

Evaluating the Integration of Recovery Values into Health Services

Typical Quality Assurance Audit systems may be relatively straightforward to implement but they have three significant limitations in terms of evaluating the integration of values:

- 1) The extent to which the standards and indicators actually promote the given values.
- 2) The amount of service users evidence that is used in the audit – given that these values are based on concepts of empowerment and recovery, as defined by users, then their experience is a fundamental source of evidence.
- 3) The extent to which any guidance for achieving the standards is included in the audit/review system.

Example of a Typical Quality Assurance Audit Point

Service standard	Performance indicator	Evidence
<i>Assessments should include the recognition of strengths and aspirations</i>	<i>Compliance with documented procedure</i>	Case documents

...Evaluations may satisfy official criteria but may do little to further people's quality of life. It is important that we initiate our own evaluation procedures which reflect our values and aims...in such a manner as to renew our vision and efforts.

Alfred Hassett 1992

Inspectorial Evaluation

Usually reviews “Value for money”

Produces check lists

Has limited impact on services

Developmental Evaluation

Based on the vision of the service

Participatory

Positive about accomplishments and new challenges

Developmental Evaluation

Developmental evaluation was an approach devised to critically review, and learn about, the extent to which an organization actually puts its values into practice. It is not an audit of service records, rather it recognizes that values are set by people and are implemented – or not- by people, therefore the evaluation is a process that involves the people in an organization, beginning with the actual users of an organization's services. In practice this means:

- 1 Adopting the value base as given and recognising that **service users definitions of recovery and empowerment are the basis for best practice values, which in turn are the focus for supportive and effective service management.**
- 2 **The *developmental* aim** of the evaluation must be **emphasised** to avoid it being merely a monitoring process. Whilst certain aspects of pre existing audit systems (such as that described above) may be used as a part of a review there must be strategies for changing practices that do not demonstrate commitment to the values
- 3 **Clarify your evaluation questions** (examples are given below), that will review the extent to which values are integrated into your service and will naturally raise awareness of the importance of values in mental health care.

Examples of the range of evaluation questions based on evaluating the Values baed of the West Midlands Mental Health Partnership of 1999 as an example.

VALUE STATEMENT	EVALUATION QUESTION	SOURCE OF EVIDENCE	FOCUS FOR DEVELOPMENT
Promote recovery & inclusion	<p>Ask service users: “Are you empowered and supported in your own recovery by the services you receive?”</p> <p>“Do you have the same access to opportunities and services as all other citizens?”</p>	<p>Service users expressions of their own experience of the mental health services</p> <p>Service user expressions of their own experience of Community resources.</p>	<p>Practices and services based on user definitions of recovery, community inclusion and empowerment.</p> <p>Ensure equality of opportunities and non discriminatory practice</p>
Develop best practice	<p>Ask mental health workers: “To what extent do your activities and interventions support the recovery and empowerment of your clients?”</p>	<p>Mental health workers in supervision and in discussions with their service users.</p> <p>Review of assessment and care plans as documentary evidence of best practice.</p>	<p>Development of practices that are based on service users needs, strengths (including coping strategies, decision making, support networks)</p> <p>Conducting assessment and planning with service users and demonstrating this in records.</p>

Support best practice	<p>Ask team leaders and service managers: “To what extent do your activities support mental health workers in maintaining best practice?”</p> <p>“To what extent do the organisations policies, documents and guidance actually support best practice?”</p>	<p>Team leaders in supervision and in discussion with mental health workers.</p> <p>Evaluate the influence policies and documents have upon practices E.G. Does your risk assessment policy and documentation encourage an assessment of service users own abilities.</p>	<p>Development of leadership and management that recognises and addresses the needs of mental health workers demonstrating best practice.</p> <p>Development of policies and documentation that reflects values of recovery, inclusion and best practice.</p>
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- 4 **Create or identify groups at all that can begin to evaluate** the integration of values. Ensure that the is broad enough to be able to discuss the whole spectrum of the value base in an effort to maintain continuity of the process. E.G User and Carer Support Groups, Service Improvement Groups, Staff Supervision, Management and Board Meetings
- 5 **Plan this evaluation as an ongoing process** that becomes assimilated by the organisation and its service users reviewing changes in terms of the integration of values, this will then be a developmental process.
- 6 **Engage in any review of the value base.**

References

Dunne, J. McConkey, R. O’Connell, R. and Hassett, A.(1996) *“Empowering Frontline Staff to Become Evaluators”*
Innovations in Evaluating Services for People with Intellectual Disabilities
Lisieux Hall Publications