Program Evaluation Workbook

A Guide for Planning and Implementing Person-Centered, Trauma-Informed Program Evaluations

Carmel Rabin | March 2022

CENTER ON HOLOCAUST SURVIVOR CARE
JEWISH FEDERATIONS INSTITUTE ON AGING AND TRAUMA

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How to Use This Workbook

While there are many tools for conducting program evaluations, the following workbook centralizes the relevant tools for program evaluation of your grant from The Jewish Federations of North America (JFNA). This workbook will help you in designing a strong program, selecting indicators, developing data collection tools, and reporting findings. This workbook will also help you integrate principles of person-centered, trauma-informed (PCTI) care into evaluation planning and implementation.

Depending on the structure of your program, this workbook can be used by one or multiple program staff. Regardless of prior background in program evaluation, this workbook will help all program staff plan a program evaluation. No prior knowledge of program evaluation is needed to successfully complete this workbook. However, if you have program staff who have an interest or prior experience with program evaluation, it may be helpful to include them in the program evaluation process.

This program evaluation workbook is composed of five sections.

Section 1. Program Design and Goal Identification
Section 2. Selecting Indicators
Section 3. Collecting Data
Section 4. Reporting Findings
Section 5. Creating PCTI Evaluations

Complete this workbook by filling out one section at a time. Make sure to collaborate with any relevant program staff and participants, where applicable.

While completion of this workbook is not a requirement of your grant, your organization is required to report grant results through the forms outlined in section 4 of this workbook. If your organization has existing evaluation systems in place to record and report grant results, you may use these systems. However, if your organization does not have existing evaluation systems, this workbook will provide all the tools needed to measure results.

To support the development of your program evaluation, JFNA will provide your organization with free evaluation consultation calls. During the evaluation consultation calls, JFNA's research and evaluation staff will meet with you to discuss any evaluation concerns. These evaluation consultations will help you as you complete this workbook. You can send a copy of your workbook, at any stage of completion, to JFNA's research and evaluation staff who will review and provide feedback. JFNA will also be available throughout the lifetime of your grant for ongoing evaluation support.

Introduction

What is Program Evaluation?

Program evaluation is the process by which program staff monitor the performance of their program and demonstrate the program's impact. Program evaluations can be broken down into two main categories – outcome evaluations and process evaluations.

Outcome evaluations seek to understand the results of the program on participants. This can include evaluation geared to understanding how the program and its activities have affected program participants. For example, an outcome evaluation of a Café Europa program could assess how the socialization activities of the program impact participants' sense of social connection, community engagement, and mental health. This type of evaluation is important for determining if the program is successful in achieving its intended results.

Process evaluations review the methods by which the program is conducted to determine what is working and what could use improvement. This could include reviewing the types of activities conducted, the method in which the activities are performed, and the satisfaction of program participants with those activities. For example, a process evaluation of a Café Europe program could assess whether program participants were satisfied with the location, time, and venue of socialization activities. This type of evaluation is important to help others replicate the program.

Outcome and process evaluations can be conducted simultaneously or separately. When conducted simultaneously, questions about outcome and process are asked at the same time through one or more data collection tools. This can occur when there are few opportunities to conduct an evaluation or when the project timeline is very short. A process evaluation can also be conducted earlier than an outcome evaluation to monitor program activities. Conducting a process evaluation ahead of an outcome evaluation enables program staff to ensure activities are on track to achieve the final goals of the program.

For the evaluation of your JFNA-grant-funded program, keep both types of evaluations in mind – consider the process and outcome of your program.

Why is Program Evaluation Important?

Conducting process and outcome evaluations is important as it allows program managers and funders to determine whether a program is successful as well as how to best replicate the program. Evaluation results also provide lessons learned and best practices that can improve current programming.

The results of outcome and process evaluations are of utmost importance to JFNA as well as its funders. These evaluations enable JFNA, funders, and subgrantees to demonstrate the impact of programs as well as replicate successful programs for the benefit of

Holocaust survivors, older adults with a history of trauma, and their family caregivers. Even if a program has limited success, it is important to understand the process of the program so that it can be refined and modified in the future. Your program's evaluation plays a pivotal role in defining models of service delivery for older adults in your community as well as across the United States.

How to Conduct a Program Evaluation

While there are many models for evaluation, program evaluations typically center around four main phases – (1) program design and goal identification, (2) indicator selection, (3) data collection, and (4) reporting findings. These phases are iterative in nature with each phase of the program evaluation processes shaping the one before and after.

For example, the collection of data is guided by indicators selected, and the selected indicators are shaped by the data collection systems available. These phases are also cyclical, meaning that the analysis shared shapes design of future programming. Analysis shared can influence future models of the same program as well as guide other program managers in designing their programming.

Program stakeholders guide each phase of the program evaluation planning and implementation. Program stakeholders are individuals invested in the program, interested in evaluation results, or impacted by evaluation results. Program stakeholders may include program staff, directors, direct service providers, evaluators, or planning officers as well as the older adults, family caregivers, professional service providers, or volunteers impacted by the program. When conducting a program evaluation, it is important to consider the needs and wishes of all program stakeholders.

Don't leave evaluation planning until the end when your organization must report findings. Instead, start working on program evaluations early – begin working on the program evaluation cycle as soon as you receive your grant award. Incorporating evaluation considerations into your program from the initial stages of program design will help your organization strengthen programming and demonstrate impact.

1. Program Design and Goal Identification. During the first phase of program evaluation, program stakeholders meet to discuss the overall design of the program. This includes identifying program activities and goals. This phase is characterized by strategic planning – aligning all program stakeholders around the core activities and goals of the program.

   During this phase you can ask yourself – What are the main program goals? And how are we going to achieve them?

2. Indicator Selection. During the second phase of program evaluation, program stakeholders consider how they will know that the goals and activities of the program are accomplished. This includes developing indicators of program performance. An indicator is a measurable piece of information that helps identify whether a program is achieving its intended results.

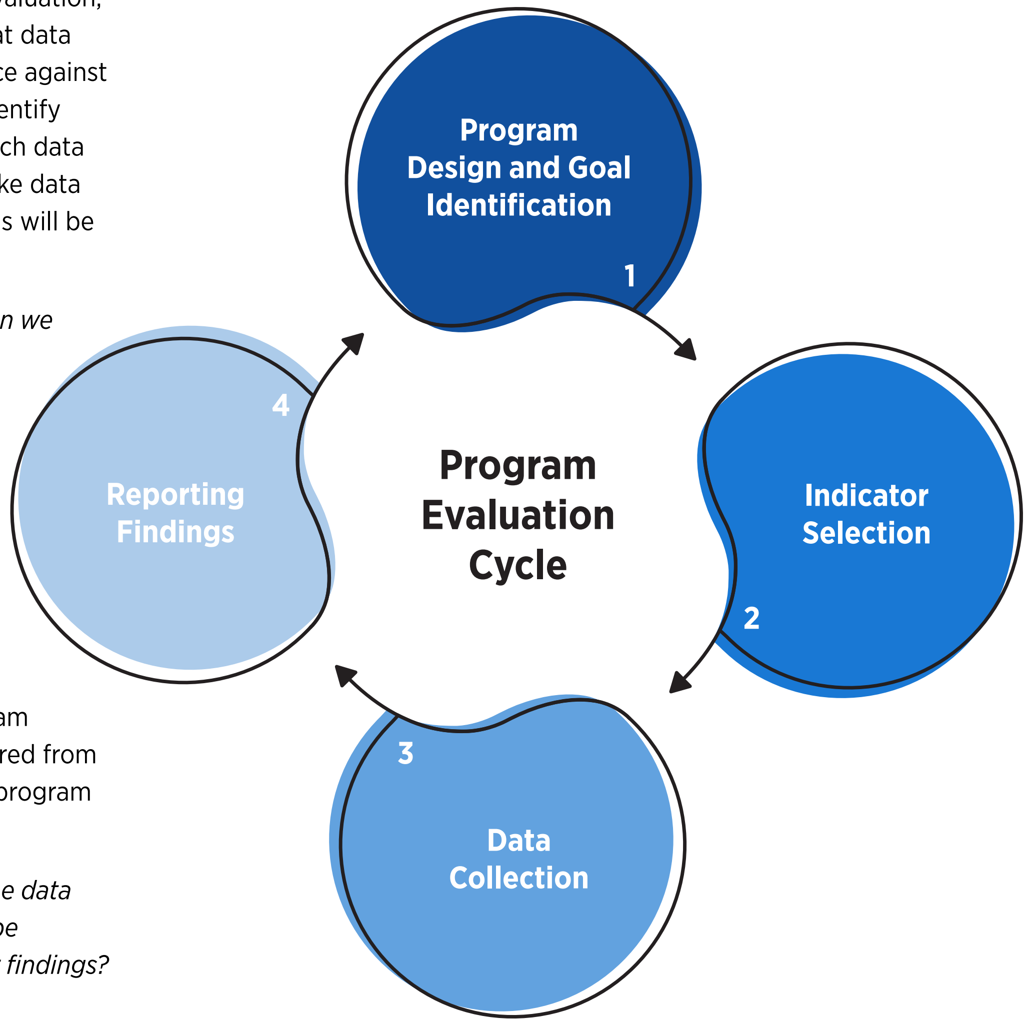
   During this phase you can ask yourself – How will we know whether we achieved our goals? How will we know whether our program is successful?

3. Data Collection. During the third phase of program evaluation, program stakeholders meet to determine exactly what data will be collected to demonstrate program performance against selected indicators. Program stakeholders will also identify from whom and how often data will be collected, which data collection tools are most appropriate, and how to make data collection PCTI. During this phase data collection tools will be designed and implemented.

   During this phase you can ask yourself – What data can we realistically collect? Who will ask questions and who will answer them?

4. Reporting Findings. During the fourth phase of program evaluation, program stakeholders analyze data collected and use evaluation insights to improve programming. Data is analyzed to understand both the process and outcomes of the program. Based on these insights, program stakeholders integrate improvements and share lessons learned. This phase is directly linked to program design, as program stakeholders can use analysis shared from their programs or from other programming to guide program design and re-design.

   During this phase you can ask yourself – What does the data mean? Has the program been successful? How can it be improved? Who would be interested to learn from our findings?



While a program evaluation cycle typically begins with program design and ends with reporting findings, each phase of program evaluation cycle carries equal importance. These phases build upon one another – to share meaningful insights, program stakeholder must collect good data; to collect good data, program stakeholders must select indicators that are well suited to their program; to select good applicable indicators, program stakeholders must clearly define their program and goals; and to develop a strong program, program stakeholders must learn from prior programming.

This program evaluation workbook will walk you through each of the program evaluation phases in the order described above. Remember that each phase is part of a larger whole, and that completing one phase sets your program up for success in subsequent phases. Included in each section are tools to help your team complete each evaluation phase.

How to Conduct PCTI Evaluations

Throughout each phase of the evaluation cycle, it is important to remember the connection between program evaluation and PCTI care. PCTI care is an innovative approach to service provision that infuses knowledge about trauma into agency programs, policies, and procedures to promote the safety and well-being of clients, visitors, staff, and volunteers.[1]

Just as PCTI care applies to all types of services, PCTI principles apply to all program functions including program evaluation. The process of program evaluation may be triggering or re-traumatizing for program participants. Some participants may have had a negative experience with evaluation or research in the past, and for others the program evaluation process may remind of past traumatic events or circumstances. Thus, it is imperative to conduct program evaluations in a manner that is PCTI.

A PCTI evaluation is one in which the role of trauma is realized, recognized, and accommodated by actively resisting the re-traumatization of participants, individually and as whole. PCTI evaluation actively prioritizes trauma-informed principles above other evaluation considerations and accommodates for individual preferences when conducting program design, indicator selection, data collection, and reporting. PCTI evaluation incorporate considerations from the six principles of trauma-informed care developed by the Substance Abuse and Mental Health Services Administration.[2] Additionally, the strengths and preferences of each participant and/or groups of participants must be accommodated and prioritized.

Safety. Creating a space for evaluations where clients feel physically and psychologically safe.

Trustworthiness & Transparency. Conducting all evaluation operations and decisions transparently.

Peer Support. Encouraging peer support through all evaluation activities that can lead to trust, collaboration, and healing.

Collaboration & Mutuality. Sharing decision-making and prioritizing partnership with participants throughout the evaluation process.

1. Eisinger, M., & Bedney, B. (2018). Teaching About Trauma: Models for Training Service Providers in Person-Centered, Trauma-Informed Care. *Kavod*. Issue 8, Spring.
2. Substance Abuse and Mental Health Services Administration (2014) SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. *HHS Publication* No. (SMA), 14-4884.

Empowerment, Voice, & Choice. Recognizing and building upon everyone's strengths and experiences throughout the evaluation process. Ensuring evaluation participation is voluntary.

Cultural Competency. Considering biases based on culture, gender, sex, race, age, personal history, etc. This includes considering an individual's or group's history with evaluations.

Evaluations are not only a tool for organizations to assess performance, but evaluations can also be tools for the empowerment of participants. By providing space for participants to actively engage, guide, and lead evaluations, the evaluation process can become rewarding both for the organization and the participants. Conversely, conducting evaluations without PCTI considerations may harm participants as well as the organization's program.

To support in the development of PCTI evaluations, the PCTI Evaluation Planning Tool is included in the final section of this workbook. This tool can be a reference and guide to incorporating the six principles of PCTI care into your program evaluation. In addition to this tool, organizations are urged to view the evaluation process from the vantage point of participants by incorporating participants into the evaluation planning and design.

The Importance of Research Ethics

In addition to PCTI principles, it is imperative to remember the principles of research ethics when conducting a program evaluation. These principles provide us with a philosophical grounding to uphold the rights, welfare, and dignity of participants. While there is no one-size-fits-all model of how to implement these principles, considering them during evaluation planning and implementation enables program staff to conduct ethical evaluations. When developing your program evaluation, keep in mind the following principles:

Informed Consent. Evaluation participants should understand the purpose and content of the evaluation. Based on this understanding, each participant should have the free choice about whether to engage in the evaluation. The responsibility of obtaining this informed consent rests upon each person conducting an evaluation.

Voluntary Participation. Participation in an evaluation should never be required or tied to services and supports. Participants should engage in an evaluation based on their free choice. Evaluation participants can choose to withdraw voluntary consent at any time if they wish to no longer participate in the evaluation.

Avoidance of Harm. Evaluators should ensure that participants do not experience harm because of the evaluation. Evaluators can do this by adequately preparing evaluation spaces, procedures, and tools to be protective of participants. If, at any point, participants are experiencing harm because of the evaluation, an evaluator must modify evaluation practices or stop the evaluation.

Maintain Confidentiality and Anonymity. To protect participants and collect reliable information, evaluators must maintain participant confidentiality or anonymity based on the participant's preferences for privacy. If personally identifying information is collected from participants (i.e., name, address), the evaluator must keep this record private. Alternatively, evaluators can maintain the anonymity of participants, meaning that a participant's responses cannot be linked to their identity in any way. This may mean collecting data anonymously and reporting results without reference to individual participants or keeping in confidence the list of those who participate in an evaluation.

Social Benefit. The evaluation should contribute to the community by producing helpful or actionable insights. Evaluators should avoid collecting data for the sake of collecting data as it would pose an undue burden on participants.

Section 1. Program Design & Goal Identification

Overview

A logic model is a tool used by program managers to support program design, implementation, and evaluation. This tool provides a high-level view of a program in one page by summarizing five components of a program - the problem, activities, short-term goals, intermediate goals, and long-term goals. These components are detailed below by the order in which they are completed.

1. Problem. Every logic model starts by identifying and defining the problem which the program is targeting. This is the issue which your organization is hoping to address through your program.

   e.g., Older adults within the local community experience declining physical health due to limited access to nutritious food.

2. Long-Term Goal. In response to the problem, every program will have a long-term goal. This is the overarching and high-level goal your organization is hoping to achieve in order to address the problem. Typically, this is written as an inverse of the problem.

   e.g., As a result of increased access to nutritious food, older adults will experience maintained or improved physical health.

3. Intervention. Based on the long-term goals, each program will have one or more interventions. These interventions are those activities or projects that your organization will implement in hopes of achieving the long-term goal.

   e.g., The program provides meal delivery to older adults in the community.

4. Short-Term Goals. The program's short-term goals, sometimes referred to as program outputs, are the immediate results of the program intervention.

   e.g., As a result of the meal delivery intervention, 200 older adults will receive nutritious meals.

5. Intermediate Goals. The program's intermediate goals, sometimes referred to as outcomes, are results of the short-term goals. What will be the effect or result of accomplishing the short-term goal?

   e.g., As a result of receiving nutritious meals, the older adults will have increased access to nutritional food.

   The intermediate goal should directly lead to the accomplishment of the long-term goal.

A logic model can be completed by filling out information for each of the five components in the order previously listed. A logic model can be checked by asking yourself, “Does the long-term goal address the problem?” and “Will the intervention accomplish the short-term, intermediate, and long-term goals?”.

After checking the logic model, further modifications can be made to ensure that the program activities and goals are aligned with the problem addressed. The logic model should be viewed as a living document that can evolve over time to accommodate changed program activities or goals.

Example

To better understand how to create a logic model, read through the case study and its accompanying logic model (on the next page). This case study will be used throughout the Evaluation Planning Workbook to demonstrate the connection between the program planning phase and the subsequent phases of program evaluation.

Case Study

An organization works to provide holistic health and wellness services for older adults in their community. These services include fall prevention, nutrition and meals planning, mental health counseling, and emergency assistance for medical and dental bills. This organization has determined that, while they are providing a diversity of programs, some older adults in their community experience declining health due to social isolation. In response, they have developed a transportation program to provide free transportation for older adults to locations and events around in their community. These events include holiday celebrations, cafes, musical performances, and more.

The organization hopes that within the first year of programming, they can provide transportation services to all existing clients, form relationships with community venues, and provide several socialization opportunities to clients. By proving transportation services, the organization hopes that older adults will not only enjoy the transportation services, but also be able to form relationships with one another, gain a sense of community, and have an increased sense of social support. If this is achieved, the organization believes that they will be able to decrease social isolation among the older adult population and, in turn, maintain or improve the health outcomes of their community.

Case Study Logic Model

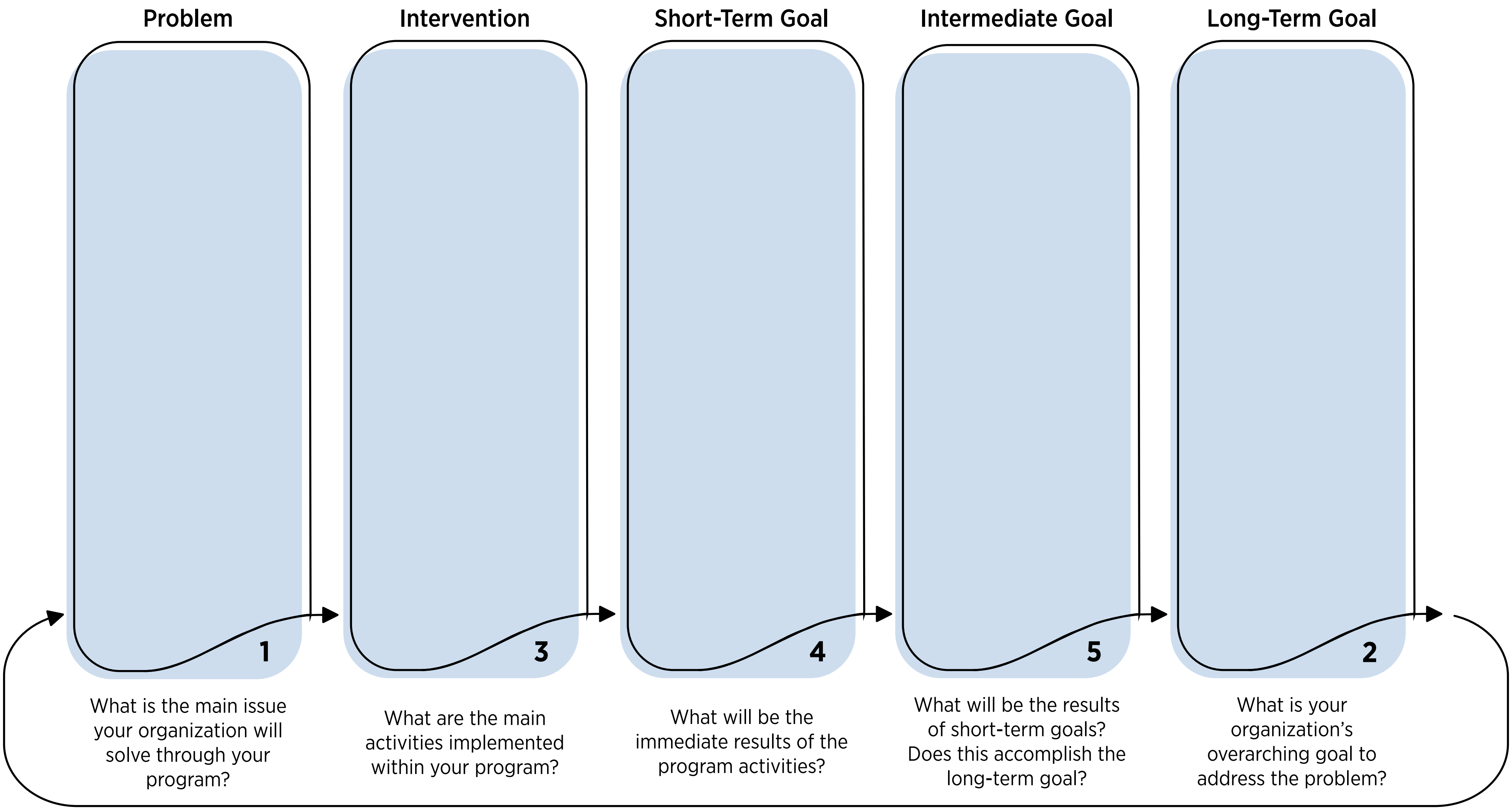
Problem	Intervention	Short-Term Goal	Intermediate Goal	Long-Term Goal
Older adults within the local community experience poor health due to social isolation.	The program provides free shuttle services to all 150 older adult clients to local community centers, malls, events, and attractions.	As a result of the transportation services, clients will have access to community centers, malls, events, and attractions.	As a result of having free shuttle services, clients will experience feelings of community connection and decreased social isolation.	As a result of decreased social isolation, older adults will experience maintained or improved health.
1	3	4	5	2
What is the main issue your organization will solve through your program?	What are the main activities implemented within your program?	What will be the immediate results of the program activities?	What will be the results of short-term goals? Does this accomplish the long-term goal?	What is your organization's overarching goal to address the problem?

Template

Use the logic model template on the next page to outline the design of your program. Remember to fill out the problem first, the long-term goal second, and then the intervention, short-term goal, and intermediate goal. The logic model is small so please provide a concise summary of your program design. Use the Notes section on this page to provide any additional detail.

If your grant funds multiple projects, you may use one or multiple logic models. The number of logic models created depends on your project goals. If all projects lead to the same long-term goal, please use one logic model. If each project leads to a different long-term goal, please create a separate logic model for each. If you need another copy of the logic model template, please see the appendix.

Notes


Problem
Intervention
Short-Term Goal
Intermediate Goal
Long-Term Goal
1
3
4
5
2
What is the main issue your organization will solve through your program?
What are the main activities implemented within your program?
What will be the immediate results of the program activities?
What will be the results of short-term goals? Does this accomplish the long-term goal?
What is your organization's overarching goal to address the problem?

Section 2. Selecting Indicators

Overview

Indicators are measures of your program's progress in implementing the program intervention and achieving program goals. Indicators can be used to monitor program progress as well as share program impact with others. Program indicators can include a variety of measurable results such as the number of program participants, rate of participant satisfaction, degree of participant learning, change in participant behavior, and more. However, indicators must be selected specifically for your unique program structure in order to be relevant and applicable.

A helpful tool when selecting program indicators is the SMART framework. To create SMART indicators, select indicators which are specific, measurable, achievable, relevant, and time-bound.

Specific. An indicator is specific if it accurately and concretely described what needs to be measured. Ideally, an indicator is based on research where possible.

Measurable. An indicator is measurable if it can be reasonably gleaned through program activities during the program and based on agreement of program stakeholders.

Achievable. An indicator is achievable if it can be reasonably measured using available resources and without overburdening program stakeholders.

Relevant. An indicator is relevant if it is directly linked to the goals of the program expressed in the program Logic Model and is directly useful for program management or impact assessment.

Time-bound. An indicator is time-bound if it is associated with a timeframe that outlines when and how frequently it should be collected.

To contextualize the SMART indicator framework, let's look back at the case study of the transportation program. And let's, for example, try to come up with indicators for the long-term goal of this program – As a result of decreased social isolation, older adults will experience maintained or improved health. Here, we are interested in understanding how many participants experienced improved health as a result of the program.

One possible indicator for the long-term goal is blood pressure. Blood pressure is commonly used as an indicator of overall health and could, measured before and after the program, be a good indication of improved or maintained physical health. This indicator is specific, relevant, and time-bound. However, this is not a SMART indicator because it is not measurable or achievable. Older adult clients in this organization do not receive physical screenings which would make collecting data for this indicator intrusive and overly burdensome.

Another possible indicator for could be self-reported status of physical health. After utilizing transportation services, participants could be asked whether they feel their physical health has worsened, improved, or stayed the same as a result of the program. This can be asked by the client's case worker during monthly welfare calls. This indicator is SMART as it is specific, measurable, achievable, relevant, and time-bound.

While the example above focuses on the long-term goal of a program, indicators can be created for most components of the logic model. Indicators can be created to measure the program intervention, short-term goals, intermediate goals, and long-term goals. When developing program indicators, make sure to develop indicators for each of these components. Additionally, make sure to develop indicators that will record the program's process and outcomes.

Example

Using the case study presented on page 9, the example on the following page outlines possible indicators. Notice that the logic model has been copied over, and indicators have been selected to measure the intervention, short-term goals, intermediate goals, and long-term goals of the program. Note that no indicators need to be identified for the 'Problem' of the logic model.

After reviewing the example, see the indicator template to develop indicators for your program's logic model. Transfer your logic model into the template, and select SMART indicators for your program's interventions, short-term goals, intermediate goals, and long-term goals.

Notes

Case Study Indicators

Problem
Older adults within the local community experience poor health due to social isolation.

Intervention
The program provides free shuttle services to all 150 older adult clients to local community centers, malls, events, and attractions.

Intervention Indicators
1. Number of older adults using transportation services each month.
2. Satisfaction rate of older adults with transportation services.

Short-Term Goal
As a result of the transportation services, clients will have access to community centers, malls, events, and attractions.

Short-Term Goal Indicators
1. Number of older adults who report greater access to community events because of transportation services.
2. Number of older adults who report gaining a friend through the transportation services.

Intermediate Goal
As a result of having free shuttle services, clients will experience feelings of community connection and decreased social isolation.

Intermediate Goal Indicators
1. Number of older adults who report decreased social isolation because of transportation services.
2. Number of older adults who reported increased community connection because of transportation services.

Long-Term Goal
As a result of decreased social isolation, older adults will experience maintained or improved health.

Long-Term Goal Indicators
1. Number of older adults who report positive impact of transportation on their physical health.
2. Number of older adults who report improvements to their well-being because of transportation services.

Check: Are your indicators SMART? (specific, measurable, achievable, relevant, time-bound)

Template

Problem

Intervention

Intervention Indicators

Short-Term Goal

Short-Term Goal Indicators

Intermediate Goal

Intermediate Goal Indicators

Long-Term Goal

Long-Term Goal Indicators

Check: Are your indicators SMART? (specific, measurable, achievable, relevant, time-bound)

Section 3. Collecting Data

Overview

Data collection tools are the instruments your organization uses to collect data about the program and its indicators. These tools can collect two kinds of data – quantitative and qualitative. Quantitative data is information which can be measured, counted, and expressed through numbers. Qualitative data is information which describes and characterizes a subject through words.

These data collection tools can be developed and implemented in a variety of ways, and may include any combination of the following:

Surveys. Questionnaires administered by mail, in-person, virtually, or by phone that ask qualitative and/or quantitative questions.

Interviews. Qualitative questions asked of individual participants. Interviews can be conducted in-person or over the phone.

Focus groups. Qualitative questions asked of multiple participants simultaneously to foster a discussion around specific topics. Focus groups can be conducted virtually or in-person.

Records. Qualitative and/or quantitative data about program participants collected through organizational documents such as intake forms, attendance logs, case notes, and more.

Observations. Qualitative reflections of program staff of activities, participant interactions, or participant behavior, mood, and action. Additionally, this can include reflections of program staff on the documents, products, or art produced by participants through program activities. Observations can be the reflection of social workers or activity facilitators watching a program in action.

You do not need to select only one data collection tool. Rather, your program can rely on a mix of multiple data collection tools. Similarly, data collection can focus on quantitative data, qualitative data, or a mix of both. The combination of data collection tools used for your program will depend on a few considerations – accuracy, validity, cost, utility, flexibility, and research ethics.

Accuracy. Consider which data collection method will provide your program with the most accurate and consistent data throughout the duration of the program.

Validity. Consider which data collection method will provide your program with the most relevant data, aligned with both the logic model and selected indicators.

Resources & Cost. Consider which data collection method will be most economical for your program both in terms of financial and time commitments.

Utility. Consider which data collection method will provide your program with the most useful data. Consider who will use the data, how it will be analyzed, and how it will impact the program moving forward. Avoid collecting data simply because you can. Collect data directly aligned with your logic model and indicators.

Flexibility. Consider which data collection tools can be adapted to collect data from all program participants regardless of physical or cognitive differences. Also, consider data collection tools that can be adapted for in-person and virtual settings.

Research Ethics. Consider whether your data collection tools meet the tenants of research ethics outlined on page 6 including informed consent, voluntary participation, avoidance of harm, maintenance of confidentiality and anonymity, and social benefit.

Once you have selected the data collection tool(s), you will need to determine some logistics and practical implications. For this, it is helpful to ask yourself the 'What?', 'Who?', 'How?', and 'When?'.

What. What data collection tool did you choose? What are you going to ask through this data collection method?

Who. Who are you going to ask? Who will be collecting the data? Who will be analyzing the data?

How. How (and where) will this tool be implemented? How will you store and analyze the data? How will you use this information? How will the data collection tool incorporate PCTI considerations?

When. When (and how often) are you going to use this tool?

Example

The example below is based on the case study presented on page 9.

Data Collection Tool

Survey

What, Who, How, & When

(What) Survey including questions about participant satisfaction and the impact of transportation services on participant's feeling of social connections and physical health.

(Who) Survey will be asked of all participants by their case worker. The program manager will analyze and report on the findings.

(How) The case worker will ask survey questions (in-person or by phone) during the pre-set check-in calls and record participant answers in case files. The questions will be worded in a PCTI way, making sure that participants understand that their feedback is voluntary and not tied to service eligibility.

(When) Survey will be collected during monthly check-in calls and the program manager will analyze this data on a semi-annual basis.

Template

Document the types of data collection tools used in your evaluation in the blue boxes. Elaborating on the ‘What’, ‘Who’, ‘How’, and ‘When’ below.

Data Collection Tool	Data Collection Tool	Data Collection Tool
What, Who, How, & When	What, Who, How, & When	What, Who, How, & When

Notes

Section 4. Reporting Findings

Overview

Once data is collected, it needs to be analyzed to understand program success, impact, and potential for replication. In your JFNA program, this information is shared through reports. However, this information can and should be used by organizations to fine-tune program activities, demonstrate impact, and share lessons learned. This information can be used across an organization's departments, or within your field of providers. Evaluation information can be useful for fundraising and may be of particular interest to organization leadership. In addition to completing the required reports for the JFNA program, consider how your organization can learn from evaluation results and share the program model with other organizations.

Reporting Requirements

As part of your JFNA grant program, your organization is required to report program results through four reports. For more information about these reports, including a calendar of due dates, please see your program's policy and forms library.

1. Program Participant Report. Completed on a quarterly basis, this report collects the number of program participants served through your JFNA grant. This report includes questions on the total number of participants served to date and quarterly through your JFNA grant and is disaggregated by participant type (Holocaust survivor, older adult with a history of trauma, family caregiver, professional service provider, and volunteer). This report enables JFNA to understand the number of participants impacted by your JFNA grant.

2. Evaluation Update Report. Completed once during the first six months of your JFNA-grant, this report collects information about your program evaluation. This includes information about your program's logic model, indicators, data collection tools, and PCTI considerations. This report is submitted after JFNA evaluation consultations are completed, and enables JFNA to provide additional evaluation support, if needed.

3. Annual Evaluation Report. Completed once each year, this report collects program evaluation results for your JFNA-funded grant activities. This report enables JFNA to understand the progress and impact of your program.

4. End of Program Summary Report. Completed at the end of the grant program, this report summarizes your accomplishments and challenges throughout the grant period. This report serves as your closing case note for the entire grant program.

Notes

Section 5. Creating PCTI Evaluations

Overview

As detailed in the introduction of this Evaluation Planning Workbook, throughout each phase of the evaluation cycle it is important to remember the connection between program evaluation and PCTI care. The principles of PCTI care should be integrated into all phases of an evaluation to protect and empower participants.

A PCTI evaluation is one in which the role of trauma is realized, recognized, and accommodated by actively resisting the re-traumatization of participants, individually and as whole. PCTI evaluation actively prioritizes trauma-informed principles above other evaluation considerations and accommodates for individual preferences when conducting program design, indicator selection, data collection, and reporting. All components of the program evaluation must be infused with considerations of the six PCTI principles – safety; trustworthiness & transparency; peer support; collaboration & mutuality; empowerment, voice, & choice; and cultural competency. Additionally, the strengths and preferences of each participant and/or groups of participants must be accommodated and prioritized.

To support in the development of PCTI evaluations, JFNA has created the PCTI Evaluation Planning Tool. This tool notes PCTI evaluation considerations for each of the six PCTI care principles. In jotting down PCTI evaluation considerations, organizations are encouraged to view the evaluation process from the vantage point of participants, and make accommodations based on the strengths and needs of participants. For example, what does the PCTI principle of safety mean to the participants of your program's evaluation? How can data collection tools ensure evaluation participants feel safe?

While your organization is encouraged to review PCTI evaluation considerations at the beginning of your program, this PCTI Evaluation Planning Tool is a living document – it should be referenced and modified throughout the lifetime of the program. For example, as staff collect data they may notice participants are uncomfortable with certain questions. As a result, staff may need to review how the evaluation promotes Trustworthiness & Transparency, Collaboration & Mutuality, or Cultural Competency during data collection. Conducting a PCTI evaluation is a learning process, requiring innovation based on the evolving needs of the program and participants.

On the following page, a copy of the PCTI Evaluation Planning Tool is provided. This is followed by an example where the PCTI Evaluation Planning Tool is applied to the case study detailed on page 9. This example shows a few PCTI strategies for each PCTI principle and is not an exhaustive list.

A template is provided on page 26 for your organization to enter your PCTI evaluation strategies.

PCTI Evaluation Planning Tool

Safety

Create a space where clients feel physically and psychologically safe

Promote **safety** by:

- Selecting a safe location for the evaluation to be conducted
- Assuring clients of their anonymity or confidentiality
- Selecting a reasonable frequency and length of surveys or interviews
- Using language that is not re-traumatizing

Trustworthiness & Transparency

Conduct all organizational operations and decisions transparently

Promote **trust** by:

- Providing instructions about the survey or interview
- Sharing the evaluation purpose and how results will be used
- Sharing evaluation results
- Ensuring availability to answer any questions or concerns about the evaluation, and respond to any fears or concerns in a timely and sensitive manner

Peer Support

Encourage peer support that can lead to trust, healing, and collaboration

Promote **peer support** by:

- Encouraging clients to participate in the evaluation
- Encouraging clients to support the participation of their peers
- Encouraging clients to encourage their peers to be forthcoming and honest in their responses
- Encouraging clients to support each other throughout the evaluation process

Collaboration & Mutuality

Share decision-making in partnership with clients

Promote **collaboration** by:

- Collaborating on goals, objectives, timelines, and variables for the evaluation
- Considering an advisory council of clients to assist with evaluation design
- Getting input from clients on the evaluation strategy, methods, and questions
- Providing ongoing updates, asking for feedback on the evaluation

Empowerment, Voice, & Choice

Recognize and build upon each individual's strengths and experiences

Promote **empowerment** by:

- Ensuring participation is optional and not linked to services received
- Offering options for how and where clients can participate in the evaluation
- Providing assistance to clients who request or need help to participate
- Offering clients the opportunity to assist in evaluation design or pilot testing

Cultural Competency

Account for biases based on culture, personal history, gender, sex, race, age, etc.

Account for **identity issues** by:

- Respecting a client's history with evaluation
- Avoiding language known to be potential trauma triggers
- Ensuring the evaluation is in the client's preferred language
- Using fonts, formatting, and language that is not stereotypical, and is culturally, historically, and gender sensitive

Example

Safety

Create a space where clients feel physically and psychologically safe

Promote **safety** by:

When asking for feedback on the transportation services program, make sure clients know that their feedback has no bearing on future availability of the service.

Develop a short survey that can be integrated into conversation so that clients feel more comfortable providing feedback in an informal way.

Trustworthiness & Transparency

Conduct all organizational operations and decisions transparently

Promote **trust** by:

When asking for feedback, explain to clients how this information will be stored and used.

Once information is collected and analyzed, share the findings with the transportation services program participants.

Peer Support

Encourage peer support that can lead to trust, healing, and collaboration

Promote **peer support** by:

When collecting information, encourage participants to discuss the questions among their peers and encouraging peers to raise issues of importance about the transportation services to case managers.

Collaboration & Mutuality

Share decision-making in partnership with clients

Promote **collaboration** by:

When explaining the nature of the survey, inform the clients that their feedback will help to further develop and refine transportation services based on their unique needs and wishes.

Empowerment, Voice, & Choice

Recognize and build upon each individual's strengths and experiences

Promote **empowerment** by:

Develop multiple formats for providing feedback and allow clients to choose their preferred format. For example, for those who don't feel comfortable speaking with their case manager, provide an anonymous paper form.

Cultural Competency

Account for biases based on culture, personal history, gender, sex, race, age, etc.

Account for **identity issues** by:

Frame the questions of the survey in an appreciate way, focusing on client strengths instead of challenges.

Since the program works with non-native English speakers, make sure the survey is available in the preferred language of the participants. This can be supported by case managers.

Template

Safety	Trustworthiness & Transparency	Peer Support	Collaboration & Mutuality	Empowerment, Voice, & Choice	Cultural Competency
Create a space where clients feel physically and psychologically safe	Conduct all organizational operations and decisions transparently	Encourage peer support that can lead to trust, healing, and collaboration	Share decision-making in partnership with clients	Recognize and build upon each individual's strengths and experiences	Account for biases based on culture, personal history, gender, sex, race, age, etc.
Promote **safety** by:	Promote **trust** by:	Promote **peer support** by:	Promote **collaboration** by:	Promote **empowerment** by:	Account for **identity issues** by:

Notes

Appendix

The appendix includes extra copies of the templates referenced throughout this workbook. These templates can be used if you need additional space to design your program.

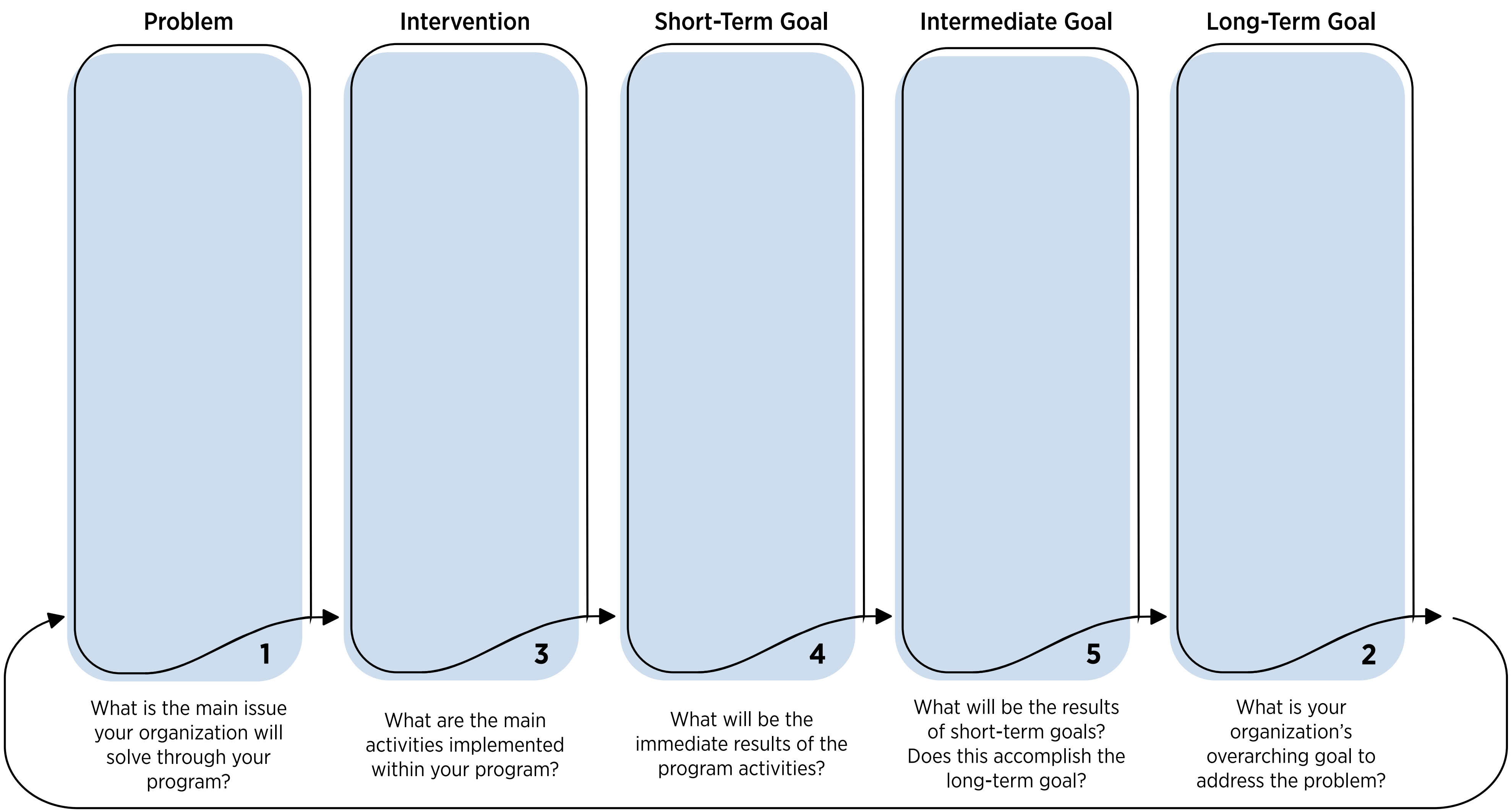
The appendix includes the following templates:

1. Logic Model Template
2. Indicator Selection Template
3. Data Collection Tool Template
4. PCTI Evaluation Planning Tool Template

If you need additional space to jot down notes, you may use the space to the right.

Additional Notes

Logic Model Template



Indicator Selection Template

Problem

Intervention

Intervention Indicators

Short-Term Goal

Short-Term Goal Indicators

Intermediate Goal

Intermediate Goal Indicators

Long-Term Goal

Long-Term Goal Indicators

Check: Are your indicators SMART? (specific, measurable, achievable, relevant, time-bound)

Data Collection Template

Data Collection Tool	Data Collection Tool	Data Collection Tool
What, Who, How, & When	What, Who, How, & When	What, Who, How, & When

PCTI Evaluation Planning Tool

Safety	Trustworthiness & Transparency	Peer Support	Collaboration & Mutuality	Empowerment, Voice, & Choice	Cultural Competency
Create a space where clients feel physically and psychologically safe	Conduct all organizational operations and decisions transparently	Encourage peer support that can lead to trust, healing, and collaboration	Share decision-making in partnership with clients	Recognize and build upon each individual's strengths and experiences	Account for biases based on culture, personal history, gender, sex, race, age, etc.
Promote **safety** by:	Promote **trust** by:	Promote **peer support** by:	Promote **collaboration** by:	Promote **empowerment** by:	Account for **identity issues** by: