

Marking Progress in Community Initiatives

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March 2001

The work reported here was supported by a grant to Chapin Hall from the Chicago Community Trust. A grant from the Kellogg Foundation to the Chicago Community Trust partially supported the creation of the Markers of Progress.

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EVALUATING COMMUNITY-BASED INITIATIVES

The Children, Youth, and Families Initiative (CYFI)

The Children, Youth, and Families Initiative (CYFI) was based on Chapin Hall analyses of the history of children's services in Chicago and the possibility of creating a future system of social services that would be better integrated and more responsive to families. These analyses were commissioned by the Chicago Community Trust, which announced the CYFI in 1991. In response to interests by the funder, Chapin Hall documented the CYFI during six of its first seven years.¹

Operating in seven Chicago neighborhoods, CYFI responded to two central concerns with the social service system. The first was that the traditional conception of "social services" was too narrowly defined and too fragmented to capture the breadth of relevant needs and interests of contemporary children and families. The second was that the administration of social services is largely removed from the interests and influence of community members. To address these concerns, the CYFI sought two fundamental changes. It aimed to broaden the scope of social services to address the universal developmental needs of children and families, not only those with identified problems. Also, it sought to devolve greater authority and responsibility for planning services to groups organized at the community level. The CYFI was an attempt to reform the social service system in order to more effectively support healthy development and functioning of all children and families. It was an effort to integrate the existing centralized and specialized components of the social service system with services that were shaped locally to protect and promote child development and family well-being.

In 1994, the transition from the planning phase to implementation spurred interest in revisiting and clarifying the CYFI vision and its essential elements. A process ensued that served multiple ends. It generated a common vision that incorporated the experiences of community participants; it built program theory from those experiences; and it identified more specified outputs to allow for better measures of progress. These attributes shaped the structure and operation of the Markers of Progress process described in this paper.

Stakeholders in the CYFI—members of the Trust board, staff, and advisory committee to the CYFI, representatives of the seven community initiatives, and Chapin Hall staff—engaged in a visioning and goal-setting process to refine and affirm common goals and to decide how to measure progress. The intent was to develop a process that honored both the original goals of the initiative set by the funder and the local goals and social contexts that defined the neighborhood expressions of the CYFI. The resulting document, the "Markers of Progress," described the vision of the CYFI, the five key elements through which the initiative was to be implemented,

¹ The terms evaluation and documentation have been used to distinguish between evaluating the outcomes of the new system that was under construction and documenting the development of the components of that system. Chapin Hall staff most often identified its work as documentation seeking to understand the development of a new system of social services.

and markers or indicators of progress in implementing each of those elements. Each community was to develop a list of evidence to use in charting progress on each marker.

The Markers of Progress process represented a multiple-stakeholder approach to evaluating progress and outcomes of community initiatives. Like democracy, it was a participatory process that was time consuming and fraught with challenges. It took account of community differences and CYFI ideas and, although initially embraced by community representatives, the time involved was a deterrent to staying the course.

Understanding community-based initiatives

Documentation and evaluation practices that work well in other settings are often poor matches for community-based initiatives. When researchers have substantial control over an intervention or treatment, the most powerful way to determine its effect is to use a randomized experimental design, which requires assigning subjects randomly to intervention and control groups, and measuring the difference in outcomes. Randomized experimental designs can be highly effective in establishing statistically whether an intervention made a difference. For many reasons, however, randomized experiments are often not feasible at the community level. Communities are seldom selected randomly, the number funded is usually small, their representativeness of other communities to which one might generalize is seldom assured, and most important, communities are often encouraged to refine their work in response to evolving circumstances (Weiss, 1998).

Some authors have argued for using experimental designs to evaluate community interventions, and for reorienting initiative planning and implementation to accommodate experimental designs (Hollister, 1995). On the whole, however, evaluators have limited occasions to choose these approaches. Evaluators of community efforts usually seek a compromise alternative. One way of achieving this is to combine approaches, and create overlapping designs and data collection strategies.

The addition of program theory. Although evaluations that do not explicate program theory can answer some questions about a community-based initiative, there are many advantages in specifying a program theory, and this is especially true when the initiative is to be implemented over many years. In the absence of a theory about the expected course of events, “success” is sometimes assessed by unsuitable measures and attributed inappropriately to ill-defined inputs. When one goal of the community-based effort is to sustain changes for the long term, a focus on short-term indicators can sometimes undermine larger interests.

Coulton et. al suggest three specific benefits of a “theory of change” model. First, it can be applied to entire communities without a control group, which is consistent with the practical circumstances under which community change initiatives usually operate.

Second, it makes the theory explicit for participants, which can have program benefits in addition to evaluative ones. Finally, by tracking actual behavior against the theory, it can distinguish between theory failure (instances where implementation happened as planned, but with

unsuccessful results) and implementation failure, where implementation did not occur as expected. (Coulton, 1995).

Unfortunately, few community-based initiatives have generated such explicit theories, and many have found implementing them to be difficult (Weiss, 1998; Coulton, 1995). This is a product, in part, of weak or absent testable theories. The most scientifically grounded theories upon which to base an evaluation would be “causal” social theories, using outcomes based upon prior research. In the absence of causal theories, initiatives are often built upon “normative” theories – theories that reflect what stakeholders want a program to achieve (Chen, 1990). In addition to the internal conflicts that often arise in such normative theories, where there are multiple stakeholders with multiple normative theories, agreeing on a common theory may simply not happen.

The challenges of contingent circumstances. Although theories of change evaluations offer a way to structure evaluations of community-based activities by examining steps in a process of change, they are subject to some of the same limitations as other community-based evaluation approaches. For a theory of change to be most effective, connections must be made between short-term, intermediate, and long-term goals, and there are several impediments to this process. First, linear description is at odds with our experiences in initiatives like CYFI, where progress is lumpy, or where reversals are necessary to make further progress. Second, the contingencies that can affect predictions multiply over time. Trying to draw logical links among activities even two or three years away is difficult, frustrating and often highly speculative activity. Following out each of the branches of possible progress is a daunting task. Third, such a highly conceptual and abstract task is difficult or unattractive to some participants. A fourth impediment is the sheer time demanded to generate descriptions of these links.

Connecting community participants to evaluation. Despite the limitations to existing evaluation approaches—or perhaps because of them—funders, evaluators, and community participants often want community participants to have an active role in shaping and answering questions about what is working well and what is not. One model for an enlarged community role is to divide the work of the evaluation and establish separate internal and external evaluations. Community stakeholders serving as internal evaluators may examine program implementation, for example, while external evaluators take a broader look at the governance process in these efforts, and, in multi-site initiatives, at the similarities and differences across sites.

In other cases, the external evaluator will seek to capitalize on community participation as a way of modifying and improving the existing evaluation. This sometimes extends to incorporating and developing local evaluation resources and building upon community-specific interests. Such an implementation approach to evaluation is consistent with the ideas of local responsibility and accountability that are typically associated with community-based efforts.

Given the limitations of evaluation methods, curiosity about the stages of progress across sites, and an interest in including community participants in evaluation, the CYFI instituted a process for developing Markers of Progress.

CREATION OF THE MARKERS OF PROGRESS

Meetings and Discussion

As the first step in refining language for the common vision and five elements of the CYFI, and establishing a framework for marking/measuring progress toward them, meetings were convened among the three categories of stakeholders in the initiative: community planning group representatives, Chicago Community Trust staff and advisors, and Chapin Hall staff. In order to limit the size of the group, each of the eight communities was asked to send no more than two or three representatives to the meetings. Chapin Hall and the Chicago Community Trust sent between four and five representatives to each meeting.

The first two meetings took place in November 1994 and January 1995 at Chapin Hall. The meetings were intended to encourage discussion of a wide range of ideas to help to clarify the initiative vision, its central elements, and some “markers” of progress, in an atmosphere of shared responsibility. Initial plans for developing the Markers of Progress were modified early in the process. By the end of the second multi-hour meeting, however, participants—most vocally those working in communities—expressed dissatisfaction about the time demanded by this process. Some expressed an interest in moving more quickly toward a specific written product. In response, Chapin Hall staff drafted an initial vision statement of the Initiative and its elements based on meeting discussions and the earlier Chapin Hall and Chicago Community Trust documents describing the Initiative. The draft was presented at the third meeting in February 1995, and markers of progress for the first “element”—governance—were generated. The group reconvened a month later to continue reviewing the drafted markers and to generate additional elements and their markers.

The Vision, Elements, and Markers of Progress document that was agreed upon as a result of a June 1995 retreat produced a vision statement and four elements that were agreed to be critical components of an integrated, responsive system of social services for children and families. The vision statement reflected the central assumption of the initiative:

Communities can take a more powerful role in promoting the healthy development of children, youth, and families through an organized effort in the community to transform the system of social services. There were four elements identified as vehicles for achieving this vision statement:

- *a community governance mechanism*
- *services to children and families*
- *access to services*
- *leadership, knowledge, development, and training*

These four elements corresponded substantially to the initial four elements presented to communities in the Trust announcement four years earlier. (A fifth element, describing the Initiative’s larger *cross-community and ultimately citywide reform goals*, was also agreed to in principle. A subgroup took responsibility for this fifth element and the larger group approved it in spring 1996.) It was anticipated that the common language and concepts developed in these

meetings would guide the development and evaluation of proposals to the funder and Chapin Hall's documentation work. Table 1 summarizes the vision and elements of the Markers of Progress as they remained for the course of the Initiative.

Table 1

The Children, Youth, and Families Initiative: Vision and Elements

Vision

Communities can take a more powerful role in promoting the healthy development of children, youth, and families through an organized effort in the community to transform the system of social services.

Elements

Community Planning and Accountability

Communities have an organized mechanism, accountable to the community, that includes broad and balanced participation by key stakeholders and assumes responsibility for planning, reforming, and sustaining a system of social services for children, youth and families.

Services

Communities offer a basic array of responsive primary and specialized programs and services that are linked in a system of social services.

Access

Children, youth and families know what services exist, have help available to access them, and feel safe and welcome to use them.

Leadership and Knowledge Development and Training

Stakeholders at all levels of a community participate in a variety of activities intended to build and refresh the leadership, knowledge, and skills needed to create and sustain a transformed system of social services.

Cross-Community Social Service Reform

Communities collaborate to reform the social service system on behalf of children, youth, and families.

Recording progress. Community representatives agreed to take the Vision, Elements and Markers of Progress document back to their Community Councils, where a list of intended accomplishments would be created as “evidence” under each Marker. Evidence of progress was to be stated in objective terms that were community-specific. For example, *evidence* of progress toward representativeness of stakeholders on the Community Council might be that *a majority of members were not direct service providers*. A meeting was scheduled for October 1995, at which time each community was to share examples of evidence. The intention was to make an

initial assessment of the similarity of the evidence across communities, and to encourage cross-site learning.

Because community representatives had varying interpretations about what constituted evidence of progress toward a marker, the extent and specificity of evidence varied markedly across communities. In some communities, the evidence was generated primarily or exclusively by hired staff, while in other communities the evidence list was the product of community meetings. Some of the evidence listed indicated areas for future improvement (e.g. "...staff very involved in the community...but [staff] could definitely use some work in this area.") while other evidence was in the form of simple factual statements.

Sites also differed in the degrees to which they listed evidence in future or past terms. Communities initially had the flexibility to create a logical chain of evidence that would link current and future accomplishments to the marker. But according to many community representatives, this task was conceptually and practically overwhelming; a seemingly infinite amount of detail could be supplied. In response, Chapin Hall staff suggested 2-year—and later 1-year—time horizons for the evidence. In many communities, even this task consumed time needed for immediate concerns and had uncertain value. In an effort to generate momentum for creating prospective evidence, Chapin Hall staff worked with community representatives to craft retrospective lists of evidence that constituted progress to the present stage of the Initiative. By March 1996, Chapin Hall staff and community participants had generated retrospective and some prospective evidence indicators for each of the elements. These were shared across communities at a meeting that month.

At a meeting in May 1996, the final version of the markers was approved, including those for the fifth element of the initiative, city-wide/cross-site activity. The culmination of the planning process and the point of departure for the integration of the Markers of Progress throughout the CYFI was a resolution crafted at this meeting:

The Markers and their elements are a framework for social service reform including community planning, organizing, and program development (services and access). They provide a mechanism for each Council to use in assessing its own progress over time. Markers will be used as the basis for proposal development and negotiation [with the funder].

IMPLEMENTATION OF THE MARKERS OF PROGRESS

The Markers of Progress focused the attention of the principal actors in the Children, Youth, and Families Initiative upon core elements of their work together. The process sought to acknowledge the challenges to documentation and evaluation in the CYFI and to build an evaluation process that assured community participation.

In 1996-1997, Chapin Hall designed a survey based upon the language and ideas of the Markers of Progress and administered it to participants in each community governance group to solicit

perceptions of progress. Items in this survey included measures of each of the five elements of the Markers: how community planning and accountability was functioning; the level of current services in the community, and gaps in services; the degree to which services were known and accessible to families; the status of leadership development and training for a reformed system of social services; and current efforts (and interest) in cross-community collaboration. By this time, all Chapin Hall data collection and reporting activities, including the March 1997 Annual Report, were structured by the elements of the Markers of Progress.

The place of prospective program theory. Qualitative and quantitative measures were used in documenting the CYFI prior to the institution of the Markers of Progress, including observation as well as extensive interviews, collection of records, surveys, and the use of administrative and demographic data. This multi-method approach was retained and expanded as the Markers of Progress were generated. Prior to the Markers of Progress, however, these documentation activities referred to a more general and variable conception of the goals of the CYFI. The advent of Markers of Progress facilitated comparisons and connections across these multiple research methods, as well as across sites.

The CYFI, as originally introduced to community groups, did not include detailed program-level guidance for making improvements in the social service system. The Markers of Progress encouraged stakeholders to make the logical and causal connections between planning and program activities and the long-term system-change goals of the CYFI more explicit. Like theory-of-change evaluations, the Markers of Progress sought to identify the differences between theory failure and implementation failure.²

The Markers of Progress sought to anchor activities to mutually agreed-upon conceptions of progress that explicitly identified short-term outcomes, such as reorganizing a governance group, creating a new subcommittee, or hiring staff. It also sought to identify and link these to longer-term outcomes, such as the generation of a cross-city training program. The ultimate long-term outcomes were expressed in the language of the five elements of the markers.

Complications and detours. The announcement of the resignation of the Chicago Community Trust CYFI director in the early spring of 1996 placed the implementation of the Markers of Progress in limbo. A new executive director was not appointed until October 1996, and her energies were consumed by administrative demands and the task of understanding a complex multi-site initiative. These factors ultimately weakened commitment to full implementation of the Markers, even as they started serving as the default common language of the CYFI.

² It is important to note that the Markers of Progress was not oriented toward linking activities to the outcomes for children served. Instead, Markers were indications of progress toward a reformed *system* of social services. The benefits of that system to children and families were assumed, and not explicitly included in the Markers. Nonetheless, stakeholders in CYFI struggled with identifying the benefits to children that would result from the longer-term system-reform goals of the initiative.

In addition to the transition at the Trust, several other factors slowed down the implementation of the Markers of Progress in the work at the community level. Some factors are not uncommon in any such effort, include a resistance to being judged against specific standards, and a tempered enthusiasm for evaluative efforts in general. Some participants expressed the belief that they were being asked to do “Chapin Hall’s work” rather than participating in a common effort. Others were concerned about how the evidence would be used in judging work at the community level. Did specifying evidence mean there was no reprieve if goals weren’t met? The funder’s use of the Markers of Progress and community-generated evidence to judge proposals was interpreted by some as a threat. Some worried that this process had taken on an academic tone, and that the language was not as simple as it should be. Others expressed concern that the Markers of Progress process itself was too intense and demanding. Also, having limited the discussion group in early meetings to a few persons per community, these representatives had to explain and get agreement from a broader community audience on a document created only after months of often difficult and intense discussion.

Community-specific variations also explain the slow transition to generating evidence. In two communities, the governance group was in the midst of transferring governance responsibility to a new group, and argued that it would be inappropriate to draft evidence for which this new group would be responsible. In another community, the governance board was asked to contribute to the list of evidence, as in many communities the responsibility was ultimately left to the staff director. In yet another community, the public housing projects at the core of the community were in the process of being demolished, and all other activities receded in importance.

In one community, however, the Markers of Progress were used as the basis of detailed negotiations between representatives of the governance group and the Chicago Community Trust. Using the Markers of Progress as a guide, the agreement included specific expectations to expand the governance group. The function of the governance group was also narrowed by the Markers. (One concern of the funder was that the existing governance groups were not focused enough upon the specific interests of the Children, Youth, and Families Initiative.) Although uncertainty did not completely disappear, the Markers of Progress came to serve as an organizing touchstone for the work of the governance group focused upon the CYFI. Organizations applying for funds through the local community council were given copies of the Markers, and the expectations derived from the Markers were used to make funding decisions. For example, organizations that did not propose to collaborate extensively with other existing social service agencies or programs were frequently refused funding.

Even when the Markers of Progress charted future accomplishments against expectations, they could not alter the dynamic and often unpredictable nature of the circumstances in which these goals were being pursued. To cite one example, the reconstitution of most of the major State of Illinois human service agencies into one “superagency,” and the planned devolution of responsibility to communities, were unforeseen opportunities when the Initiative started. Although the community councils were not uniformly prepared to respond to this unprecedented opportunity, it is just one example of how environmental vicissitudes challenge rational planning and accountability.

Discussion. Some of the normative logic of the CYFI had been identified by Chapin Hall and the Chicago Community Trust in descriptive and often general terms at its introduction. This normative logic included the idea that the plans for a future system of social services *should* include more “primary”—nonremedial—social services, and that those services should be organized to respond to local needs and interests. Further, one desirable outcome included increased access to primary services to support children’s development and the well-being of their families.

To a lesser extent, the CYFI built upon existing causal theories and research from the social sciences regarding how communities can reform social services. In the relative vacuum of causal logic in these complex social settings, participants (whether evaluators, funders, or community members) are often reduced to proposing normative theories that reflect their preferred implementation strategy, while having little to call upon from prior social science research. Although the Markers of Progress process was intended to reconcile some of the differing normative logics held by different participants, it was only partially successful. Some members of the Executive Committee of the Trust board, for example, were skeptical and continued to have little faith in reform efforts and would have preferred giving funds directly to provider organizations.

Collaborative, innovative efforts like the one that created the Markers of Progress are always at risk of falling back into established routines and relationships. Each participating community was able to generate its own conception of what constitutes progress, but when discussion failed to reconcile alternate conceptions, their reconciliation rested upon more traditional grounds; he who paid the piper—the funder—called the tune. When community representatives claimed that activities constituted progress toward CYFI goals, the legitimacy of their claims was sometimes questioned by Chapin Hall (in its analysis and documentation reports, and by its consultative staff) and by the Chicago Community Trust in its grantmaking and other influential roles. The element of shared decision-making that was explicitly pursued in the development of the Markers of Progress was at least partially taken back from communities when these judgments were made. For communities to have more influence in determining what evidence indicates progress, other CYFI stakeholders would have had to be more willing to accept local determinations of what constitutes progress.

The Markers of Progress process was one effort to bridge the fundamentally different roles played by the Trust, communities, and Chapin Hall, and to do it in a way that was consistent with the interests of community participants and the overall goals of community-based activity. Early in the implementation of CYFI, community representatives expressed concern that they were subject to others’ interpretations of the goals of the CYFI and its implementation, with insufficient latitude for implementing its general elements. The process was established to create opportunities for community representatives, Chapin Hall, and the Chicago Community Trust to refine the vision of their work together and capture its most important elements. The assessment of progress was intended to move out from under the exclusive control of the funder or the outside evaluator and to increase reciprocal accountability among stakeholders.

That the Markers of Progress generated only a limited sense of reciprocal accountability was revealed in a 1997 review of the Markers of Progress by Chapin Hall, the Chicago Community

Trust, and community representatives. Community representatives at that point suggested creating additional Markers of Progress for the Chicago Community Trust and for Chapin Hall. Although the existing Markers of Progress could have been applied to evaluate both organizations, community representatives were not convinced this was happening, and they were mostly right. The Markers of Progress were viewed by some of them as an outside agenda selectively applied to community partners. Indeed, although the Markers were usually discussed as a way of capturing the progress of the CYFI as a whole, this process was initiated by Chapin Hall and the Chicago Community Trust.

Chapin Hall's annual surveys asked community participants the degree to which they agreed with the statements "*Markers of Progress helps Chapin Hall more than it helps your local governance council*" and "*Markers of Progress helps the Chicago Community Trust more than it helps your local governance council.*" For both questions, approximately twice as many people agreed with that statement as disagreed, a disappointing, if not entirely surprising, finding. In an initiative where participants in local communities frequently expressed interest in more decision-making control, the Markers of Progress process can be a step in the right direction. However, such changes do not erase underlying differences in power or established habits of interaction among the stakeholders.

CONCLUSION

In understanding the Markers of Progress process, its timing within the CYFI merits special attention. The CYFI did not articulate a theory of change at its inception, but instead presented a set of ideas accompanied by financial incentives to stimulate development of local social service planning capacities, to enhance the quality and quantity of primary social services, and to build linkages between and among primary and specialized services. The Markers of Progress process started after planning and implementation were well underway. In the theory of change efforts with which we are most familiar (Coulton, 1995), the process of specifying the theory or logic model has usually occurred earlier in the process. Generating an evaluation framework with its associated vocabulary takes on a very different character when it is initiated from outside the community after a period of relative autonomy and community-level differentiation.

In the CYFI, community groups had already been engaged in strategic planning activities for more than two years when the Markers of Progress process started. Especially in its early stages, the Markers of Progress process was a parallel planning and specification activity that added to existing planning activities. It sought to create a new language for CYFI that would displace or take priority over locally developed language and planning. Because of this timing, the Markers of Progress process—in effect, if not intention—recentralized responsibility for evaluating progress to a smaller representative group of stakeholders. This was experienced by some as competition with local planning. The Markers of Progress, by attempting to clarify concepts and refine language, appeared to some as an alternative (and sometimes competing) conception of the CYFI vision and goals. This left some participants with a sense that there were multiple standards for evaluating progress. Given these complications, it is easy to imagine it would have been better to start earlier.

During the period of creating the Markers of Progress, and for several funding cycles following their creation, proposals for funding were not required to use the Markers of Progress language, leaving community representatives to operate under two sets of criteria with different emphases and vocabularies. This problem was compounded when the Trust announced, and then withdrew, a commitment to extend the initiative for a second 10 years.

Although the Markers of Progress were initially viewed as an additional burden to the communities, over time they became more integrated into the planning and management of CYFI activities. Markers were used by community staff directors to report to their boards on their progress, to orient staff to introduce the CYFI to potential participants in governance groups, and to inform primary support providers who sought endorsement for funding through the local councils. Staff turnover in the CYFI, a common problem across the social service sector, reinforced the value of Markers of Progress and hastened their adoption. A typical way of introducing the CYFI to anyone has been to discuss the Vision, Elements, and Markers of Progress.

The central implementation weakness thus was the difficulty specifying prospective “evidence” of progress. Chapin Hall staff were concerned that if they provided examples of evidence it would be taken as prescriptive and adopted without sufficient site-specific interpretation, although this did not appear to happen. Even with examples provided, however, the process of generating site-specific evidence was more complicated and time consuming than expected, representing perhaps the classic mistake of assuming that what is everyday business for researchers can be done as easily by those who are not.

In the end, we believe there is much value to developing participatory criteria for evaluation because the effort invested helps all parties clarify their implicit theories of change and to examine the likelihood that the strategies they are implementing will lead to the intended results. Having said this, it is far better to begin this process well before implementation is underway. Finally, the consuming nature of such an enterprise needs to be recognized at the outset.

Appendix A

Markers of Progress

September 12, 1996

CYF INITIATIVE VISION AND ELEMENTS

The Children, Youth, and Families Initiative is based on a vision that communities can take a more powerful role in promoting the healthy development of children, youth, and families through an organized effort in the community to transform the system of social services.

This vision is advanced by five key elements:

COMMUNITY PLANNING AND ACCOUNTABILITY

Communities have an organized mechanism, accountable to the community, that includes broad and balanced participation of key stakeholders and assumes responsibility for planning, reforming, and sustaining a system of social services for children, youth and families.

SERVICES

Communities offer a basic array of responsive primary and specialized programs and services that are linked in a system of social services.

ACCESS

Children, youth, and families know what services exist, have help available to access them, and feel safe and welcome to use them.

LEADERSHIP AND KNOWLEDGE DEVELOPMENT AND TRAINING

Stakeholders at all levels of a community participate in a variety of activities intended to build and refresh the leadership, knowledge and skills needed to create and sustain a transformed system of social services.

CROSS-COMMUNITY SOCIAL SERVICE REFORM

Communities collaborate to reform the social service system on behalf of children, youth, and families.

The Markers and their elements are a framework for social service reform including community planning, organizing, and program development (services and access). They provide a mechanism for the Council to use in assessing its own progress over time. Markers will be used as the basis for proposal development and negotiation.

ELEMENT:COMMUNITY PLANNING AND ACCOUNTABILITY

I. Communities have an organized mechanism, accountable to the community, that includes broad and balanced participation of key stakeholders and assumes responsibility for planning, reforming, and sustaining a system of social services for children, youth and families.

1. *Group has a process to facilitate ongoing interaction with the broader community, to seek input and feedback to inform planning and priority setting, and to provide information about the group and its activities, and available services.*
2. *Group has articulated a common purpose and strategies for developing a community's system of social services, including leadership development and an agenda for action.*
3. *Group facilitates the modification, expansion or development of services that meet identified community priorities.*
4. *Group develops a system of accountability—including accountability within collaboratives and programs and accountability of collaboratives and programs to the broader community.*
5. *Group has developed and implemented strategies to reform the social service system on behalf of children, youth, and families.*
6. *Group has mechanisms for negotiating, advocating, and significantly influencing stakeholders and institutions both within and outside the community for policies and programs reflecting community priorities.*
7. *Group serves as a vehicle to identify sources of private and government funding for services.*
8. *Group has developed and implemented effective strategies to influence, facilitate, and coordinate the allocation of public and private resources in their community as it has both direct and indirect bearing on children, youth, and families.*
9. *Group has developed and implemented strategies that effectively link their concerns regarding children, youth, and families with the broader community development agenda.*
10. *Group membership and participation is representative of the community and no single kind of organizational representation is dominant.*
11. *Group operates in a structured, open, and inclusive manner.*
12. *Group has the capacity to maintain its own operations.*

ELEMENT: SERVICES

II. Communities offer a basic array of responsive primary and specialized programs and services that are linked in a system of social services.

1. *An array of primary and specialized social services exists which is consistent with identified community needs.*
2. *A process is in place to foster responsive, quality social services throughout the community.*
3. *Primary services are linked and are viewed as the community's principal organized resource in promoting the healthy development of children and families.*
4. *Specialized services are linked and viewed by providers and the community as part of a community's organized response to address difficulties of children and families.*
5. *Primary and specialized services collaborate in a comprehensive, community-wide, integrated social service system to support the healthy development of the children and families in their communities.*

ELEMENT: ACCESS

III. Children, youth, and families know what services exist, have help available to access them, and feel safe and welcome to use them.

1. *Information about all primary and specialized social services is available to children, parents, and service providers on an ongoing basis.*
2. *Knowledgeable persons are available to help children, youth, and families identify services which match their interests and needs and to gain access to those services.*
3. *Barriers to access are reduced, including safety, transportation, and distinctions based upon race, creed, cost, religious affiliation, disability, and gender.*

ELEMENT: LEADERSHIP AND KNOWLEDGE DEVELOPMENT AND TRAINING

IV. Stakeholders at all levels of a community participate in a variety of activities intended to build and refresh the leadership, knowledge, and skills needed to create and sustain a transformed system of social services.

1. *Formal and informal leadership development, knowledge development, and skills training involves all people who can influence service planning and delivery.*
2. *Formal and informal leadership development, knowledge development, and skills training occurs within Initiative communities to foster a common vision of how primary and specialized services can operate more effectively within communities in the metropolitan area.*
3. *Training programs are ongoing and available between and among primary and specialized services.*
4. *State of knowledge and skill training is available in child, youth, and family development and its application to primary and specialized services.*
5. *Multiple forums exist for the exchange and discussion of Initiative vision and elements as they apply to the community.*
6. *Leadership training programs are available to develop strong, diverse, effective citizen leaders who can participate and advocate effectively for a comprehensive and integrated social service system for children, youth, and families.*

ELEMENT: CROSS-COMMUNITY SOCIAL SERVICE REFORM

V. Communities collaborate to reform the social service system on behalf of children, youth, and families.

1. *Representative constituencies from multiple communities have reached a consensus on the need for and a vision of fundamental redirection of social services for children, youth, and families.*
2. *Representative constituencies from multiple communities identify challenges and obstacles to an efficient and effective reformed social service system for children, youth, and families (e.g., gather information about how the existing system works and the nature of service quality and delivery problems).*
3. *Representative constituencies from multiple communities have developed and implemented strategies to reform the social service system on behalf of children, youth, and families.*
4. *Representative constituencies from multiple communities significantly influence the policy decisions of public and private institutions that have direct bearing on the social services for the children, youth, and families both in and across their communities.*
5. *Representative constituencies from multiple communities significantly influence the allocation of resources of public and private institutions that have direct bearing on the social services for the children, youth, and families both in and across their communities.*
6. *Representative constituencies from multiple communities significantly influence policy decisions and resources of public and private institutions that have indirect bearing for the children, youth, and families both in and across their communities (e.g., housing, economic development).*
7. *Representative constituencies from multiple communities improve service and program planning and delivery by sharing information, conducting joint training, and participating in joint activities.*
8. *Representative constituencies from multiple communities develop and maintain mechanisms to monitor the efficiency and effectiveness of reformed components of the social service system for children, youth, and families.*

APPENDIX B
EXAMPLES OF EVIDENCE

ELEMENT: COMMUNITY PLANNING AND ACCOUNTABILITY

I. Communities have an organized mechanism, accountable to the community, that includes broad participation of key stakeholders and assumes responsibility for planning, reforming, and sustaining a system of social services for children, youth, and families.

1. Group has a process to facilitate ongoing interaction with the broader community, to seek input and feedback to inform planning and priority setting, and to provide information about the group and its activities, and available services.

Examples of Evidence

a. Group has an ongoing process to understand the interests and needs of children and parents and to identify existing services

b. Group reaffirms or refocuses priorities in relation to this information

c. Group provides periodic information to the community about its existence, actions, and available services

d. Group has working relationships with other community institutions, individuals, and groups

e. Group has process for active outreach and involvement of the community

2. Group has articulated a common purpose and strategy for the community, including an infrastructure of services

Examples of Evidence

a. Group has a mission statement

b. Group has an action agenda, strategic plan, or similar statement reflecting what a system of services should look like and a strategy for creating it

c. Group works from agreed upon plan

3. *Group facilitates the expansion or development of services that meet identified community priorities.*

Examples of Evidence

- a. Group facilitates ways for providers to know each other and work together
- b. Group has process to inform community service providers of service gaps and to encourage responsive program development or expansion
- c. Group has process to solicit and review proposals for program development or expansion consistent with identified community priorities
- d. Group has process to endorse program funding requests to public or private funders.

4. *Group oversees services in the community, including those developed through its actions.*

Examples of Evidence

- a. Mechanisms are in place to monitor the performance and quality of services created by the group
- b. Processes are in place to take action based on information obtained
- c. Mechanisms are in place to assess community satisfaction about social services
- d. Mechanisms exist for taking action based on this feedback

5. *Group has mechanisms for negotiating or advocating with stakeholders and institutions both within and outside the community for policies and programs reflecting community priorities.*

Examples of Evidence

- a. Group examines policies of public agencies as they relate to interests and needs of the community's children and families
- b. Group participates in activities that advocate for children and families in the community

6. *Group serves as a vehicle to identify sources of private and government funding for services and to coordinate, facilitate, and/or influence the allocation of these funds*

Examples of Evidence

- a. Group actions in securing funding

- b. Group has developed mechanism for attracting funding
 - c. Group assigns priorities among competing requests for financial support
7. *Group membership and participation is representative of the community and no single kind of organizational representation is dominant.*

Examples of Evidence

- a. Members by representative categories relevant to the community
 - b. Members by organizational affiliation
 - c. Frequency of attendance by organizational affiliation
8. *Group includes people recognized in the community for their demonstrated investment in the well-being of the community or for specific aspects of community life or organization.*

Examples of Evidence

- a. Inclusion of individuals invested in community betterment efforts, leaders or members of community associations
 - b. Group has a process to identify key community leaders, to attract them to meeting attendance or to otherwise seek their input, and ultimately to encourage them to join in the group's efforts.
9. *Group operates in a structured, open, and inclusive manner.*

Examples of Evidence

- a. Group has membership guidelines and by-laws
- b. Group holds regular meetings
- c. Group meetings are well-attended
- d. Group announces its meeting schedule
- e. Group has process for agenda setting and adding agenda items
- f. Group has an inclusive decision-making process
- g. Group has minutes reflecting its discussions and decisions

h. Group remains open to the participation of newcomers

10. *The group has the capacity to maintain operations.*

Examples of Evidence

a. Group has a process to develop leaders

b. Group has a committed leadership core

c. Group plans for plan for succession of members and leaders

d. Where membership is organizational, group can maintain continued participation regardless of transitions in leadership in member organizations

e. Group keeps membership lists, meeting minutes, financial and other records

f. Staff have clear responsibilities and supervision.

g. Group has ability to secure funding

APPENDIX C DEFINITIONS

Vision:

A one-sentence statement about the central idea of the Initiative.

Elements:

A statement about what should happen in communities to realize the Initiative vision.

Marker:

A statement about what a group does or has. The action described in the statement is a manifestation of the element. All of the markers should describe the whole of the element.

Evidence of Progress:

Something that can be seen, heard, or counted that demonstrates what is happening on a particular marker or that reflects the judgement of those interviewed on markers where hard evidence is not available.

Glossary of Terms for the Markers of Progress

This glossary seeks to clarify terms from the Markers of Progress document. The terms in this glossary are explained as they relate specifically to the ideas that guide the Children, Youth and Families Initiative. The idea of *accountability*, for example, exists throughout our society, and can be understood to mean many different things. The definition in this glossary, however, refers specifically to the accountability between a planning group and a community in the specific context of the ideas of the Initiative.

accountability - exists between a planning group and community members when the community can expect that group to provide information, to seek and to be responsive to community input, and to answer questions about its activities (see also *system of accountability*).

broad and balanced participation - exists when the diversity of the community is observable in the membership and participation of the community planning group. The categories of diversity in any neighborhood are determined locally, but membership often considers distinctions by race, ethnicity, gender, and organizational or sectoral affiliation.

In the Children, Youth, and Families Initiative, these categories of membership are not to be constructed in a way that creates a powerful block of any specific organizational representation (especially social service providers), though questions of how powerful either in membership or participation social service providers or other organizations may be—or what reasonably constitutes affiliation with a social service provider or other organization—are not free from ambiguity.

collaboration - is a relationship between organizations in which they share common goals, mutual commitments, resources, and decision-making and evaluation responsibilities. *Collaboration can be contrasted with two other terms, cooperation and coordination.*

cooperation - is a process of working together informally to achieve the day-to-day goals of one's organization.

coordination - is a process of engaging in efforts that alter or smooth relationships of independent organizations, staffs or resources.

information assistance - is a mechanism to inform community members about the availability of social services and to help them to identify and access services to meet family interests and needs. Examples from a Chapin Hall publication, *Children, Families, and Communities*, include four different ways social services could be more fully accessed by community members: (1) information could be more readily available for individuals who seek information on their own, including at libraries or other publicly accessible sites; (2) an “information resource specialist” could provide technical

assistance and information, but not counsel individuals on which services were most appropriate; (3) a “family advocate” could counsel community members, and advocate on their behalf when appropriate; (4) a “case manager” would be the most skilled and trained provider of assistance, and might even have the authority to certify eligibility for government assistance and draw upon a separate pool of funds.

infrastructure of social services - is the array of services existing at any time to promote development and respond to problems. (See also *system of social services*.)

key stakeholders - are people who have demonstrated their concern for the community and its well-being, and leaders of organizations that are part of community life. (See also *stakeholders*.)

leadership development - refers to practices aimed at increasing the efficacy of individuals to organize, maintain, or otherwise contribute to a system of social services.

links or linkages - are connections among service providers which can range from informal relationships like networking to formal collaboration enabling them to work together in the interest of children and families. (See also *collaboration, cooperation, coordination, and networking*.)

networking - involves taking opportunities to further one’s work by getting to know people, and building relationships with them, the organizations they work with, and the services they offer.

organized mechanism - is the association of individuals which has collectively taken on the responsibility and accountability for the ongoing oversight of the community’s social services. This association is labeled the “community planning and accountability” mechanism in the markers of progress.

primary services - are voluntary programs, activities, facilities, and events (often provided by local organizations) which are designed to promote healthy development. Primary services offer opportunities to develop individual capacities needed to function adequately in childhood and as adults; provide sources of social support and informal help; strengthen what specialized services can achieve; and reinforce the adult care, expectations, and contributions of other settings important to the development of children including families and schools. Examples of primary services include day care, before and afterschool programs, religious youth groups, arts, music, and drama programs, sports teams, community service and youth entrepreneurship opportunities, parent support and self-help programs, and access to the facilities, programs, and events of community centers, parks, and libraries.

programs - are planned activities or services offered through an organized entity to meet the needs or interests of children, youth, and families.

providers - are human service organizations and those individuals who deliver services for them.

services - entail assistance or some benefit afforded to another party to promote individual, family, group, or community welfare.

specialized services - are interventions to reduce or resolve physical, emotional, and behavioral problems children, youth, and families have. Examples of these services include assistance for developmental disabilities like speech, occupational, and physical therapy; child protective services like foster care or placement prevention services for child abuse and neglect; individual and family counseling, behavior management and other mental health services; juvenile justice activities; and drug and alcohol services.

stakeholders - are persons who are affected by the operation of the system of social services. Examples of stakeholders within the community in which the system of social services operates include: the residents; the intended beneficiaries of services; employees and volunteers at social service agencies operating in the community; community business employees, owners, or operators; community leaders. Examples of stakeholders outside of the community include: existing and potential funders; social service organizations and related government organizations that are organized at levels broader than the community.

system of social services - is an organized set of activities and programs that includes the following three elements: (1) a community planning group with the responsibilities and characteristics described in Section I of this document, *Community Planning and Accountability*; (2) community social services that are linked; (3) information resources and assistance. (See also *information assistance*.)

system of accountability - is a process created by the planning group to seek input to guide service system development and to be responsible for resulting actions. This process applies to responsibility that exists at a number of levels: of the planning group to the community, to service consumers, to funders, and other service system stakeholders; of providers of services facilitated by the planning group to that planning group; and of members of provider collaborations to each other.

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