

Improving Practice:

An Approach to Implementing Self-evaluation
within Health and Social Services

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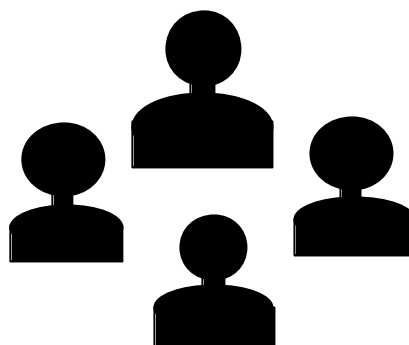


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*Layout and Design by Gladys Swanton (**ceni**) and Andrea Buckley (Craigavon & Banbridge Community HSS Trust)*



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Foreword

Craigavon & Banbridge Community HSS Trust has had a reputation for innovation and commitment to providing high quality services since its inception.

The Trust recognises that increasing the capacity of managers and staff to evaluate their work is important in the current HPSS&PS context. Professional regulation through Clinical and Social Governance will have a strong impact on how services are provided. The Trust also acknowledges that service user expectations are different in today's health and social services environment and that the professions need to work differently and in partnership with those users.

The Trust is committed to continuing education for managers and staff to enable best practice. This report sets out the details of a programme of training and support in self-evaluation provided by Community Evaluation Northern Ireland (**ceni**) and demonstrates how multidisciplinary staff used evaluation theory and concepts to influence their practice.

The programme had a strong impact and staff report that they have integrated self-evaluation into their thinking and work. They now feel more empowered in using self-evaluation as a tool in everyday practice. It is important also that this is the beginning of a process and not just a one-off event. In order to make self-evaluation work, staff need to feel that they are going to be supported in challenging themselves in this way.

I would like to thank **ceni**, and in particular Orlaith Moley and Nicola McIlldoon, for their excellent work in organising and facilitating the training and support programme.

I commend the managers and staff who participated in the programme and stretched themselves personally and professionally.

Finally, I would like to thank the staff at the Community Development Unit who provided the impetus for, and administrative back-up to, the programme.

W D Preston

Chief Executive

Craigavon and Banbridge Community HSS Trust



Introduction

The impetus towards self-evaluation

The emergence of government policies such as clinical and social care governance has located evaluation principles at the heart of health and social services practice. As a result, NHS Trusts are now required to embrace quality and accountability in healthcare delivery and ensure that these are at the core, 'both of their responsibilities as organisations, and of each of their staff as individual professionals'¹. Health and social service professionals are expected to operate within an agreed set of quality standards, monitor their work, provide evidence of outcomes, promote continuous improvement and disseminate good practice.

Such legislation seeks to introduce a culture of self-reflective practice at all levels and across all programmes of care within the NHS. Within this context, health and social services managers need to ensure that self-evaluation is integrated into the organisational culture and encourage individual responsibility for its overall implementation. They also need to ensure that staff are equipped with the knowledge and skills to utilise evaluation within their everyday work.

Understanding and implementing self-evaluation - a capacity building programme

In recognition of the changing environment and the importance of developing appropriate skills, Craigavon and Banbridge Community Health and Social Services Trust (HSS Trust) commissioned Community Evaluation Northern Ireland (**cen**i) to deliver a capacity building programme. The aim was to assist staff to increase their understanding of self-evaluation, and to implement the process into their working practice. The programme, which was awarded accreditation by the Institute for Supervision and Management (ISM), was delivered between October 2000 and June 2001 and involved a combination of training and support delivered through group and one-to-one sessions. Participants were drawn from a range of professional disciplines, grades and settings across various programmes of care within the Trust.

The aim was to assist staff to increase their understanding of self-evaluation, and to implement the process into their working practice.



This report provides a description of the capacity building programme and highlights some of the implications of implementing self-evaluation within a health and social services setting. It begins by locating the programme within current policy initiatives. It then moves on to outline the programme, including the materials and exercises which were used, and illustrates participants' experiences of putting these into practice. Finally, it points to some of the key factors which impacted upon the extent to which Trust staff were able to utilise self-evaluation and identifies key learning.

The report demonstrates the benefits of implementing self-evaluation into HPSS&PS activity. Participants on **cen**'s training and support programme were able to enhance existing data collection systems and develop new mechanisms to gather evidence – both quantitative and qualitative. They were encouraged to reflect on the information generated, and to use this to enhance understanding and gain a greater insight into their work. This in turn helped them to identify required changes to practice and become more effective in meeting users' needs. In this way, self-evaluation was used to enhance accountability, as well as provide a planning and management tool which could feed into ongoing development.

Challenges of implementing self-evaluation

The programme highlighted some of the challenges faced by HPSS&PS managers and staff in terms of implementing self-evaluation into practice. The report illustrates the importance of allocating sufficient time within everyday working practice to effectively plan, manage and utilise self-evaluation. It also stresses the need to establish mechanisms to secure the involvement and commitment of all relevant stakeholders in the self-evaluation process. It acknowledges the difficulties of measuring the impact of HPSS&PS activity, and emphasises the value of developing appropriate indicators which accurately reflect all dimensions of the work undertaken by managers and staff. The experience of delivering the capacity building programme points to the importance of adopting a user-friendly and flexible approach which supports participants in addressing these challenges.

This report is targeted at personnel at all levels within HPSS&PS. It is intended that it will be of interest and use to those responsible for developing policy as well as those charged with managing and delivering services on the ground. Through



the documentation of the programme, the experiences of participants and the lessons learnt, it is hoped that self-evaluation can increasingly be seen as a useful and practicable approach to enhancing the development of practice.

1 'The New NHS, Modern Dependable', Government White Paper, Department of Health, 1997



Context for the Programme

The policy environment

Promoting standards and improving quality

The new government sponsored agenda of modernising Health and Social Services has introduced a series of changes which impact upon the management and delivery of healthcare services. The launch of initiatives and policies such as Clinical and Social Care Governance and Best Practice, Best Care has promoted a standards and quality approach to the provision of Health and Social Services. Drawing on a range of tools which are already in use such as audit, risk management, clinical effectiveness and complaints management, Clinical and Social Care Governance provides an over arching framework *'through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish'*¹. This framework is further strengthened through the Best Practice, Best Care document which proposes a statutory duty of quality on Boards and Trusts and *places 'a statutory requirement on these bodies to put and keep in place arrangements for continuously improving and monitoring the quality care services they provide directly to individuals'*².

Implications for healthcare professionals

As a result of such policies and initiatives, healthcare professionals are required to adhere to a series of measures which directly link to evaluation practice. Under these new arrangements all healthcare professionals are accountable and responsible for the quality of their clinical practice as part of professional self-regulation: *'effective clinical governance will make it clear that quality is everybody's business'*³. Staff are also required to work in partnerships, providing integrated care within health and social care teams involving practitioners, managers, academics, patients and the public to ensure all stakeholders are fully engaged in the pursuit of quality. A greater emphasis has also been placed on Benchmarking, *'a process whereby organisations identify the best performers in particular areas and measure themselves against the best, with a view to securing improvements in their own performance'*⁴. The drive towards Continuous Professional Development advocates *'the systematic maintenance, improvement and broadening of knowledge and skill and the development of personal*

*qualities necessary for the execution of professional, technical or other duties throughout the individual's working life*⁵. Evidence Based Practice is also supported as a means of demonstrating competence to practice. This promotes the importance of ensuring that healthcare professionals are carrying out their work based on a body of knowledge which comes from sources such as theoretical concepts, research, audits and evaluations. That body of knowledge needs to be regularly reviewed to ensure that the information it has provided is accurate, current and has enhanced practice. The dissemination of best practice is also supported where evidence indicates that practice is good or exceptional.

Implementation bodies

To back up the modernising agenda the Government has reformed and restructured the regulation bodies who govern the work of the professional groups working in Health and Social Services. For example, the National Institute for Clinical Excellence (NICE) has a remit to promote clinical and cost effectiveness and audit through guidance to support front line staff and advise on best practice in the use of existing treatment options. The Social Care Institute for Excellence (SCIE) is tasked with pulling together information about good practice in social care, assess social work practice through service reviews or research and issue guidance on good practice for services. It is the expectation of Government that NICE and SCIE will work closely together, taking account of the views of users and carers, research evidence, findings from inspections, joint reviews and other sources of good practice. The Commission for Health Improvement (CHIMP) provides an independent assessment of action to improve quality by ensuring robust clinical governance arrangements are in place and that NICE guidance is consistently implemented locally⁶.



Self-evaluation needs within the Trust

Craigavon & Banbridge Community HSS Trust

Craigavon & Banbridge Community HSS Trust delivers a range of services including Primary Care, Mental Health, Child & Family Care, Community Development and Disability Services. Within the Trust, the emphasis is on delivering high quality services which are flexible and accessible, and there is a commitment to meeting the demands placed upon managers and staff by the changing environment.

Within this context, the Trust recognised the central role of evaluation as a method of improving and monitoring quality. However, it was also acknowledged that while Trust staff were familiar with monitoring and audit systems, there was less use of self-evaluation. A Social Care Governance baseline study undertaken within the Trust indicated that only 26% of social care staff had actually been involved in internal evaluation. Many reasons for this existed, including workload pressures and staff inexperience of the evaluation process.

It was therefore recognised that line managers and front line staff needed to be encouraged to use evaluation within their work, and to become skilful in the necessary techniques, including setting clear objectives and identifying and measuring inputs, outputs and anticipated outcomes in the delivery of services.

Trust's response: developing a capacity building programme

As a first step in this direction, Community Evaluation Northern Ireland was approached to explore the possibility of organising a capacity building programme within the Trust aimed at practitioners and managers across all programmes of care. The focus was on demystifying the concepts and process of self-evaluation in relation to HPSS&PS and to assist participants to understand and implement the process into

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their everyday work. This was seen as being experimental, in that the Trust had not used a self-evaluation model previously.

ceni is an independent not-for-profit organisation which provides a range of services in monitoring and evaluation to the voluntary, community and statutory sectors. These include information and advice, external evaluation of projects, organisations and funding programmes, and training and support services. **ceni**'s ethos focuses on the value of evaluation as a means of generating learning and contributing to practice, as well as a mechanism for accountability. The organisation had previously undertaken work with staff from the Ulster Community and Hospitals Trust and had also provided training in self-evaluation to participants in the Community Development and Health Network's Policy to Practice Programme⁷. **ceni** was therefore familiar with the context in which the Trust operated, the relevant policy and practice developments and the existing structures and systems for monitoring and evaluation.

Based on this, **ceni** was able to develop a programme tailored to the Trust's particular needs and circumstances, which would enable managers and staff to use self-evaluation to complement and enhance current practice.

¹ A First Class Service: Quality in the New NHS, Department of Health, 1998

² Best Practice, Best Care, DHSSPS, 2001

³ A First Class Service: Quality in the New NHS, Department of Health, 1998

⁴ Building the Way Forward in Primary Care, DHSS&PS, 2001

⁵ Best Practice, Best Care 2001 pg 29 4.4

⁶ A First Class Service: Quality in the New NHS, 1998

⁷ An 18 month pilot programme established in March 1998 to promote the use of community development in Health and Social Services Trusts in Northern Ireland.



ceni's Programme of Training and Support

Objectives and approach of the programme

In response to the Trust's expressed needs, **ceni** developed a capacity building programme which combined training and support and involved two phases:

Phase 1 involved the provision of a one-day introductory training course, 'Introducing Self-Evaluation'. The course was targeted at managers and staff within the Trust, and its key purpose was to 'demystify' evaluation, by providing a general overview of the key concepts, issues and processes within a health and social services setting. It included looking at issues such as the links between monitoring, auditing and evaluation, stakeholder involvement and the importance of identifying qualitative indicators of their work. The introductory training was held in October 2000 and was attended by 26 Trust personnel from a range of professional disciplines, grades and settings across various Programmes of Care.

Phase 2 was based on the premise that individuals generally require longer-term support, specific to their particular needs, in order to fully implement the process of self-evaluation; for example, in terms of refining project plans, developing information-collection systems and report writing. It therefore involved a follow-up programme of training and support targeted at a limited number of projects within the Trust and delivered over a period of some 7 months, from December 2000 to June 2001. This element of the programme, which received accreditation under ISM's 'Insignia' Quality Assured Awards, had the following objectives:

- To assist selected projects to design and develop a customised self-evaluation plan, tailored to their project and individual needs;
- To enable selected projects to implement the customised self-evaluation plan into their practice;
- To facilitate a review of the self-evaluation plan after a pilot period of implementation and provide support to analyse and report on findings.

A total of 6 projects participated in Phase 2. Participants were selected on the basis that they:



- ♦ Had identified a specific project/area of work to which the self-evaluation support could be applied;
- ♦ Were willing to undertake the necessary work relating to participation in the programme;
- ♦ Were able to commit time to attending group sessions and one-to-one support sessions;
- ♦ Had received support from their line manager to participate in the programme.

The following projects were selected to participate in this phase:

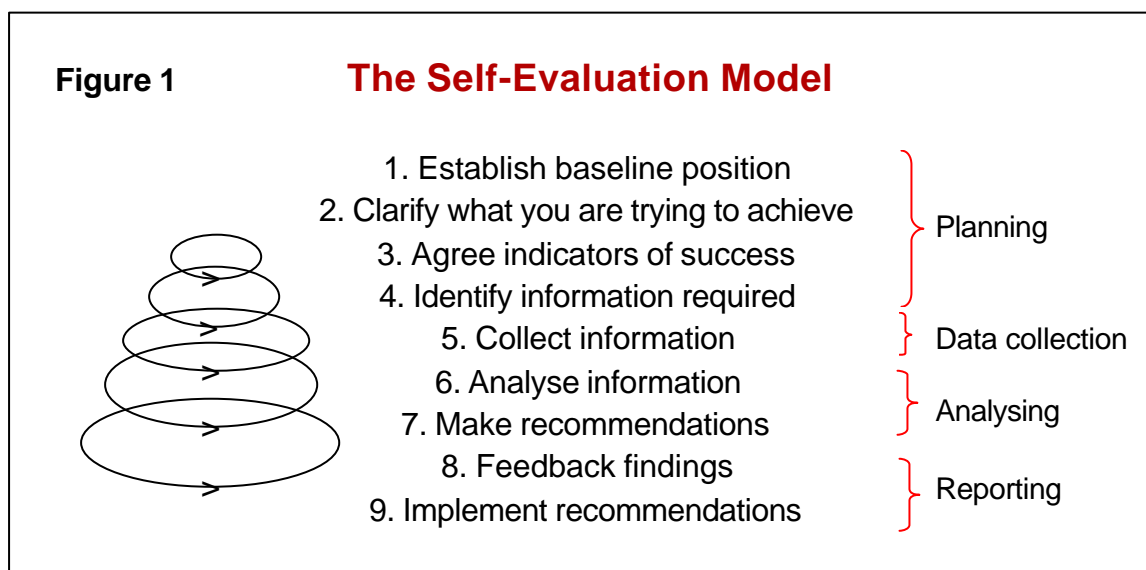
- ♦ **Community Access Project** – a pilot project funded for one year to co-ordinate access to community based services and social networks for people with disabilities within the Craigavon area.
- ♦ **Community Development Project** – a project within the Community Development Unit established to promote the Trust’s Community Development Policy which seeks to mainstream community development across all programmes of care.
- ♦ **Continuing Mental Health Project** – a Continuing Care project based within the Trust’s Community Mental Health Team and targeted at clients with a severe and enduring mental illness. The project includes improving health promotion awareness during a weekly depot clinic and enhancing communications between clients’ GP’s, Consultant Psychiatrists and Community Psychiatric Nurses.
- ♦ **Primary Mental Health Project** – a Primary Care project within the Trust’s Community Mental Health Team which provides a range of primary mental health care services delivered during GP surgeries and home visits.
- ♦ **Health Needs of Looked After Children Project** – a pilot project established to address the health needs of young girls in care, focusing on issues such as self-esteem, bullying, sexual health, drug and alcohol abuse, personal development and issues prevalent to being looked after.



- **Catheterisation Training and Support Programme** – a programme developed by the Trust’s Primary Care department to promote professional practice in catheterisation procedures and to help establish a common level of practice across community and hospital settings.

Delivering the programme

The training and support programme was based on **cen**i’s model of self-evaluation. This model was developed to assist organisations understand and implement the self-evaluation process. It draws on **cen**i’s experience of supporting managers and staff to undertake self-evaluation within a range of settings and contexts.



The model presents the self-evaluation process as a series of logical tasks or activities which should be undertaken on an incremental basis. Four key phases have been identified in this process:

- **Planning** self-evaluation;
- **Implementing data collection** systems;
- **Analysing** the evidence gathered through information-collection;
- **Reporting** the findings of the self-evaluation process.



ceni's programme focused on these four phases for engaging with the participating projects. It included group seminars addressing specific aspects of the self-evaluation process, combined with one-to-one customised facilitation and support sessions to assist participants to apply the ideas and implement the learning into their practice. The role of the **ceni** Trainer was to steer participants through the process, providing guidance and practical support to enable them to incorporate self-evaluation into their current working practice. The following describes the key activities undertaken and issues encountered at each phase.

Planning the self-evaluation

ceni's model highlights the importance of planning self-evaluation from the outset. This involves establishing clear and unambiguous boundaries within which the process will take place. It includes consulting with project stakeholders to explore and agree on the purpose, scope and depth of the self-evaluation, and balancing needs and expectations with the resources available to undertake the exercise.

During initial training and support sessions, **ceni** supported the six participating projects to begin planning their self-evaluation and to develop Terms of Reference for the exercise. Participants were helped to specify the purpose of their evaluation, and identify key issues or areas to be addressed, by completing **Exercise 1**.

A number of the participating projects were still at an early stage of development and opted to use **ceni**'s support to help plan their projects and to develop internal self-monitoring and self-review mechanisms from the outset. For example, the *Community Access Project* had just become operational in November 2000, and the Project Worker drew on **ceni**'s input to help her develop and implement monitoring and evaluation systems in preparation for a final evaluation. Similarly, staff within the *Health Needs of Looked After Children Project* and the *Continuing Mental Health Care Project* focused on identifying and developing mechanisms for collecting information throughout the duration of their projects.



Exercise 1: Developing terms of reference

1. Why do you want to evaluate this project/area of work?

2. Who will be the audience for your evaluation?

Who?	Their interests?

3. What are the key issues/areas which your evaluation will focus on?

4. When will your evaluation be done?

Final report due? _____ Draft report due? _____

Start date? _____ End date? _____

5. What resources do you have available for the evaluation?

Budget? _____ Skills/knowledge? _____

Support? _____ Other resources? _____

Other projects, such as the *Primary Mental Health Project*, adopted a retrospective approach to the self-evaluation process. Staff working within the project decided to utilise existing information to examine the impact of their work over the previous six months. They focused their self-evaluation on four GP surgeries in Lurgan, Brownlow and Banbridge and anticipated that the findings would have strategic implications by helping them to re-position their work within the changes currently taking place within the field of primary care.



Having clarified the purpose and focus of the self-evaluation process, and identified the key issues to be addressed, **ceni**'s model emphasises the need to develop specific evaluation frameworks for each of these issues. The evaluation framework includes:

- Clarifying the key **changes** or **outcomes** which the project anticipates will be achieved;
- Establishing clear **quantitative and qualitative indicators of success** in relation to each of these changes or outcomes;
- Identifying the **types of information** required to enable measurement against the indicators of success;
- Specifying the **methods** to be used for collecting information;
- **Planning** for the collection of information, including specifying who will be responsible, and a schedule for this task.

ceni facilitated each project to complete evaluation frameworks for the key areas they had identified within their Terms of Reference, using Exercise 2.

Exercise 2: Producing evaluation frameworks

Outcomes	Indicators	Data collection			
Clarifying: what is important for us to achieve?	Indicators of success: how will we know we are achieving this?	Type of evidence to be collected?	Methods used to collect it?	Who will be responsible?	When will we collect it?



In completing the frameworks, participants were encouraged to consider both **quantitative** and **qualitative** indicators of success for each area of work. Given the 'audit-led' culture within health and social services, participants were particularly familiar with quantitative ('tangible') indicators such as the number of service users. During the support sessions, **ceni** facilitated participants to tease out and reach consensus on more qualitative indicators which related to the benefits gained as a result of their intervention; for example, service users feeling a greater sense of independence or experiencing less isolation within their family/community.

Completing the frameworks also involved specifying information needs and data collection methods in relation to each of the indicators of success. Projects which were in their early stages of development used the frameworks to identify the types of information which they would need to collect over the lifetime of the project. Those which had been in operation for some time re-examined their information needs and refined existing monitoring mechanisms in the light of having clarified specific outcomes and indicators of success.

Examples 1 and 2 overleaf illustrate how two of the participating projects completed this exercise.



Example 1: Community Development Project

Outcomes

Clarifying: what is important for us to achieve?

To ascertain the current level of CD (community development) awareness; perceived significance of CD policy; & staff training & support needs

Indicators

Indicators of success

- Baseline questionnaire is developed to measure CD awareness, perceived significance of policy.....
- Questionnaire is distributed to representative sample of trust staff
- At least 50% of questionnaires are returned
- 90% of returned questionnaires contain detailed qualitative information
- Information has been collated, analysed in relation to key issues

Data collection

Type of evidence to be collected?	Method used to collect it?	Who will be responsible?	When will we collect it:
Key questions identified	Questionnaire	Community Development Team:	Feb 2001
Recipients details	Mailing lists	()	March 2001
Numbers returned	Database	()	March 2001
Quality of info. returned	Report on findings	()	April-Jun 2001
Findings from questionnaires			

Example 2: Health Needs of Looked After Children Project

Outcomes

Clarifying: what is important for us to achieve?

To enhance young peoples' knowledge and awareness on a range of health related issues

Indicators

Indicators of success

- 8 group training/facilitation sessions are held over an 8-week period
- 100% attendance at all sessions
- young people are attentive during the sessions and participate in discussions (reflecting understanding of issues/topics)
- Programme covers a wide range of relevant topics
- Positive feedback from young people

Data collection

Type of evidence to be collected?	Method used to collect it?	Who will be responsible?	When will we collect it:
Number & frequency of sessions held	Internal records	Co-ordinators	During & after each session
Attendance figs.	Attendance sheets	Tutors	()
YP's behaviour during sessions	Co-ordinator/ Tutor observations	()	()
Participation levels	Training packs & Tutor feedback	()	()
Agenda for each session	Participant feedback sheets	Co-ordinators	()
Opinions of young people & their foster carers	Foster carers feedback		Towards end of programme

The development of evaluation frameworks proved useful to participating projects in different ways. Projects' which were at the early stages of development used **ceni**'s support to help plan and develop their projects. For example, the *Community Access Project Worker* began to translate outline project plans into specific outcomes and measurable indicators of success. Whilst this initially proved to be a daunting task for the newly appointed worker, over time she felt that the development of the evaluation frameworks encouraged her to become more focused in her work and helped to clarify outcomes, targets and information needs within the pilot project. For her, the time spent during this phase was extremely beneficial in *"helping to clarify where the project is at now and where it should be in the future"*.

PARTICIPANTS' COMMENTS:

This phase was extremely beneficial in "helping to clarify where the project is at now and where it should be in the future..."

"it encouraged you to think about what you are trying to achieve" and "identified the need to collect evidence from a range of stakeholders throughout the duration of a project..."

Other participants found this phase useful in that *"it encouraged you to think about what you are trying to achieve"* and *"identified the need to collect evidence from a range of stakeholders throughout the duration of a project"*. Participants from one project felt that the time spent preparing self-evaluation frameworks was valuable in that it helped to identify future issues/barriers within their planned project. Realising that aspects of their proposed work were already being delivered through other Trust services, the Project Workers subsequently decided not to operationalise their project.

Implementing data collection

The next stage of the self-evaluation process involves collecting information as identified within the evaluation frameworks. This includes drawing on existing data such as internal project records, as well as developing mechanisms to elicit additional information from a range of project stakeholders, such as staff and users. This might include undertaking surveys, conducting interviews and organising focus group sessions.



ceni's programme provided each project with the opportunity to collect information between December and February 2001. Each project approached this phase in different ways, using a range of methods to gather quantitative and qualitative data. They each faced different challenges in the process.

The Community Development Project, for example, endeavoured to ascertain awareness and levels of community development activity across the Trust, prior to launching its community development policy. The project staff chose to survey Trust staff through a postal questionnaire to gather baseline information on the following:

- Current level of community development awareness throughout the Trust;
- Perceived significance of the community development policy before its launch;
- Awareness of other policies/legislation throughout the Trust;
- Awareness of the *Community Development Unit* and its role;
- Community development training and support needs among Trust staff.

In developing and using a questionnaire for this purpose, Unit staff encountered a number of issues. In their efforts to produce a valuable data collection tool, they grappled to strike a balance between the use of open and closed questions and to address issues associated with respondents' confidentiality. This resulted in less time being available to effectively pilot the questionnaire. Unit staff also strived to identify a representative yet manageable sample size. During the course of planning meetings, 500 project staff had been identified across the various programmes of care. However, given the resource implications of surveying all potential respondents, it was considered more appropriate to randomly select a sample of 250 project staff. The *Community Development Unit* endeavoured to ensure that the sample size was large enough to yield useful data, could be easily managed and analysed and represented all programmes of care, grades and settings within the Trust. By the end of this phase, approximately 70 completed questionnaires had been returned



(representing a response rate of 28%), which provided very detailed and useful information for the Unit.

Within the *Catheterisation Training and Support Programme*, the worker chose to draw on existing information to measure the impact of the project. She examined feedback sheets completed by participants who had previously received training and support during the programme. The self-evaluation framework which she had developed also identified the need for a follow-up questionnaire to previous participants and an interview schedule for community-based catheter patients to elicit their opinions on the quality of care received. In order to gather this information, considerable time was required to sift through existing programme records, develop the questionnaire and administer its distribution, and conduct interviews with service users. Initially the project worker was able to allocate time within her busy case-load to undertake a number of the tasks involved; however over time other priorities began to emerge which hindered further progress in relation to data collection. As a result, she was unable to continue her participation on the training and support programme.

Analysing the Information

This phase of the self-evaluation process involves using the information collected from the various sources to contribute to learning about how the project might improve or develop. The raw data is collated and critically analysed in order to inform an assessment or judgement in relation to the indicators of success identified at the beginning of the evaluation process. This in turn helps to inform conclusions about the strengths and weaknesses of the project and provides the basis for making recommendations about its future development.

This is a challenging process, and **ceni** provided training which aimed to demystify the key elements of reflection, collation, description, interpreting, judging, concluding and making recommendations. This was complemented by one-to-one sessions during which participants were supported to analyse the information they had collected, using **Exercise 3** (overleaf).



Exercise 3: Analysis Framework

1. Reflection

Looking back to your Terms of Reference, what is the overall purpose of your evaluation?
What key questions/issues has your evaluation focused on?
What were your indicators of success for this aspect of your work?

2. Collation

Having familiarised yourself with the data collected, organise the data into a workable format. Identify themes and group similar comments. List the key themes below and arrange the data around them. Organise quantitative data into tables, graphs or charts.

3. Description

Briefly describe your evaluation findings in relation to this area, revealing basic patterns and trends which are emerging. Make sure that the description is balanced and accurate (present both the positive and negative view points).

4. Interpretation

Based on your knowledge, explore the reasons why things have happened as they did. Explain the significance of each descriptive pattern or trend. What factors may have lead to these results?

5. Judgement

Assess the overall value or worth of this piece of work. Has it been beneficial/useful or not? Comment on the overall performance in relation to agreed indicators of success. List strengths and weaknesses of this aspect of your work.



6. Conclusions & Recommendations

Based on your findings, what conclusions can be drawn? What actions can be taken to build on strengths and overcome weaknesses?

The emphasis of **cen**i's work at this phase was to encourage participants to move beyond description of what happened and what was delivered within their project to a more in depth and rigorous examination of the significance of outputs and outcomes. Participants were encouraged to systematically and critically analyse their evidence and to explore why things were happening as they were within their projects. Through this they were able to gain greater insight and learn more about their work. Having identified



project strengths and weaknesses, participants were helped to identify recommendations or future actions for improvement and development.

The participating projects used a range of approaches to analyse their evidence:

For example, the *Primary Mental Health Project* organised an 'Away-Day' for all staff to scrutinise the information gathered and identify priorities for the future. Staff were able to demonstrate the impact of their project between June and December 2000 by highlighting the following:

- the number of referrals received;
- the number of home visits and face-to-face contacts;
- the number of users who did not attend GP appointments and the subsequent costs incurred by the Trust;
- the nature of the staff's intervention.

The project was able to illustrate the benefits gained by users as a result of the staff team's intervention; for example, improvements in behaviour or attitude and an enhanced ability to cope with symptoms. By examining the age range of users, staff were also able to demonstrate how those aged between 16-17 years fell between the Trust's *Mental Health and Family and Child Care* programmes of care. As a result, the staff agreed to develop an operational policy which would clarify the project's role and to produce information leaflets for GP's. They also planned to use the evidence generated through the self-evaluation to help re-position their work within changes taking place within primary care and to highlight their networking role with other community and voluntary organisations.

The *Community Development Project* recruited the support of a social policy student to assist with the collation and analysis of the data gathered through questionnaires. A member of staff was responsible for overseeing the work and met on a regular basis with other Unit members to share findings and discuss their implications.

...moving beyond description of what happened and what was delivered within their project to a more in depth and rigorous examination of the significance of outputs and outcomes



The managers from both the *Primary Mental Health Project* and the *Community Development Project* were participants on the self-evaluation programme, and were therefore aware of the need to prioritise time within existing work schedules to undertake analysis. They were also able to draw on human resources within their project teams or bring in support to assist with the additional activities required. For other projects, a shortage of time and sufficient support resources, for example, impacted on the extent to which staff were able to undertake analysis of their data.

Reporting

The final phase of **cen**i's self-evaluation model focuses on reporting. This involves communicating the findings, analysis, conclusions and recommendations from the evaluation to particular audiences in order to inform them about the achievements of, and lessons learnt from, the project. The purpose of this phase is to provide accountability to project stakeholders and enhance practice development through the dissemination of learning.

This phase of **cen**i's training and support programme focused on assisting participants to plan and structure an evaluation report. During a group seminar, participants used **Exercise 4** to identify potential audiences for their reports and to consider their individual interests.

Having identified the range of potential audiences and clarified their information needs, participants began to develop an overall structure for an evaluation report. The structure outlined in **Figure 2** presents a sample report format.

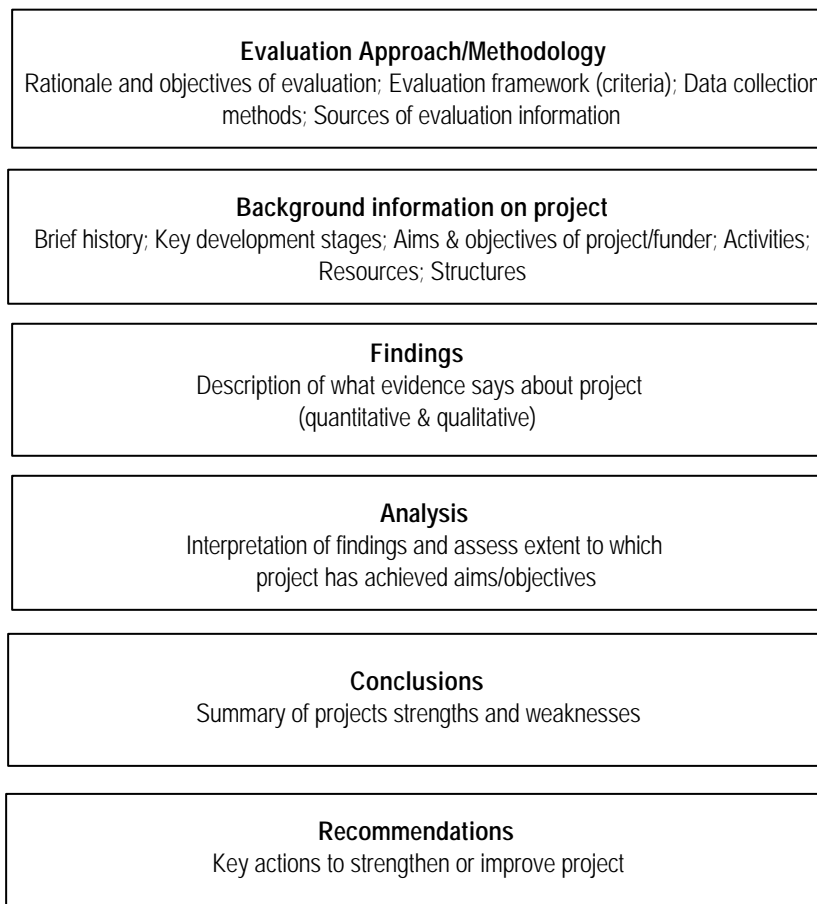


Exercise 4: Planning your evaluation report

Complete the table below, identifying each of the audiences to whom you report. Try to identify, as clearly and specifically as possible, why each audience needs the report, what type of information they will require and when it will be required.

Who are the audiences for my evaluation report?	Why does this audience need the evaluation report? What are they going to do with it?	What type of information will this audience require?	When do they require the evaluation report?

Figure 2 Evaluation report structure



ceni facilitated participants to refine and customise the sample report format to suit their individual reporting needs using **Exercise 5**.

Exercise 5: Structuring your evaluation report

Use the boxes to help you plan how you are going to structure your evaluation report. Insert the main heading for each section and then outline the main points to be included in each. Where appropriate, add subheadings to help you structure your information further.

Title page Report title Author Date
Section heading

Whilst projects were not required to produce a written document during this phase of **cen**i's programme, a number of participants were able to use the support to plan and develop a draft evaluation report for specific stakeholders. The *Community Access Project* was required to undertake an evaluation and produce a report on findings as a condition of funding from the Southern Health and Social Services Board (SHSSB). The project worker used the exercises and guidance to inform the development of the evaluation report and follow-up presentation to SHSSB. Similarly, staff within the Primary Mental Health Project drew on the planning exercises to help plan a report to senior management within the Trust. The *Community Development Unit* used the learning from this phase to produce a report which drew together the survey findings in relation to the various programmes of care within the Trust. It is envisaged that the report will also feed into the SHSSB's Community Development Training Strategy.

ceni's programme concluded in June with a dissemination event with the Trust's Operational Board. During the session, staff from each project presented a brief overview of how they applied self-evaluation to their working practice and the learning achieved as a result. A number of the projects also used this platform to present the findings from their self-evaluation.



Recognising the success of the programme, the Trust allocated further resources to replicate the training and support process with other managers and staff. Resources were also provided to produce this publication, in order to document and share the lessons with other health and social services personnel.

On completion of the programme a number of participants were awarded certificates from the Institute for Supervision and Management at a presentation event held at the Trust Headquarters.



Pictured here right to left: Denis Preston (Chief Executive), Nicola McIlldoon (ceni Deputy Director), Martin O'Neill, Rosaleen Moore (Director of Mental Health & Disability), Orlaith Moley (ceni Training Manager), Myrna Wells, Bill Zebedee (ISM NI Co-ordinator), Wendy Lappin, Fergal O'Brien, Francis McConnell, Kevin Gribben, Ingrid Stewart.



Learning and Issues

The previous section of this report described the way in which participants within **ceni**'s capacity building programme applied the process of self-evaluation to their own particular areas of work. This section draws out some of the key issues and learning from the experience. It highlights the benefits of implementing self-evaluation within a health and social services setting as experienced by the participating projects, and illustrates some of the issues encountered. It draws on feedback from programme participants, gathered through one-to-one interviews, and from their line-managers, obtained through a series of telephone interviews.

Benefits of implementing self-evaluation of into HPSS&PS working practice

Craigavon and Banbridge CHSS Trust staffs' experience of implementing self-evaluation into their working practice produced a range of benefits. Through participation on the programme, participants were able to supplement quantitative indicators with a range of qualitative indicators of their work. Participants developed new, and enhanced existing information collection systems which included obtaining feedback from a range of stakeholders. Self-evaluation systems were also used to gather evidence of their work and enabled ongoing assessment of the impact on users.

From this participants felt they had gained a greater understanding and insight into their work and as a result were able to use self-evaluation to

Self-evaluation was recognised as an effective planning and management tool which can be utilised throughout the duration of a project's lifetime to inform its ongoing development...

identify changes and become more effective in meeting users' needs. Self-evaluation was recognised as an effective planning and management tool which can be utilised throughout the duration of a project's lifetime to inform its ongoing development. Participants were encouraged to use their self-evaluation systems to continually review and constructively question the impact of their interventions. Self-evaluation was also seen as a useful accountability mechanism which helps to demonstrate achievements and encourages the documentation of good practice.



Through the course of the capacity building programme, participants came to view self-evaluation as a more useful instrument than external evaluation, in that they felt it gave them a greater sense of managerial control over their work by helping them to learn more about their practice and to identify where changes are needed in order to become more effective in meeting users' needs. This was summed up by one participant who stated *"I would not have learnt as much about my project's work if I had used an external evaluation approach"*.

Issues to be considered when implementing self-evaluation

Participants' experiences highlighted a number of key issues which need to be considered when implementing self-evaluation within a HPSS&PS context.

Allocating sufficient time for self-evaluation

ceni's work with Craigavon and Banbridge Community Health & Social Services Trust staff highlighted that introducing self-evaluation procedures into HPSS&PS work requires a considerable investment of time by all those involved. This includes time to participate in the capacity building programme itself, but more particularly in terms of conducting self-evaluation activities – planning frameworks, gathering data from a range of project stakeholders, analysing information and producing a report. As in many professions, time is a scarce commodity for HPSS&PS professionals who have to balance heavy caseloads with other demands such as completing paper work, ongoing professional development and pressure to disseminate good practice. Understandably, health professionals have to give their priority to delivering services to clients. Depending on the nature of their work (e.g. mental health or working with young people in care), staff may be involved in crisis intervention support on a regular basis, with paper-work and evaluation sometimes needing to take a 'back-seat'. A number of participants on **ceni's** programme worked within these fields and as a result undertook some of the self-evaluation (planning and analysing) exercises outside normal working hours. It is important to have self-evaluation mechanisms established which can be incorporated into staff's working practice and which do not become a burden or require a disproportionate amount of time to service.



Key learning 1:

If evaluation is to become incorporated into everyday working practice and to act as a valuable management tool, it is important that sufficient time resources are allocated to this area. Managers need to recognise the time required to effectively plan, manage and utilise self-evaluation systems. Sufficient time needs to be allocated within staff's work plan for self-evaluation tasks.

Involving people in the self-evaluation process

cenl's capacity building programme with the Trust demonstrated the importance of securing the commitment from managers and staff in order to ensure that self-evaluation systems are implemented fully at all levels within an organisation. The experience highlighted that management and staff should be involved in designing and implementing the self-evaluation process in order to ensure that knowledge and skills are developed throughout the team. Sharing responsibility for the implementation of self-evaluation among all staff and managers should also help spread the work load and enhance motivation. Encouraging all staff to invest time in self-evaluation activities will also help to create and maintain a sense of ownership and enhance the possibilities of self-evaluation procedures being sustained.

Key learning 2:

When implementing self-evaluation, it is important to ensure that mechanisms are established within organisations which allow for the involvement and secure the commitment of all project stakeholders.

Developing indicators to measure outcomes of HPSS&PS activity

The capacity building programme highlighted some of the challenges involved in measuring the impact of HPSS&PS interventions, given that outcomes from such work often relate to 'intangible' concepts such as changes in people's circumstances, feelings, behaviour or attitudes. Within HPSS&PS, services have often been largely judged on the basis of

quantitative outputs (i.e. the number of service users visited) without fully acknowledging their qualitative outcomes (i.e. richness of the quality of the service provided.)

ceni's programme acknowledged the importance of quantitative 'output' indicators but also recognised the importance of combining these with more qualitative 'outcome' indicators which capture the benefits gained as a result of project intervention (such as service users experiencing a greater sense of well being, feeling comfortable doing things independently or feeling less isolated within their community). Whilst recognising that the development of indicators of HPSS&PS activity is challenging, it is still important to attempt to specify the envisaged change which should take place. This is essential in order to enable managers and staff to assess the extent to which project aims and objectives have been met and 'to measure degree of outcome attainment'¹.

Key learning 3:



*It is important that the impact of a HPSS&PS project or service is judged on the basis of both quantitative **and** qualitative outputs and outcomes. It is also important that time is spent developing appropriate indicators which accurately reflect the breadth and depth of the particular service.*

The importance of developing capacity in self-evaluation

Given some of the issues highlighted, self-evaluation can be seen to be a challenging process, not just technically but also in terms of the environment in which staff are attempting to implement it. **ceni**'s work highlighted the value of providing input to develop self-evaluation capacity, not only in terms of helping Trust staff to undertake planning, collecting, collating, analysing and reporting activities, but also to provide motivation and encouragement throughout the process. Feedback from participants indicated a number of important features of the capacity building programme:

- ♦ **The 'user-friendly' approach to self-evaluation.** Participants on the programme indicated that the approach adopted demystified self-



evaluation, by breaking the process down into a series of logical and manageable steps.

- ♦ **The combination of training and support.** For participants, the training provided an opportunity to share ideas and lessons and promoted networking. One-to-one support sessions were seen as *“an invaluable source of support”* which helped participants *“to keep focused on the work”* and *“provided a mechanism for other members of our team to get involved and discuss the relevant issues”*.
- ♦ **The focus on the particular needs of each project.** While the training provided was generic, the support sessions enabled participants to concentrate on specific aspects of evaluation which interested them and to customise training ideas to suit their needs.
- ♦ **The flexibility of the programme.** The delivery of the programme was spread over time, enabling staff to meet their case-load demands and attend the various support sessions. Each of the projects was at a different stage of development. The nature of the programme also enabled participants to apply self-evaluation to their work, whether they were at the beginning, middle or end of the project.
- ♦ **Transferability of learning.** Throughout the programme, participants focused on a particular area of their work, but the materials used and the skills developed were transferable to other areas of their work.
- ♦ **Accreditation of the training and support programme.** While this was not a priority for participants, they did indicate the importance of having their work within the programme valued through accreditation from a professional national body such as the Institute for Supervision and Management.

Within the current HPSS&PS context there is clearly much potential for utilising self-evaluation to improve and develop practice. To ensure that this happens, it is important that managers and staff are supported to develop their evaluation capacity. TPublished by

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