

EVALUATION BRIEF

Developing a Logic Model

August 2007

Nine Reasons to Develop a Logic Model

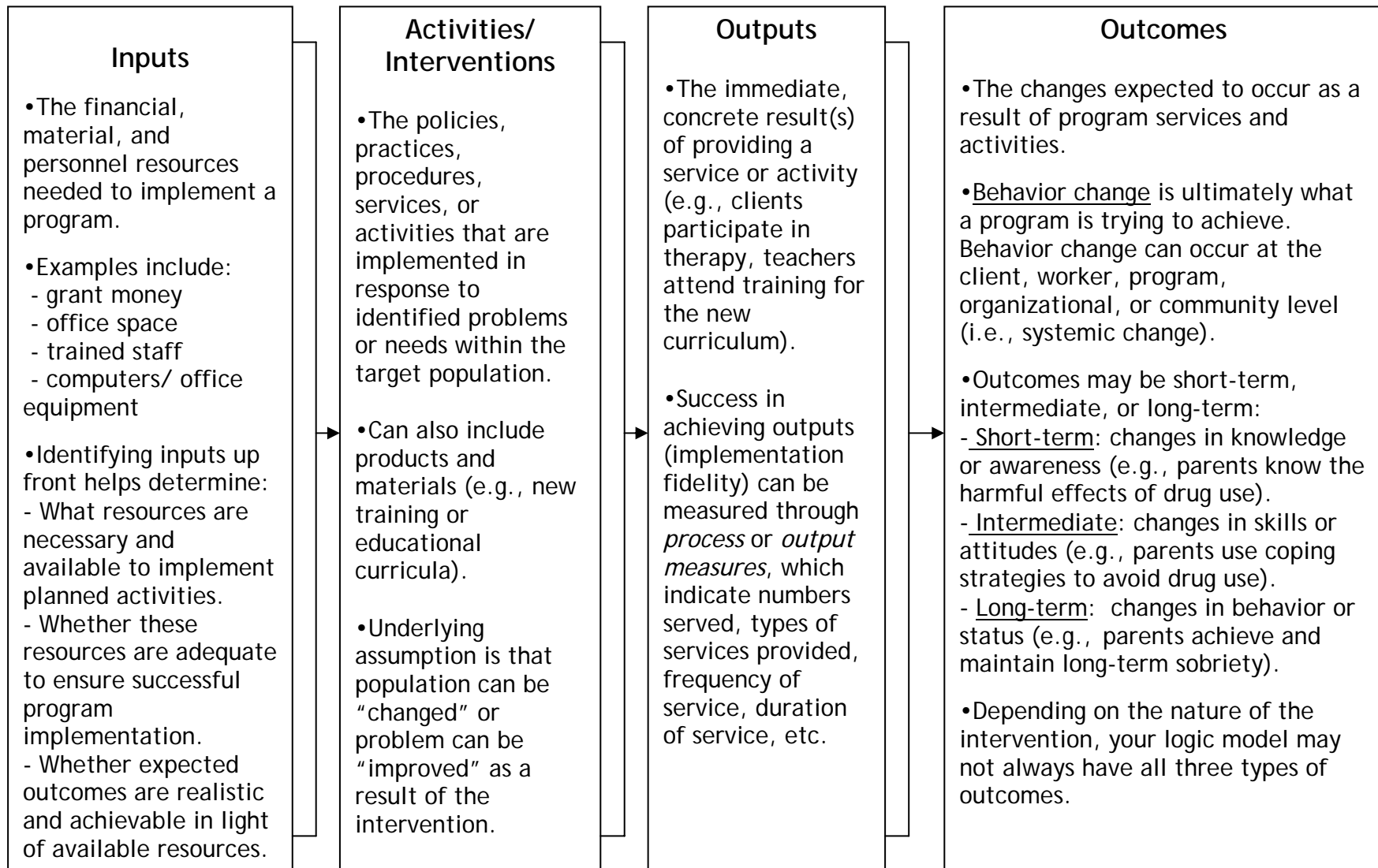
1. A logic model helps structure an evaluation by providing a “roadmap” of key program activities and services and of the outcomes expected as a result of these activities and services.
2. A logic model helps ensure that there is a clear understanding of what services are being implemented, what goals program staff hope to achieve, and how the program’s success will be measured.
3. A logic model helps explain why various data are being collected in the evaluation and how the data will be used.
4. A logic model helps build consensus among grantees, evaluators, Federal Project Officers, and other stakeholders regarding the evaluation. Specifically, stakeholders can reach agreement on the intended goals of the program and the appropriate and meaningful program outcomes. A logic model provides an opportunity for stakeholders to jointly assess the feasibility and practicality of measuring change in selected program outcomes.
5. A logic model offers a concise, easy-to-understand visual summary of the program, which can serve as a handy reference that outlines key program features and expected outcomes. A logic model can be disseminated to interested third parties to provide a synopsis of program goals and activities.
6. A logic model can be used to identify gaps and inconsistencies in a program’s design and evaluation. A logic model can help identify areas in which planned services or interventions need to be articulated or clarified. It can be used to identify logical “gaps” or inconsistencies between program activities and expected outcomes and to assess the feasibility and practicality of measuring certain outcomes.



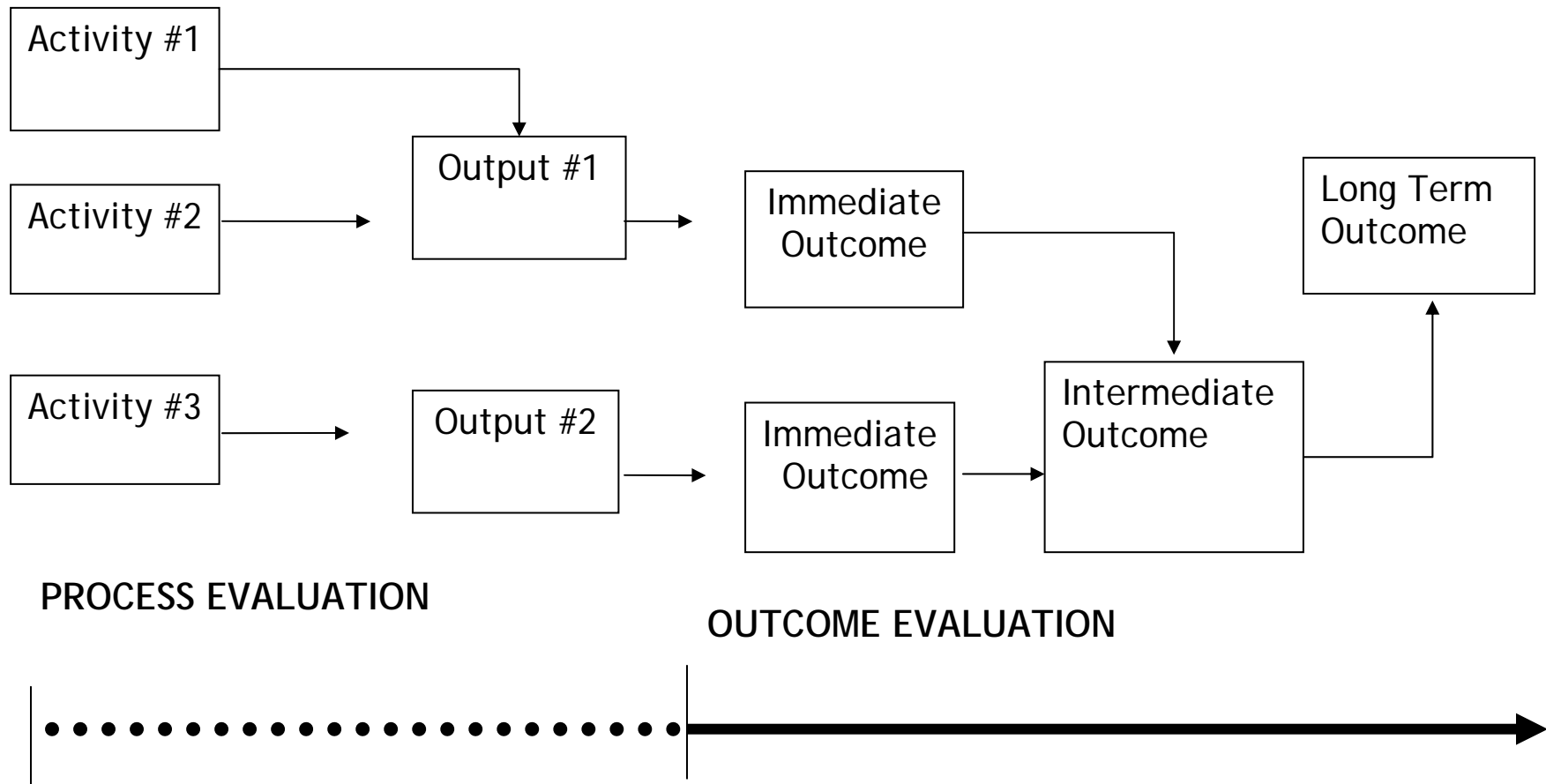
7. A logic model can serve as a “reference point” for proposed program modifications by comparing proposed changes with the original logic model to determine if changes are being made to core elements of the program. A logic model will allow you to assess whether the proposed changes affect linkages to anticipated program outcomes
8. A logic model can serve as a program monitoring tool and help you identify key questions and answers: Have key program components been implemented? What are the program’s outputs to date? Are relevant data being collected? What outcomes have been achieved to date? Are relevant data being collected?
9. Logic models can facilitate comparisons across programs by identifying similarities and differences in program interventions. Logic models can identify common outcomes of interest as well as common indicators, measurement tools, and data sources.

Source: Adapted from DeSantis, J., DeWeever, G., & Kaye, E. (2005). Presentation on Logic Models for Administration for Children and Families (ACF) Project Officers and Staff. Briefing to Federal Staff at the ACF. March 2005. Washington, D.C.

Basic Components of a Logic Model

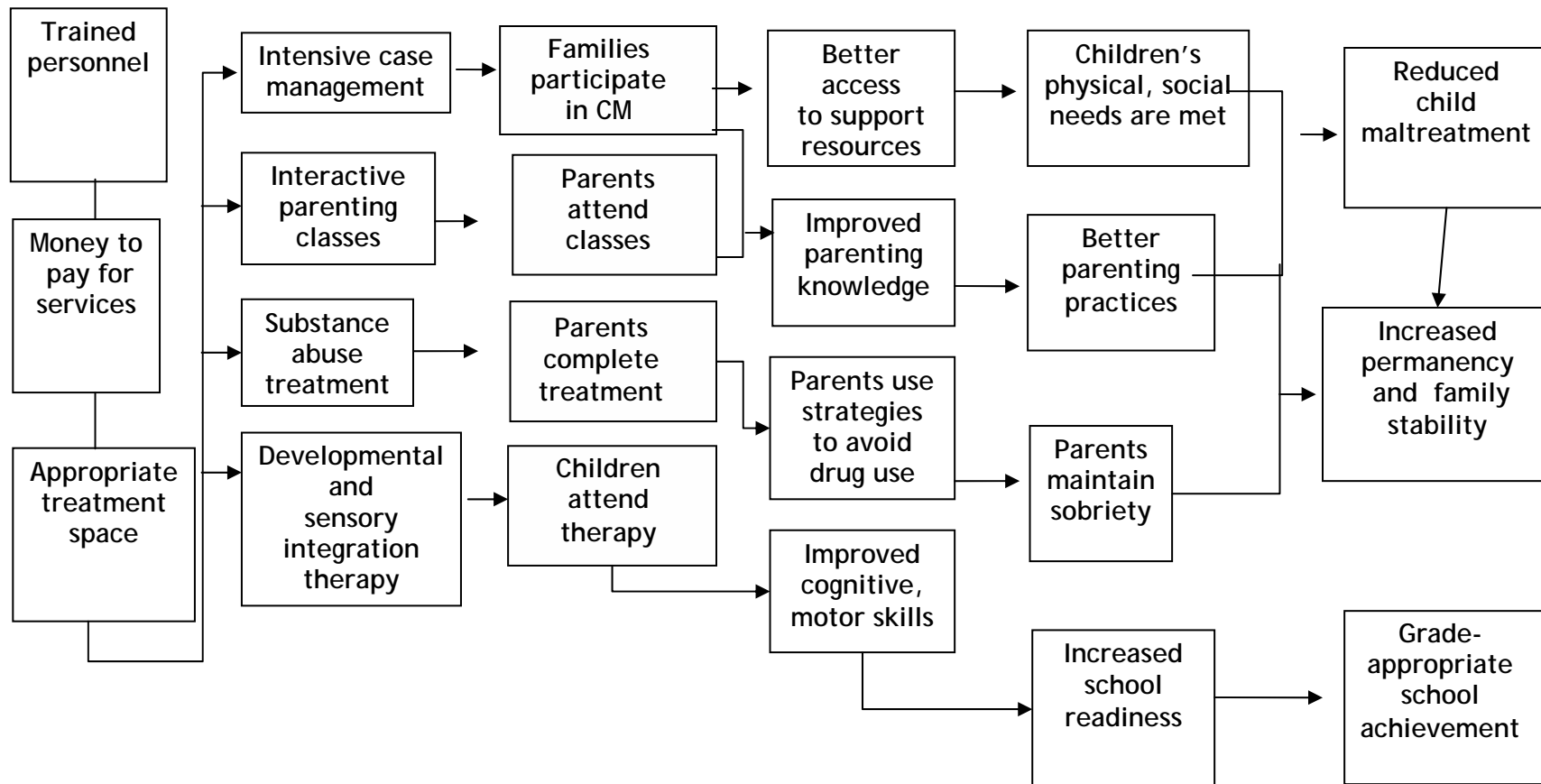


Sample Logic Model: Pathways of Change and Key Phases of the Evaluation Process



Hypothetical Logic Model for a Program to Reduce Child Maltreatment

Inputs → Core Services → Outputs → Short-Term Outcomes → Intermediate Outcomes → Long-Term Outcomes

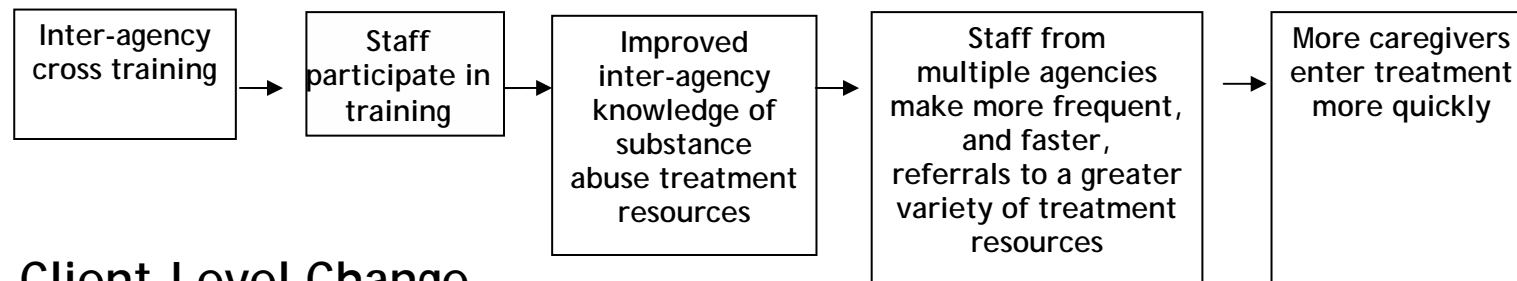


Example of a Multi-Level Logic Model

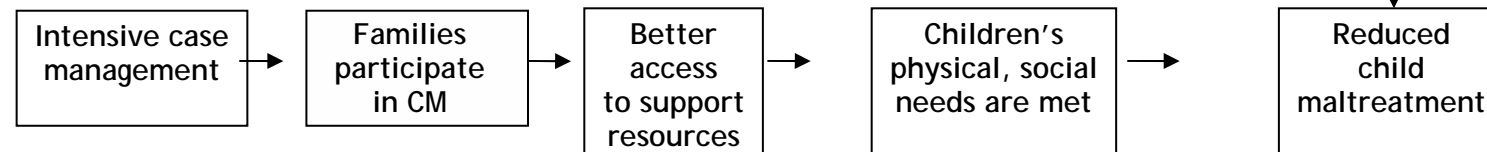
- Logic models can incorporate multiple levels of change.
- Change at one level can affect outcomes on other levels (e.g., changes at the organizational level improve client-level outcomes).

Core Services → Outputs → Short-Term Outcomes → Intermediate Outcomes → Long-Term Outcomes

Systems-Level Change



Client-Level Change



Basic Components of a Data Collection Plan

Output/ Outcome	Measure/ Indicator	Data Source	Measurement Interval	Target/ Benchmark	Person Responsible
<ul style="list-style-type: none"> ▪Outputs: the immediate, concrete result(s) of providing a service or activity (e.g., clients participate in therapy, teachers attend training for the new curriculum). •Outcomes: the changes expected to occur as a result of program services and activities (usually behavior change). •For each program output and outcome, a data collection plan should identify a measure, data source, measurement interval, target and person responsible for data collection. 	<ul style="list-style-type: none"> •A concrete statement that shows how an output or outcome will be <i>systematically measured</i>. •Is often expressed numerically (e.g., total numbers, averages, proportions), but does not have to be. •Output/process measures: generally expressed in terms of quantity of outputs (e.g., # of fliers distributed, avg. # of therapy sessions attended per client). •Outcome measures: generally expressed with reference to a normative variable or construct (e.g., proportion of clients who relapse following treatment, # of clients with a repeat maltreatment report following program discharge). 	<ul style="list-style-type: none"> •The tool or method used to collect information on a given measure/indicator. May include: <ul style="list-style-type: none"> •Standardized instruments (e.g., <i>Parenting Stress Index</i>, the <i>Addiction Severity Index</i>) or non-standardized instruments (e.g., client satisfaction survey). •Written documents or records (e.g., meeting notes, client case files). •Qualitative research methods (e.g., focus groups, semi-structured interviews). 	<ul style="list-style-type: none"> •The frequency at which data on a given measure/indicator will be collected. <ul style="list-style-type: none"> •Generally expressed using a calendar term (e.g., days, weeks, months, years). •Some standardized instruments specify collection intervals up front (e.g., the PSI is administered every 6 months). •A standard and consistent time interval is preferable for making valid comparisons across clients (e.g., measure change every 6 months for all clients instead of “pre” and “post” program). •Sometimes an interval is based not on elapsed time but on completion of specific service modules, components, or activities (e.g., interval between entry into substance abuse treatment and completion of all treatment modules). 	<ul style="list-style-type: none"> •A standard or “yardstick” of achievement against which program success is measured. •Generally expressed in numerical terms (e.g., 60 percent of clients will successfully complete a substance abuse treatment program within 12 months of enrollment). •Is sometimes referenced against a known geographic or historical statistic (e.g., a national rate of substance abuse relapse, a 5-year average countywide child maltreatment rate). 	<ul style="list-style-type: none"> •Specify who will have responsibility for collecting data on each output or outcome. •Data collection may be the responsibility of program staff (e.g., caseworkers, administrative support workers) or of evaluators. ▪Make sure the data collector has the education, skills, and experience to do the job (e.g., your administrative assistant should not implement a complex observation instrument usually administered by a trained psychologist). ▪Minimize risk of bias in data collection (e.g., the program director should not conduct focus groups with project clients).



Hypothetical Data Collection Plan for a Program to Reduce Child Maltreatment

Output/ Outcome	Measure/ Indicator	Data Source	Measurement Interval	Target/ Benchmark	Person Responsible
Outputs					
Parents attend interactive parenting classes	Average # of classes attended per parent	Attendance logs	Ongoing	75% of all parents attend 5 or more classes during program	Class instructor
Short-Term Outcomes					
Children exhibit improved cognitive and motor skills	Average change in score on standardized assessment tool	Bayley Scales of Infant Development	Program entry (birth), 1, 3, 6, 12, 24, 36, 48 months of age	80% of all children achieve developmentally appropriate scores by 48 mos. of age	Child psychologist
Intermediate Outcomes					
Parents maintain sobriety	Average change in score on standardized assessment tool	Addiction Severity Index (ASI)	Program entry, 6 and 12 months following completion of treatment	75% of parents receive an average composite score of X on the drug section of the ASI 12 mos. after treatment	Substance abuse counselor
Long-Term Outcomes					
Children are at reduced risk of maltreatment	% of families with a subsequent maltreatment referral within 12 months of program discharge	Child welfare database	Ongoing, within 12 months of program discharge	75% of families will have no maltreatment referrals within 12 months of discharge	Evaluation consultant