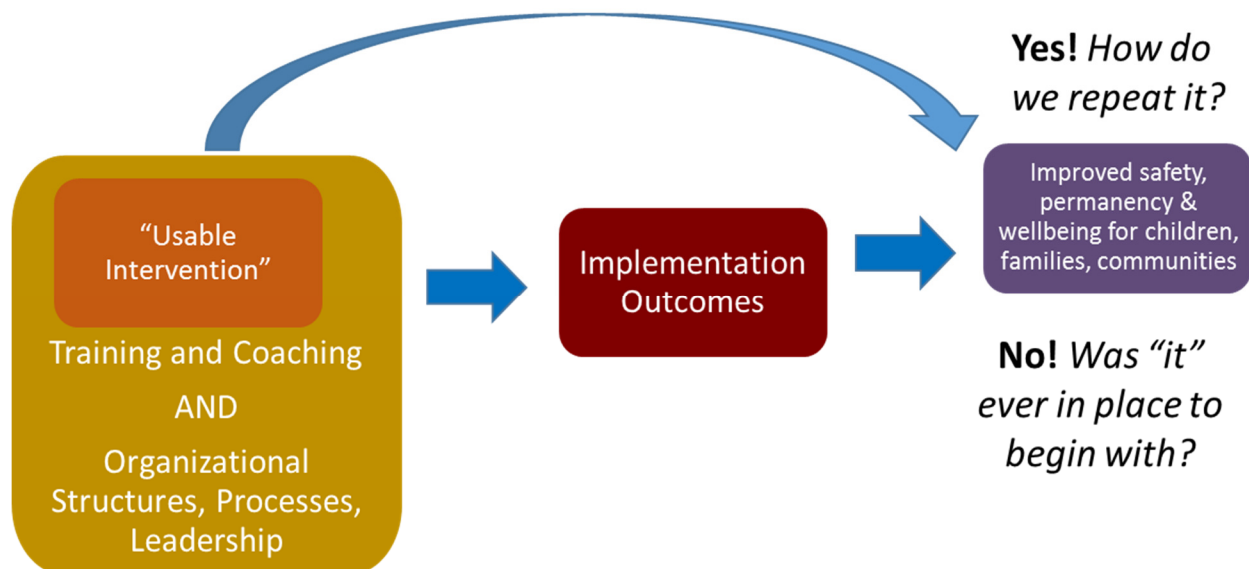


A **Theory of Change** helps to link features of a problem (“*I observe that*”) to the intervention to address them (based on functional connections to factors contributing to it, identified in “*I think it’s because*” and “*BUT WHYs*”). Using data to make a case for particular intervention components can strengthen the rationale for effectively addressing the problem and improving outcomes. In fact, developing and using a Theory of Change really moves in lots of directions – looking ahead for planning, back for evaluation, and cyclically for ongoing improvement.

Before jumping straight to outcomes that are further along in the Theory of Change, measuring *the process and outcomes of implementation* can help to clarify what it takes to support use of an intervention (“it”) and clarify if “it” is in place as intended. If family outcomes get better, such understanding may help you replicate what it takes to get to improved outcomes. If family outcomes do *not* change, such understanding may help clarify the difference between “it” not working and “it” never really being in place or supported to begin with.



The process and outcomes of implementation encompass three pieces:

- **Implementation Supports**
  - Recruitment/selection, training, and coaching processes to ensure **People** have the knowledge, skills, and confidence to deliver the intervention as intended
  - **Organizational supports** (e.g., communication and feedback loops) to ensure the intervention *can be* delivered as intended
- Whether the intervention is delivered as intended (**Fidelity**), and
- How children and families are experiencing your intervention (**more immediate or Proximal Outcomes**)

## What do you want to know?

Measuring implementation starts with identifying the questions you would like to answer.

Questions to measure **implementation supports** often aim to understand

- The ***provision of implementation supports*** (e.g., how many workers are attending coaching sessions? When? For what?)
- The ***outcomes of providing them*** (e.g., is training increasing the knowledge and skills of workers related to the intervention components?), and
- ***Their quality*** (e.g., does training address the essential functions of intervention components? Are fidelity assessment processes feasible to complete for staff?)

Questions to measure delivery of the intervention as intended (**Fidelity**) often aim to understand

- If essential functions (such as immediacy) as defined in intervention components have been operationalized in real-world practice (e.g., did the outreach and assessment activity occur within 14 days?)

Questions to measure intervention data related to **children and families experience with the intervention** often aim to understand

- ***Provision of the intervention*** (e.g., how many families have received mentoring services?)
- ***Proximal outcomes*** that are more closely (in time) related to child and family experience with the intervention (e.g., are families acquiring more knowledge or skills sets? Are families more engaged with their natural community of support?)

## How are you going to know it?

After defining questions for measuring the process and outcomes of implementation, you will want to determine the data sources your team has or will need to answer the questions you have generated. Depending on the type of question, your measurement plans may aim to measure different things (e.g., counts of activities, feedback about satisfaction) in various ways (e.g., event logs, case reviews, surveys) that may or may not already exist.

## Where to start?

Once you have completed brainstorming of questions, measures, and data sources, it will be helpful to select a few questions with which to start. Doing so can help build some “quick wins” and prevent getting overwhelmed with tackling too many questions at once.