference to this model in human service management literature, could suggest that this view is outdated. The once 'ad hoc' and 'gently, gently' approach to welfare management and practice (Liddell 2003) has in my experience, given way to a decidedly more strategic and evidence-based approach. And whilst one may argue that this shift has been imposed to a large degree by government policy, it appears to have inspired innovation and a competitive desire for service providers to be perceived as leaders in excellence. Whether this has actually improved outcomes for clients however, is a question still to be answered.

Lewis, Packard and Lewis (2007) identify incrementalism as a useful budgeting model if based on a strategic plan and evaluation evidence of existing programs, however traditional approaches have negated any consideration of effectiveness or necessity of programs, and the "method does not help decide what programs or services should be cut, in what order, and to what extent" (Lewis et al 2007:177). One could argue that a greater emphasis on compliance with privacy and other rights-based legislation, enshrining principles of inclusion, consumer engagement; difference and diversity; greater accountability and transparency to government and the community at-large, have influenced a shift from the 'simplicity' of incrementalism to more comprehensive program planning models that indeed do examine broader policy implications, social or organisational systems, values and effectiveness, on which decisions are more likely to be justifiable and validated when scrutinised by key stakeholders, especially consumers.

An ethical planning model

Ethical planning models, according to Liddell (2003), are preferred by welfare sector professionals, as they are focussed on decision making that is informed by ethics and social equity. The ethical model as described by Mayer (1985) is a consultative and participatory approach underpinned by social values. It aligns with professional Codes of Ethics which inform

social workers' (and affiliated professions) and psychologists' methods of practice, behaviour and decision making.

According to Mayer (1985), who draws from Titmuss (1975), MacRae (1971), Rawls (1971), and Rein (1971), the three key elements of this model are: Clarity, consistency and generality. When debating competing value systems, this enhances rational decision making; objectives are determined through parity with values; and competing ends and means are resolved through determining consistency with a given value.

Essentially, these elements combine to create a program planning model that is focussed on establishing goals, measurable objectives and strategies based on a value system agreed to by those assigned planning responsibility.

The value system is utilised to determine the most appropriate people, processes and tools to achieve the program goals, and to inform key performance indicators which establish a basis for program evaluation at the outset.

Titmuss (in Mayer 1985) purports that decisions made during the program planning process should be ethically-based against a predetermined value system. For example, there is evidence of the ethical planning model within the disability field, whereby the Quality Framework for Disability Services in Victoria – Industry Standards and the newly developed Outcomes Standards *make explicit* the rights-based value system which underpin the management and direct care practices, organisational systems and policy development, program monitoring and review activities. Accordingly, all disability service providers are required to demonstrate compliance with these Standards in order to continue to be eligible for funding.

Similarly, other systems of quality self assessment, external accreditation and registration are being rolled out across human services sectors establishing universal standards of practice and outcomes through provisions of Funding and Service Agreements. Further examples of 'value systems' being disseminated across sectors include CSO Registration Standards derived from *Every Child Every Chance*, (Department of Human Service 2007) and the Victorian Children, Youth and Families Act 2005; Homelessness Assistance Service Standards (DHS Dec 2006) across the Victorian housing sector; and Victims of Crime Standards (Department of Justice September 2007) to inform victims assistance programs across the state, to name a few examples.

There is a clear parallel between the ethical model of program planning, and the emergence of rights-based service standards' frameworks, in that both are underpinned by social values and ethics. Service standards are in essence value systems which establish ethical and evidence-based benchmarks with specific criteria upon which organisations may assess their performance, achieve compliance and identify areas for quality improvement. The service standards highlighted thus far, make value statements based on ethical principles of practice, such as ensuring consumer participation in decision making and program planning; upholding and promoting consumer rights; access and equity; safe and culturally appropriate environments. Thus, it can be argued service standards are evidence of the practical application of an Ethical model of program planning and evaluation.

Lindblom (in Mayer 1985) suggests that program planning theories should be generic and therefore cannot address individual circumstances. There is validity in his argument that the cost of such intricate analysis may outweigh the benefits derived from such an exercise and cause planners to lose focus on their primary task. However, this approach, in my view is at the very core of ethical planning. When applying this model in practice, the program model, implementation and evaluation plans will by necessity reflect the values identified with the relevant services – whether they be values related to the cultural/social identity of the consumer base or values assigned by government policy based on measures of best practice, or a combination of both. If the plans do not achieve this, engagement of the consumer group/s might be fraught with resistance.

Wadsworth's (1997) *Open or Inquiry Evaluation* presupposes an ethical model of program planning, which assesses organisational processes on an ongoing basis, and therefore allows greater flexibility in (incrementally) modifying practices in line with consumer input. This model is more likely to yield achievement of outcomes that are in the best interests of those the program is designed to assist.

The effectiveness model

The effectiveness planning model is focussed primarily on achievement of client and program outcomes through recording of data, ongoing monitoring of program and client progress, continuous review and measurement of outcomes (Kettner, Moroney and Lawrence 1999).

The key elements of an effectiveness model may be described as: understanding of the problem (needs identification such as mapping, research, consultations); measuring client functioning, needs, barriers (pre-intervention assessment); identification and delivery of the best possible interventions (sector best practice, evidence-based research); ongoing monitoring of client progress (measurement against baseline upon entry into program, and assessment of gap between current status and achievement of end goal); measuring client functioning, needs, barriers; and follow up assessment of achievement of sustainable longer term outcomes (Kettner et al. 1999).

The ongoing assessment of effectiveness and recording of client progress is designed to provide quantitative and qualitative data to managers and planners for informing current practice and systems improvements, and future program planning activities. However, this approach is resource-intensive. The development, trialling and assessing of performance outcome measures, assessment tools, longitudinal client studies, and evaluation of service delivery effectiveness (benchmarking), are tasks that require a considerable commitment of time, funding, technology and personnel.

In order to critically analyse the viability of applying an effectiveness model, one must consider the complexity and magnitude of the program planning process in question. In other words, does the cost and broader organisational impact equate with the expected benefits of applying such a model? Is it sound management practice to commit significant resources to planning a new program with a service delivery focus in a single organisation when this allocation could have resource implications more broadly across the organisation? Can the effectiveness model be more readily justified when applied to a larger integrated program comprising external stakeholders on

the basis of strategic and political relationship building, raising organisational profile and sustaining status of 'stakeholder' issues with governments and the social services sector? Perhaps the effectiveness model might be enhanced with value-based components of the ethical model to demonstrate leadership in, and commitment to, excellence through practice based research that contributes towards a shared 'body of evidence' to inform development and uptake of best practice models.

It is not within the scope of this paper to address these questions, but suffice to say, decisions regarding application of the most appropriate planning model need to balance the viability of 'means' with the worth to the organisation of the 'ends', and retain as the primary focus the 'best interests of consumers'.

Critical analysis, development and implementation of the program planning models discussed must occur with consideration of broader welfare sector trends and policy directions. Effectiveness-based program planning and evaluation designs, seem to be favoured by funding bodies as a means of ensuring accountable, effective and efficient use of resources, by specifying inputs, throughputs, outputs, and outcomes in funding and service agreements – incorporating the program 'ends' which Kettner et al (1999) argue should be included in program designs. Such models are evident across the sector, albeit in various forms depending upon the capacity and sophistication of the organisation, through: stringent client data recording and reporting systems; greater specification of unit costs and rationalisation of funding models,; public and social policy reforms requiring integrated service models, formalised partnerships, multiple entry points, centralised intake and universally adopted service delivery models; and quality self assessment and external accreditation/registration processes that determine compliance with established values and standards of performance.
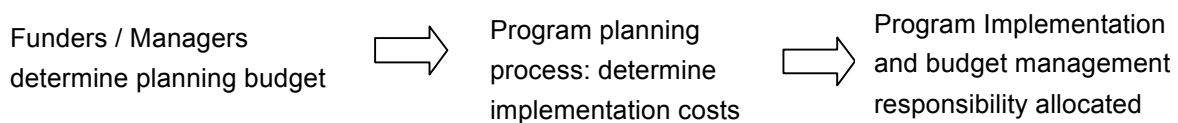
In my experience, the application of an effectiveness approach to program planning involving research, is often jointly driven by peak bodies and university departments such as psychology, social science and social work departments in conjunction with community service organisations (CSO's). This makes for a productive inter-relationship whereby the CSO supplies the 'raw data', subjects of study and a 'real life' research context; the peak body provides contacts, expertise, resources and documentation; and the university applies a theoretical framework, academic analysis, and a research ethics policy / committee to protect the interests of research subjects.

The managerialist focus of the effectiveness model appears inattentive to broader social, economic, environmental, technological and political factors that may influence, contribute to or be the primary cause of the 'consumer's problem'. The elements of this model are restricted to focussing on the individual (Kettner et al. 1999) – an approach that can be construed as inherently insular in regard to addressing broader societal factors, ultimately construing the client's 'problems' as purely subjective. One would hope that professionals charged with the responsibility for designing program planning based on the effectiveness model – whether at an individual service level or broader partnership level with a research focus, would incorporate a broader systems analysis into the design.

A Generic approach to program planning

The program planning models discussed thus far are distinctive in terms of their priority of focus and approaches, but there are also common elements. Whilst financial considerations do not feature prominently in the ethical and effectiveness models, on the ground decisions regarding program planning, development and implementation costs are influential in defining, monitoring and reviewing the planning process. Lewis et al. (2007:12) indicate the importance of managers being aware of how the planning process is translated into financial terms. As figure 1 illustrates, there are financial considerations at either end of the program planning spectrum, regardless of the model.

Figure 1: Budgetary influence across Program Planning

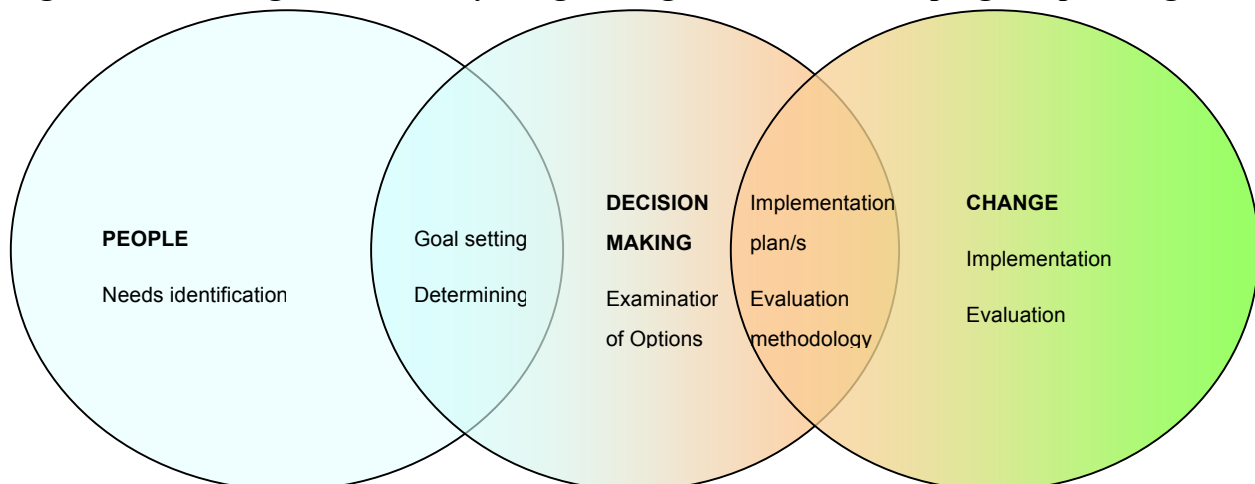| Funders / Managers determine planning budget | ⇨ | Program planning process: determine implementation costs | ⇨ | Program Implementation and budget management responsibility allocated |

Program planning always comes at a cost, whether through external contracting of expertise to facilitate the process, or through designation of tasks to internal personnel which invariably results in reallocation of normal duties.

Regardless of the approach adopted, each program planning model broadly comprises: People ⟶ Decision Making ⟶ Change. Donovan and Jackson (1991) categorise the planning components as 'analysis, implementation and measurement', and Austin (2002) refers to the term 'program technology' which comprises 'rationale, strategy and intervention', all of which ultimately involve the same processes.

Lewis, Lewis and Soufflée's (1991) *Generic Program Planning Model* is a framework that can be readily adapted to organisational planning processes such as strategic planning, problem solving and program development. The summarised components of the Generic Model may be assigned to the three broad categories outlined above, as follows.

Figure 2: Venn diagram of broadly categorised generic elements of program planning

PEOPLE

Needs identification

Goal setting

Determining

DECISION MAKING

Examination of Options

Implementation plan/s

Evaluation methodology

CHANGE

Implementation

Evaluation

This diagram demonstrates the three broad categories and areas of overlap of Lewis et al's (1991) generic model. Need or problem identification is recognised as a 'people' process involving all or a combination of managers, policymakers, service providers and consumers. The identification of goals, objectives and seeking of feedback from consumers and other stakeholders is a process that directly informs decision making. Lewis et al. (1991:19) suggest that "these decisions actually precede the real decision making challenge" – hence the overlap of the 'people' and 'decision making' categories.

'Decision making' as depicted in Figure 2, also overlaps with 'change', as it is critical for informing development of the implementation plan and evaluation methodology. As is commonly accepted in human service literature (for example, Coulshed and Mullender 2001; Lewis et al. 2007), decision making should be a consultative, participatory and collaborative approach in order to ensure selection of the most appropriate and effective responses.

The formulation of the implementation plan may involve conducting a literature review of international models of best practice; visiting organisations that deliver best practice programs and learning through observation; and/or utilising the outcomes of consultations with the proposed target group as a basis for modifying approaches. The resultant program model may involve a complex cycle of research, presenting model options, examination by stakeholders, deliberation, feedback and further modification. As indicated in Figure 1, budgetary consideration is also an important aspect of the decision making process, as budgetary decisions regarding a new program will almost always have an impact on other organisational activities (see Lewis et al. 1991).

The briefing and training of organisational personnel and relevant stakeholders, infrastructure establishment, resource allocation, and service delivery tools must be developed with consideration of broader impacts of the inevitable change that will occur. Lewis et al. (1991) purport that the choices derived from the decision making process invariably effect behaviours, productivity, the current status quo and the future directions of the organisation as a whole. Once change has been implemented, Lewis et al. (1991:20) indicate that the process of evaluation "completes the administrative cycle by measuring the effects of past decisions and laying the groundwork for new choices".

Tailoring a model to the context

Keep it Simple!

As argued throughout, the rationale or criteria for determining the most appropriate program planning and evaluation framework is dependent upon the type and extent of the planning to be undertaken, and the context of the organisation. A small scale program planning process involving minimal gradual change within an organisation that is means focussed, may be suited to application of the Incremental planning model. Conversely, a program that is of greater significance to the organisation in terms of investing in and trialling a large scale, innovative

evidence-based service approach may be best planned, implemented and evaluated using an effectiveness planning model.

Regardless of the program planning model selected by managers the key to success is ensuring 'best contextual fit'; establishing that the means are commensurate with the ends.

In my experience of facilitating program planning processes across the health and welfare sectors, the most effective formulas have been those that are presented to planners in a simple, easy to understand format. The key is to keep it simple, meaningful and of value. Complex program planning models involve intricate methodologies, and the analysis and synthesis of findings require a deep level of cognitive processing. Complex approaches are resource-intensive and are best suited to long term developmental interventions with communities and larger population groups.

In most of the human service organisations where I have worked, the framework utilised for decision making regarding program plans has been more in line with Jackson and Donovan's (1999) generic approach, with a focus on asking 'who, what, why, where, when and how'. This 'simple' approach is reflected in Quality Improvement and Community Services Accreditation (QICSA) (Australian Institute for Primary Care 2007) documentation, which applies this method when establishing and reviewing a program or system, as it prompts a comprehensive thinking and decision making process through self questioning. Soriano (1995) uses this approach to identify sequential steps required to define the purpose and design of the first step in the Generic Program Planning Model - a needs assessment.

Donovan and Jackson (1991), Lewis et al. (1991), Smith (1990) and Soriano (1995), discuss the necessity for identifying and assessing needs as a basis for prioritising the appropriate response as part of the generic program planning process. Thus the planning process according to Lewis et al (1991:37), "must begin with a definition of the problem being addressed (and) there must be some measurable difference between the current state of affairs and what is desired". In order to measure progress and achievement, planners must identify 'what is desired' and this is a process whereby needs are translated into immediate and ultimate program objectives (Suchman in Smith 1990:40). Defining a program goal and specific measurable objectives at the outset is essential for determining what is required (process, resources) in order to bridge the gulf between 'what is' and 'what should (or can) be'. This has in my experience been most effective in keeping those involved, focussed and on track.

In facilitating program planning processes, one of the most critical learning outcomes for me has been the recognition of the necessity for consultation with staff and worker level ownership. Most program planning discussions, decisions and activities occur within management forums, and can preclude service delivery staff. Sometimes there can be sensitivities created by program planning activities, especially where it involves restructuring and loss of positions, and as such managers rightfully need to demonstrate discretion in the information that is shared, with whom and when. Conversely, if there is inadequate consultation with staff from the outset, they may be more likely to perceive the program plan as something that management is 'imposing' upon them. This can create a sense of apathy, but also hostility. At the end of the day, managers rely upon their staff to implement and integrate programs; if they do not share a sense of ownership,

passion and commitment, then the program is likely to be fraught with tensions and inefficiencies. Similarly, this interpretation may be applied where there is lack of consumer engagement and ownership of goals and objectives (as previously discussed). Thus decisions regarding 'who' is to be involved and consulted in program planning; 'what' information is shared; 'why' they need to know; 'when' is the best timing for consultation; and 'how' we do this in a way that maximises benefit for all stakeholders – are intrinsic to implementation and effectiveness.
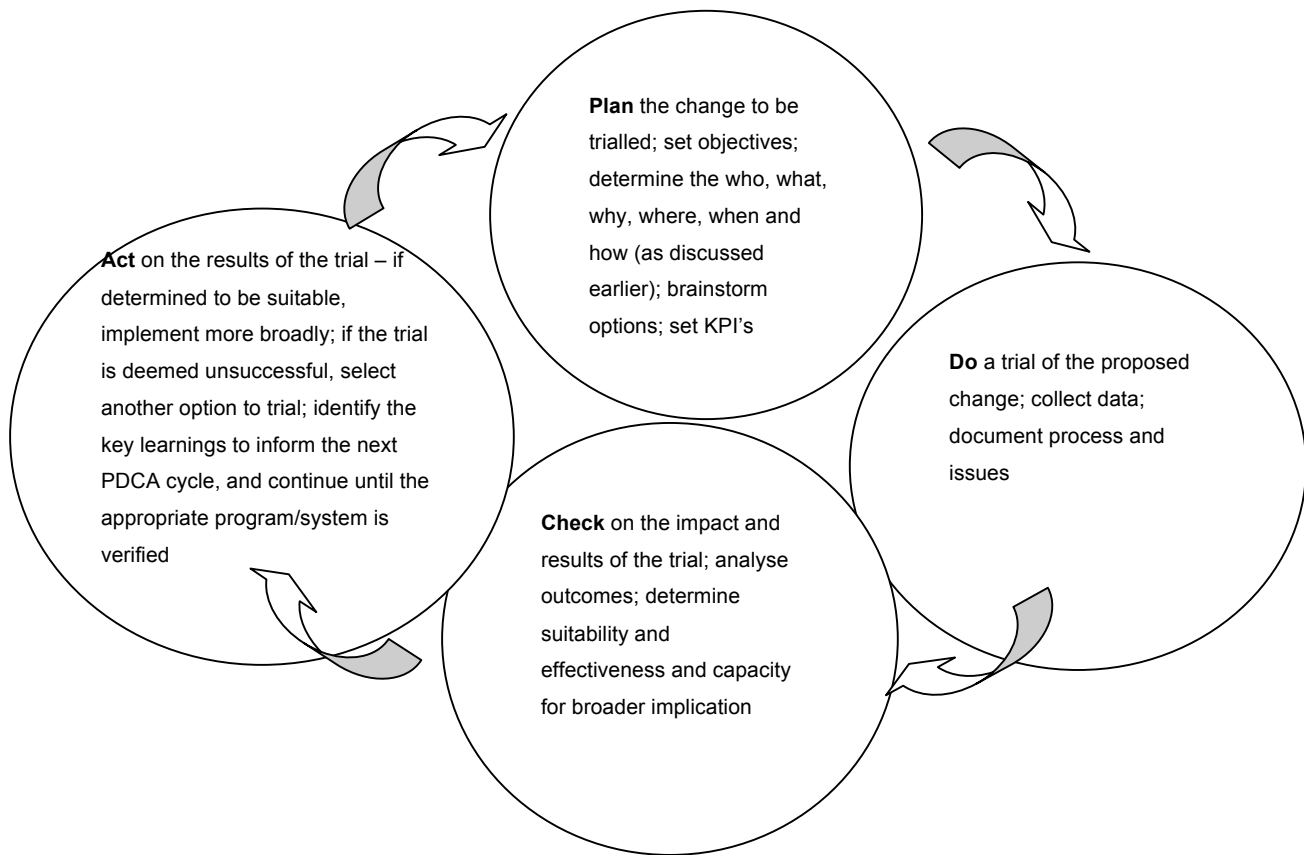
Once program planners have determined the need to be addressed and the program goal, they may choose to outsource the detailed planning and development process to a consultancy or project manager. A highly effective framework in developing a more detailed plan to keep all parties focussed and within timelines, is the Project Management Brief and/or Project Plan. This is based on the Australian Institute of Project Management (2004) *National Competency Standards for Project Management (NCSPM),* which is widely adopted by project managers across diverse industries throughout Australia. It comprises: scope; time; cost; quality; human resources; communication; risk; contracting/procurement; and integration. This framework is readily adapted to program planning/development in the welfare sector and is highly comprehensive, useful and effective in tracking progress.

Weinbach (2003) describes a program as a system, and essentially it is, albeit to varying degrees in terms of complexity. QICSA (Australian Institute for Primary Care 2007) encourages welfare organisations to apply the DICED framework as a checklist when developing new programs / systems and reviewing their effectiveness. This is a simple yet very effective framework that can be integrated into everyday work practices as a basis for ongoing assessment of program/system performance, comprehensiveness and effectiveness. The DICED acronym is defined as: **D**ocumented (program/system policies, procedures etc.); **I**ntegrated and implemented (program/system reflects the written description, is integrated and implemented consistent with the plan); **C**ommunicated (evidence that relevant people have contributed to and know about the program/system, understand its purpose; methods for communicating new/amended programs/systems are documented; feedback mechanism is in place to ensure the communication was received, understood and implemented); **E**valuated (feedback mechanisms exist to monitor practice compliance and evaluate effectiveness; responsibility for evaluation is allocated); and **D**esignated (responsibility for implementing the program/system is designated to relevant personnel).

A program can comprise a range of systems or sub-systems, and every system is made up of people, processes and tools. If each aspect of DICED is considered within these contexts during the program planning and evaluation phases, it is a very comprehensive tool that is simple to apply. Further to DICED, I have observed the 'Plan, Do, Check, Act' cycle promoted by QICSA (Australian Institute for Primary Care 2007) as a tool for planning, trialling, reviewing and implementing new programs and systems, to be a simple and readily adaptable evaluative approach.

The key elements of this evaluative cycle according to QICSA training documentation (AIPC 2007) are:

Plan the change to be trialled; set objectives; determine the who, what, why, where, when and how (as discussed earlier); brainstorm options; set KPI's

Act on the results of the trial – if determined to be suitable, implement more broadly; if the trial is deemed unsuccessful, select another option to trial; identify the key learnings to inform the next PDCA cycle, and continue until the appropriate program/system is verified

Do a trial of the proposed change; collect data; document process and issues

Check on the impact and results of the trial; analyse outcomes; determine suitability and effectiveness and capacity for broader implication

Wadsworth (1997) similarly describes the action research cycle as identifying current status, reflection, design, fieldwork, analysis and conclusions, feedback and planning for new actions. It is easy to remember, and can provoke dynamic brainstorming outcomes if the program planning group comprises the 'right' mix of people – strategic thinkers, management, financial/HR representatives, service delivery staff with relevant expertise, and (where appropriate) consumer representation.

Conclusion

The social welfare sector has traditionally adopted an 'ad hoc' approach to program planning (Liddell 2003), with committees of management demonstrating more goodwill than good governance; limited strategic thinking and documentation of policy and procedures; and reactive planning based on a perception of need rather than a proactive and strategic approach to mapping needs and determining the best possible program model.

In line with government policy changes during the past decade, the welfare sector has demonstrated a shift towards business sector management frameworks that has resulted in a

greater emphasis on strategic and business planning; quality assurance systems; risk identification and management; integration; partnerships; centralised and comprehensive recording of data and reporting (accountability); and rationalisation. As the sector becomes increasingly competitive for funding, so too does the need increase to find an advantage over competitors. Investing in improving business and planning systems, external accreditation, and implementation of best practice utilising theoretical frameworks is becoming more prevalent.

Lindblom in Mayer (1985:41) states that "theories create a greed for facts because they generate their own hypotheses for testing that may have little or no bearing on the actual situation in question….most theories…are insufficiently precise to provide prescriptions for particular situations". Thus no singular program planning model in isolation is going to provide a 'one size fits all' (universal) approach. In order to be effective managers/planners of human service programs, we need to exercise discretion in determining which models or variations are applicable to and likely to be of greatest benefit in each unique planning situation.

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