



Good Better Best

Developing evidence for your program

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In the world of evaluation of COPMI programs - the best evaluation method is not always possible. However we should always be trying to move from

Good



*To design your evaluation to do at least
some...*

Better



And to try to include...

Best

Whenever possible.

*Examine the following to see how you
can best evaluate your program...*



Good program evaluation

- **Your program goals are clearly defined**
- **You measure more than just *participant satisfaction* with program**
- **Your measures are aligned with your goals**
- **You measure over at least 2 time frames (pre and post your program)**



Better program evaluation

- **Have a second group that do not get intervention (or get something else)**
- **Participants are matched for groups on key characteristics (e.g. gender, age)**
- **Evaluation measures have strong psychometric properties**
 - Clear structure (definitions, statistically)
 - Valid
 - Reliable
- **Has follow up time frame (3-12 months post program)**
- **Matches participants over time**



Best program evaluation

- **Participants**
 - Randomly allocated to groups
 - Large numbers – lots of groups
 - Different types of participants (gender, age, race)
- **Study strictly controls other variables**
 - Parental illness, family supports
- **At least 3 groups**
 - Intervention, alternative intervention, controls, placebo



Best program evaluation

- **Program**
 - Strong fidelity (same thing delivered by each person trained to deliver it)
- **Externally evaluated**
- **Run by different independent practitioners who get same findings**
- **Evaluated by different independent researchers who get same findings**