



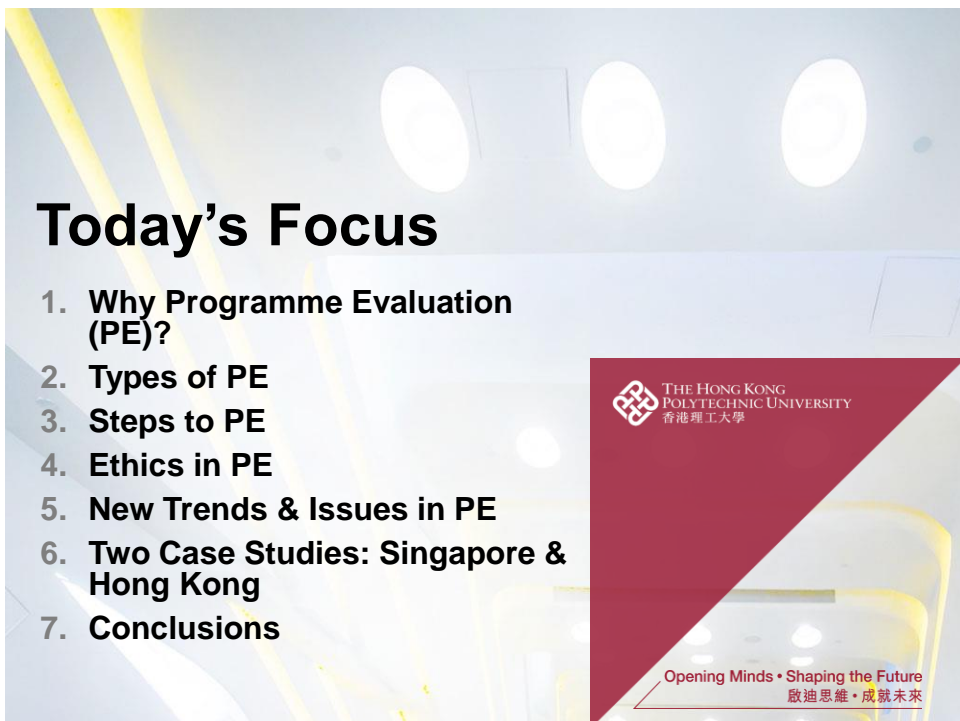
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Today's Focus

1. Why Programme Evaluation (PE)?
2. Types of PE
3. Steps to PE
4. Ethics in PE
5. New Trends & Issues in PE
6. Two Case Studies: Singapore & Hong Kong
7. Conclusions

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Why Social Workers Need to Know about Programme Evaluation?

- > Help answer questions that are central to professional tasks in social work
- > Develop new programmes and document current programmes
- > Fulfil accountability to consumers, community, funders and to social workers themselves
- > Ethical responsibility to evaluate interventions planned can achieve desirable process and outcomes

Smith, M. (2010). Program evaluation for social work and health professionals. Oxford: University Oxford Press. (Chapter 1: Introduction to Program Evaluation, p. 3-27).



Types of Programme Evaluation

- > The formative-summative typology provides a perspective for examining different types of evaluations

Formative Evaluation	
1	Needs assessment studies
2	Programme monitoring studies
3	Process evaluation studies
Summative Evaluation	
1	Goal or outcome evaluation
2	Impact assessment studies



Types of Programme Evaluation

> A World Larger than Formative and Summative

(Patton, 1996)

- Knowledge-generating evaluations aimed at conceptual rather than instrumental use
- Developmental evaluation
- Use of evaluation processes to support interventions or empower participants.

M. Q., Patton. (1996). A world larger than formative and summative evaluation. *Evaluation Practice*, 17(2), 131-144



Nine Steps to PE

> There are nine-steps involved in conducting all types of evaluation studies:

1. Describe the programme or the need the programme is to address
2. Define programme activities and goals
3. Designing or selecting a type of programme evaluation
4. Choosing a method of data collection
5. Selecting a type of sample
6. Constructing the data collection instrument
7. Collecting data
8. Analyzing data
9. Reporting the results



Ethics in Programme Evaluation

- > Ethics plays three important roles in programme evaluation
 1. The ethical imperative to evaluate programmes and practice and establish a tradition of accountability in programmes and the goals they strive to achieve
 2. Since evaluation employs a research methodology, ethical standards for the treatment of human participants in research need to be implemented through a review by the institutional review board (ethics review committee)
 3. Evaluators and members of the evaluation team need to engage in ethical evaluation practice in implementing the evaluation, maintaining professional and interpersonal relationships, and reporting results with trustworthiness and integrity.



Ethics in Programme Evaluation

- > To protect participants, an evaluator needs a commitment to the principles of informed consent, voluntary participation, and confidentiality (and privacy).
- > Evaluation involves research methods, practice methods, and political decisions.

Smith, M. (2010). Program evaluation for social work and health professionals. Oxford: University Oxford Press. (Chapter 2: Types of Program Evaluation, p. 29-55).



New Trends and Issues in PE

- >The strengths perspective, client empowerment, and empowerment evaluation are three important trends in programme evaluation



New Trends and Issues in PE

- >Strength perspective
 - It is applied to both direct practice and programme evaluation. Social workers and evaluators should emphasise the strengths and resilience in people and communities and the strengths in programmes and parts of programmes that work.
 - The identification and participation of stakeholders is an important part of the evaluation process.



New Trends and Issues in PE

>Client empowerment approach

- Can give a voice to the client of the programme
- Both passive approaches such as consumer surveys and more active approaches such as in-depth personal interviews can help represent consumers in the planning, implementation, and evaluation



New Trends and Issues in PE

>Empowerment evaluation

- Focuses on the involvement of all programme stakeholders in collaborative and participatory processes
- Administrators and direct-service staff need to participate in the evaluation if it sit to have an impact on the programme

Ian Shaw (1999). Evidence for Practice. In I. Shaw., & J. Lishman. (Eds.). Evaluation & Social Work Practice (14-40). London: SAGE.

Smith, M. (2010). Program evaluation for social work and health professionals. Oxford: University Oxford Press. (Chapter 3 New Trends and Issues in Program Evaluation, p.57-80).



Two Case Studies

- > Singapore: Touch Cyberwellness
 - Programme Evaluation & Model Development
 - Multi-model for Internet Gaming Disorder
 - <http://touchcyberwellness.org/>

- > Hong Kong: Tung Wah Group of Hospitals Cross Centre (Counselling Services for Psychotropic Substance Abusers)
 - Model Development
 - Family and Community Based Short-term Treatment Service for Young Substance Abusers using MFT
 - <http://www.tungwahcsd.org/en/our-services/youth-and-family-services/specialized-counselling-services/CC/introduction:category/9>

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Touch Cyber Wellness

The case of Singapore


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Project Objective

- > The objective of this PE project is to enhance the TOUCH Cyber Wellness's (TCW) model for treating adolescents with Internet Gaming Disorder [IGD] problems.

Project Focus

1. What were the major concerns of adolescents PVG problems who had received services in TCW?
2. What were the major concerns of the parents whose adolescents had PVG problems and sought help at TCW?
3. What were the experiences of the adolescents with PVG problems in using the TCW programme?
4. What were the experiences of their parents in using the TCW programme?
5. What were the experiences of the TCW counselors in working with the adolescents with PVG problems and their parents?
6. What modifications and changes could be made to the current programme?



Design

- > Using a collaborative and consultative approach, a Task Force was set up to meet the study objective.
- > The Task Force included:
 - TCS Management (Eugene Seow, Anita Lim-Low)
 - TCW members of staff
 - Principal Investigator and his part-time research assistants



Design

- > Specifically, this PE project recommends a theoretical framework, treatment process from referral, engagement, assessment, intervention, termination, and follow-up, based on the following steps conducted from March 2011 to March 2012:
 - literature review
 - bio-data of the clients served from 2008 to 2010
 - in-depth interviews with 9 adolescents and 9 parents
 - focus group discussions with three TCW counselors, and
 - observation of work and training in TCW
 - report



Design

- > Consolidate and validate current TCW good practices, without unduly imposing 'foreign' ideas, since TCW has vast experience in working with adolescents with PVG problems since 2001.
- > Moreover, this recommended model will be further systematically evaluated by a team of researchers from National Institute of Education, Nanyang Technological University, and National University of Singapore, led by Dr. CHOO Hyekyung over a period of two years from 2012 onwards.



Design

- > Qualitative methods, particularly observation, individual interviews, and focus group meetings were employed as the key strategies.
- > We interviewed 4 TCW counsellors, 10 adolescents and 11 parents.
- > The computer assisted qualitative analysis package NVivo was used to conduct content analysis on all interview data.

Clients' Voices

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1. Useful aspects of TCW service
2. Less useful aspects of TCW service
3. Suggestions to TCW by clients
4. Practice considerations

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Useful Aspects of Current TCW Programme (Adolescents)

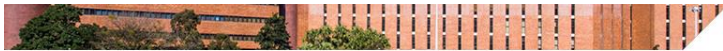
Useful:	Adolescents who responded
Learned discipline & control	4, 5, 7, 9
Making friends & teaming up	3, 4, 6, 7
Guidance	1, 3, 10
Sports & outdoor activities	2, 3, 5
Play new and wider range of games	6, 7

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Useful Aspects of Current TCW Programme (Parents)

Useful:	Parents who responded
Counselling & guidance to adolescents	1, 5, 7, 10, 11
Not sure	4, 8, 9
Connected well with the youths	6, 7
Counselling & guidance to parents	11



NOT Useful Aspects of Current TCW Programme (Adolescents)

Not Useful:	Adolescents who responded
None	3, 4, 5, 9
Counselling	6, 7
Unrelated talks	7
Fishing	2
Not enough contact and concern	1
No comments	10



NOT Useful Aspects of Current TCW Programme (Parents)

Not useful:	Parents who responded
Unsure or no comments	6, 7, 9, 11
Lack closeness & monitoring	1, 4, 8
Did not get the right picture	1, 5, 8
Unaffordable	5, 8, 10
Unsuitable video games	1, 8
Not useful for parents	5



Suggestions by Adolescents

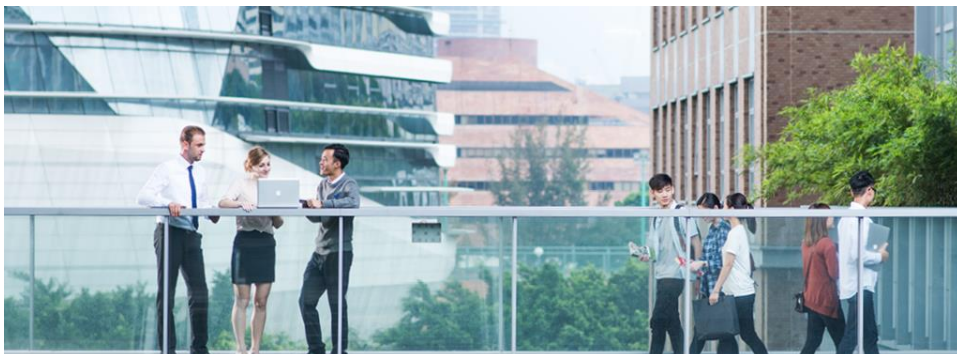
Current programme suggestions:	Adolescents who responded
Increase sessions	2, 7
More topics and speakers	4, 7
Help parents to understand	4, 7
More social interaction & exchange	5, 7
More outdoor activities	2
Do not charge for the video gaming and increase the playing time	6
Upgrade facilities	4

*Four adolescents did not answer the question

Suggestions by Parents

Current programme suggestions:	Parents who responded
Work more closely & provide counselling to parents	1, 5, 7, 8, 9
Promote more social interactions	1, 4, 6, 8
Focus on counselling & advising the adolescents on video gaming	1, 5, 8
Increase counsellors	1, 8, 11
Conduct home visits	7, 10
Get more professional support	8

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Practice considerations:



Practice considerations:

- > The warm, friendly, and supportive disposition of the counsellor has left a strong impression on many adolescents and parents interviewed. The counsellors' use of self is probably a key strength of this programme that should be sustained if not further developed.
- > The overall impression of parents on TCW programme, however, is mixed. A few of them were clear that TCW caters specifically to the adolescents' video gaming problems. Others did not seem to be impressed by the way TCW worked. This may be related to the lack of understanding on the part of parents about the TCW programme. There could be a clearer working contract and stronger working alliance with the parents.



Practice considerations:

- > Adolescents found outdoor activities and opportunities to make friends most useful, though it should be noted that some outdoor activities, such as fishing, may not work for all adolescents. The counsellors could consult the adolescents about the type and range of outdoor activities, and incorporate some adventure based counselling activities, so as to structure some reflection of meaning into the activities.
- > Adolescents also appreciated the opportunities to learn self-discipline, a wider range of video games available, and practical guidance from the counsellors. It is interesting to note that few of the adolescents voluntarily mentioned counselling as a useful component of the TCW programme. In fact, two of the adolescent overtly mentioned that counselling was not useful to them. The way counselling is structured and formatted for the adolescents may need to be relevant and suitable for the adolescents.



Practice considerations:

- > TCW should duly consider the counselling needs of the parents.
- > One specific task that the counsellors could do is to inform the parents of the assessment of video gaming behaviours of their parents, with reference to the other TCW cases over the years and in the literature, in terms of hours played, number of symptom etcetera. This would help the parents to understand the video gaming situation of their children to begin with. But this has great resource implications.



Practice considerations:

- > For the poorer families, TCW may need to consider their financial situations more sensitively, particularly in the fees charged for counselling and attending the programme.

Through this PE, TCW has actively engaged the clients (adolescents and their parents) to provide insight into what is useful and not useful for them, and invited for suggestions from clients in improving the service respectfully. This exudes the confidence of an outstanding service in a field that is not established.

Reflection



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When we listen to what the clients have to say, their views and voices will thicken the stories of effective service and help improve what we aim to do: **CHANGE**

Reflection



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**Hong Kong Case:
Model Development of an
Adolescent Multi-Family
Therapy Treatment
Programme**

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 **東華三院**
Tung Wah Group of Hospitals

家心·動力

**Family and Community Based Short-term
Treatment Service for Young Substance
Abusers**

 禁毒基金
BEAT DRUGS
FUND

Funding

- > Sponsored by: Beat Drugs Fund
- > Duration: 2 years (Mar 2011 – Feb 2013)
- > Target clientele:
 - Young drug abusers and parents
 - 10-24 year-old
 - Territory-wide



Project Consultant

Dr. SIM Boon Wee, Timothy

Associate Professor, Department of Applied Social Sciences
The Hong Kong Polytechnic University

Role and Tasks

- > Consultation on service model & program
- > Staff training
- > Case supervision, and
- > Conducting practice research on this project



Project Team

Ms Brenda CHUNG

Supervisor, TWGHs CROSS
Centre

Mr. Can TSANG

Mr. Alexis LAM

Mr. Kam Tsz TANG

Miss. Katy CHAN

Social Workers, TWGHs CROSS
Centre

Role and Tasks

- Planning of service model & programme
- Implementation of programme
 - Case management
 - Information & referral
 - Home visit
 - Individual & family work
- Networking & promotion
- Evaluation

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Objectives

1. To reduce youth drug taking behaviours;
2. To alter family interactions, communications and relationship patterns maintaining youth drug taking behaviours;
3. To help the youth to improve their psychosocial functioning during the rehabilitation process.

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Theoretical Framework

- > ***Structural Family Therapy*** has been one of the most widely applied and systematically evaluated in adolescent drug abuse (Sim, 2007; Sim & Wong, 2008).
- > ***Multi-Family Therapy*** is applied in different settings including drug and alcoholic abusers and their families. (Schafer, 2008; Asen, 2002; Kaufman & Kaufmann, 1992; Springer & Orsbon, 2002)



Structure of Program

Stage 1 – Engagement & Assessment (1-2 months)
 Intake Interviews (individual & conjoint interview)
 Home visits
 Body check-up & Medical Consultation for Youth Participants



Stage 2 – Theme-based Intervention
 (1 month)
 Phase 1 - Family Camp (2-day 1-night)
 Phase 2 - Multi-family Therapy Group
 (Semi-Structured) (4 sessions)
 Phase 3 - Multi-family Therapy Group
 (Un-structured) (4-8 sessions)



Individual and
 Conjoint interviews
 Activities and
 Training for Youth
 Participants



Stage 3 - Termination & Evaluation



Multi-family Therapy (MFT)

No. of Families for Each Phase:

- > 3-5 families with around 12-15 participants

Selection Criteria:

- > Psychotropic Substance abusers
- > At least 1 parent or significant family members agreed to join together
- > Single sex (for each cohort)
- > Similar age range (for each cohort)

Exclusion Criteria:

- > Heroin users
- > Parents with drug abuse behaviours within past 12 months



Multi-family Therapy (MFT)

Aims:

- > To enhance the **awareness and raise the responsibilities** of the family to change within the family system in order to support youth in making changes (Swank & Daire, 2011; Stanton & Tod, 1982)
- > To improve **family interactions, communications and relationship patterns** to support adolescents in reducing drug taking behaviours
- > To create opportunity for the families to form relationships and build **continual mutual support** within these families.



Contents

Phase	Format	Goals	Themes
I: Family Camp (2-day 1-night)	Structured	<ul style="list-style-type: none"> • Setting treatment goals • Engagement within group members • Identifying family interaction patterns which maintaining the drug abuse behaviours 	<ul style="list-style-type: none"> • Goal setting • Family interaction pattern
MFTG (4 sessions)	Semi-structured	<ul style="list-style-type: none"> • Enhancing the ability of problem solving in family • Enhancing positive communication and coping pattern • Reducing risk factors and enhancing protective factors to quit drugs 	<ul style="list-style-type: none"> • Rules & roles of family • Youth personal growth development • Eco-system of young drug abusers • Risk and protective factors of drug abuse
MFTG (4 sessions)	Non-structured	<ul style="list-style-type: none"> • Strengthening the mutual support network • Relapse prevention 	<ul style="list-style-type: none"> • Pertinent issues presented by the families

Phase I - Multi-family Therapy Camp





Phase I - Multi-family Therapy Camp



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Phase II - Multi-family Therapy Group



Phase III - Multi-family Therapy Group



Preliminary Impact

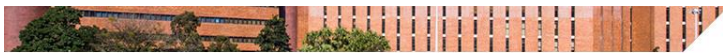
Client	Profile	Stage 1	Stage 2			Remarks
			Phase I	Phase II	Phase III	
A	Male, 24 Ice, cough medicine [CM]	CM: Daily Ice: twice/week	CM: Daily Ice: twice/week	Reduce CM intake frequency, Ice: twice/ week	Both drugs reduced	Mother was suicidal at stage 1, but anxiety and stress reduced at Stage 3
B	Male, 17, Ice	Ice: Daily	Ice: Once or twice/ week	Ice: Abstained	Ice: Abstained	Improved father-son relationship
C	Male, 19, [K]	K: Once to twice/ week	K: Abstained	K: Abstained	K: Abstained	Did not attend Phase III
D	Female, 19, [K]	K: Daily	K: 5 to 6 times/ week	K: 1 to 2 times/ week	K: 1 to 2 times/ week	Mother became more relaxed by Stage 3
E	Female, 23, [K]	K: Daily	K: Daily	K: Daily	K: 3 to 4 times/ week	Mother stopped beating daughter by Stage 3
F	Male, 21, [CM], Poly drug	4 to 5 times/ week	4 to 5 times/ week	1 to 2 times / week	1 to 2 times / week	Mother started working
G	Male, 23, Cocaine	1-2 within 3 month	Abstained	Abstained	Abstained	---
H	Female, 17, Ice	Ice: 4 to 5 times/ week	Abstained	1 to 2 times / week	Abstained	Improved mother- daughter relationship
I	Female, 24, [K]	K: Daily	K: Daily	1 to 2 times / week	Abstained (Residential)	Mother became more trustful towards her daughter
J	Female, 24, Ice	Ice: 1 to 2 per month	Abstained	Ice: 1 to 2 per month	Ice: 1 to 2 per month	Father became more willing to listen and

Preliminary Impact [Cohort 1 & 2]



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2. Kaufman, E. and Kaufmann, P. (1992) Multiple family therapy with drug abusers. In Kaufman, E. and Kaufmann, P. (eds) *Family Therapy of Drug and Alcohol Abuse (2nd ed)*. New York: Gardner Press.
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4. Schafer, G. (2008). Multiple Family Group Therapy in a Drug and Alcohol Rehabilitation Centre: Residents' Experiences. *Australian and New Zealand Journal of Family Therapy*. 29(2):88-96
5. Sim, T. (2007). Structural family therapy in adolescent drug abuse: A Hong Kong Chinese family. *Clinical Case Studies*, 6(1), 79-99.
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Programme Evaluation Stakeholders

Clients:

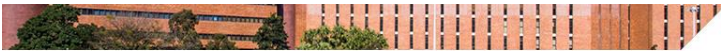
- > Strengths & Empowerment
- > The New York PR Statement (2014) highlights “recognizing the important role of service users in the conduct and/or leadership of practice research” as a major theme for the development of practice research.



Programme Evaluation Stakeholders

Practitioners:

- > Practitioners are often better placed than academic researchers to develop collaborative relationships with professionals and service users and a research agenda driven by knowledge of context and service users needs.
- > They also have the ability to draw upon and value practice skills when used in the context of research activity.



Programme Evaluation Stakeholders

Partnerships:

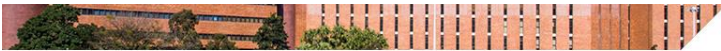
- A reflective practitioner-researcher may produce understandings that a non-practitioner could not achieve because of practitioners' experience-based perspective. However, in reality, practitioners do not always identify and label what they know or demonstrate a coherent theory and research base to their practice.
- Evaluation and research which critically examines and sheds light on practice is best done by practitioners in partnership with researchers, where researchers have as much, if not more, to learn from practitioners as practitioners have to learn from researchers.



Programme Evaluation Stakeholders

Professional associations:

- > Professional associations needs to promote professional advancement in research related activities or foster a research friendly atmosphere among social work service providers.
- > Promote a research-minded culture within social work organizations complemented with a focus on promoting a practice-minded culture within research organizations as well as increasing attention to research attitudes and skills in social work education.



Programme Evaluation Stakeholders

Management:

Ms Anita Low-Lim will speak during the discussion today



THANK YOU

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