

Workforce Development Pathway 9 – Evaluation and Routine Consumer Outcome Monitoring

A recovery-oriented service assesses the effectiveness of staff and services provided through indicators that are relevant and meaningful to consumers and carers.



What will you get out of this chapter?

- ✓ An understanding of the importance of outcome measures
- ✓ How to conduct effective evaluation processes
- ✓ An understanding of Routine Consumer Outcome Monitoring

The workforce, in partnership with consumers and carers, is at the heart of achieving a recovery-oriented service system. From a workforce development perspective, **evaluation allows opportunities for improvement, strengthening teams, enhancing relationships with consumers and carers, reflection, goal-setting, and knowledge that the organisation is making a difference.** Evaluation also serves as an important indicator that organisations, and the workforce, are delivering services from a recovery-oriented framework.

"Once upon a time there was a woodcutter who was working vigorously to cut down a tree in the forest using a saw that was growing increasingly blunt as he worked harder and harder to bring down the tree. One day a passer-by stopped and suggested that the man could be much more effective if he stopped and took the time to sharpen his saw. The woodcutter replied impatiently 'I don't have time to sharpen my saw – I'm too busy sawing.'"

This short analogy illustrates an important point about evaluation. We are often so focused on delivering services and working at a busy pace that we do not take the time to stop, reflect and evaluate the effectiveness of our processes. The risk is that sometimes we are not offering the best available support and services to consumers and carers. This chapter hopes to illustrate the benefits to be found for organisations in finding the time to conduct proper evaluation processes. The objective is essentially to seed and sustain a reflective and responsive outcomes culture within community mental health organisations in service delivery and program development, as opposed to an outputs focused culture.

Why measure outcomes?

For consumers:

- To facilitate recovery
- Provides a point of feedback and dialogue to evaluate the services they receive¹⁵⁵

For Mental Health Support Workers:

- Informs treatment decisions¹⁵⁶ and service delivery mode
- Helps evaluate the effectiveness of interventions and monitor consumer progress¹⁵⁷
- Uncovers unmet needs and changes in specific needs

For the mental health system:

- Guide policy and service development through the establishment of outcomes benchmarks¹⁵⁸
- Inform staff development and training needs¹⁵⁹
- Builds stronger relationships between service providers, consumers, carers and the community
- Helps organisations to plan and achieve initiatives for individual and community benefit
- Achieves a higher level of accountability

The process of evaluation allows us to do more of what is working and less of what is not working. **Evaluation needs to be approached as a learning tool and part of what is considered good practice for everybody.** It is a continuous process of asking questions, reflecting and reviewing, such that it becomes part of day-to-day service development practices.¹⁶⁰

A challenge for the community mental health sector is the 'dissemination, implementation and sustained use of evidence-based mental health practices'.¹⁶¹ There has been a focus on establishing what is good practice and evidence-based practice. Now there is an emerging area of research on how to ensure that these practices are happening 'on the ground'. Organisational influences on implementation - things such as the structure, culture or climate, internal processes and leadership need to be better researched and understood.

Evaluation might include staff, stakeholders, funding bodies, the local community, allied health professionals, community services, government organisations, Consumer Workers, Carer Workers, service users, carers and families - anybody that is affected by your initiative. Each of these groups will have different needs and desired outcomes. Managers should benchmark the organisation's performance of particular activities and services against examples of good practice. This will provide some kind of yardstick for judging the effectiveness and efficiency of internal operations and setting performance standards for the organisation.¹⁶²

Evaluation can take place through:

- Staff/consumer/carers surveys
- Repeated needs analysis
- Focus groups
- Semi-structured interviews
- Outcome measurement

The AEIOU Model for Evaluation - taken from 'Evaluation: A Guide for Good Practice'¹⁶³ 

- A** – Ask the right questions
- E** – Examine options and explore methods
- I** – Initiate actions and interpret answers
- O** – Options for Change
- U** – Undertake change for good practice

Things to consider when developing evaluation:

- What is the purpose of the evaluation and its priorities in terms of feedback?
- What are the constraints on the evaluation, e.g. cost, time, resources?
- What do we (staff, consumers, carers, management, stakeholders, community, etc.) hope to gain from the evaluation?
- What percentage of our time and budget are we prepared to commit to evaluation?
- Whose cooperation do we need during the evaluation process?
- How do we ensure that the evaluation reflects a balanced view of the (project/ service/ issue) and has value/meaning for consumers, carers and the community?
- What form(s) will the evaluation reporting take (at what point(s) is evaluation conducted, its content and structure)?
- Have we carefully considered any cultural and linguistic needs in the evaluative process?

Routine Consumer Outcome Monitoring (RCOM) - the 'why' and 'how'

Evaluation needs to occur at an individual level with staff through performance management processes. It also needs to occur at a systems or organisational level, conducted by staff in collaboration with consumers and carers. An outcome measure is a tool to measure a change attributable to an intervention. A consumer intervenes in his/her own life and self care.

An outcome measure gives us clear ideas about what to do and how it is co-produced (service & consumer).

Recovery cannot be easily deconstructed into measurable outcomes. One person's journey to recovery will be vastly different to the next person, for example, a recovery outcome measure for one person might include something as seemingly simple as 'I got out of bed today'.

Routine consumer monitoring is the repeated use of an outcomes tool to monitor consumer health, recovery and well-being over a set time. We do this to know specifically about consumer's needs, and whether they are being met, to improve our practice and services. Routine outcome monitoring should be relevant in terms of tracking and assisting individual recovery processes and evaluating the services consumers receive, not just focusing on assessing symptoms, functioning and service usage.

Involving consumers and carers in the evaluation process is essential - consumers and carers are the critical reference group. Managers need to train staff in how to do this sensitively and professionally so that involvement is voluntary and meaningful. This will strengthen relationships between staff, consumers and carers, and help to 'map' the consumer's recovery journey. Routine consumer outcome measurement will also increase staff's sense of competency and satisfaction with the work that they do, and highlight areas for further development. From a workforce and an organisational view, it provides staff and consumers with a structure which fosters discussion and better informs goal setting, monitors consumer outcomes and informs future service development.¹⁶⁴ Collaborative development of goal-setting and individual service plans is part of the collaborative recovery process.

Examples of Tools:

- HONoS – Health of the Nation Outcomes Scale
- LSP – Life Skills Profile (16 or 32 item)
- K10 – Kessler 10 Symptom Scale
- GAF – Global Assessment of Functioning
- CAN – Camberwell Assessment of Need
- CANSAS – CAN Short Appraisal Schedule
- BASIS – Behaviour & Symptom Identification Scale (32 or 24 item)
- WHOQOL – World Health Organisation Quality of Life Scale for people with disabilities



Workplace example – Implementation of data and outcome monitoring across Psychiatric Rehabilitation Association (PRA)

Since late 2007, PRA has implemented a rollout of Data and Outcome Monitoring Systems (DOMS) across all programs. This consisted of structured phases within a timeline since September 2007 to present.

- Internal policies on both the Outcome Monitoring System and Outcome Tools have been created and implemented throughout PRA. A Manager of the DOMS unit has been appointed. Current staffing consists of 2 part time DOMS Administration Assistants, and 2 part time Peer Support Workers to assist with completion of the CANSAS throughout our supported employment services.
- A database has been created, and a minimum data set of demographics for all consumers within the organisation is being entered and updated.
- Computers and technology upgrades have been provided to all sites.
- An information brochure has been created and is being dispersed throughout the organisation. This brochure is aimed at consumers, and will be provided to them on entry to each program to ensure they are informed re the process. It is a resource which can also be provided to family and carers if needed, and provides a practical means of disseminating information to consumers as required. In the future, PRA may investigate methods of translating the brochure into community languages.
- An instructional DVD has been created which shows positive, negative, and difficult CANSAS interviews. This has been used in all PRA training, and each site is provided with a copy for new staff to view.
- This DVD is also being used in MHCC's "Mapping the Difference" outcome monitoring training, and has been requested for use by PRA's contracted trainers for use in training with Mental Health Certificate IV courses. Other NGO's are also expressing interest in use of PRA's CANSAS Training DVD in their own training, and PRA will be discussing possible use in the future.
- PRA contracted trainers to conduct training sessions across the organisation. This involved a wide variety of staff, not just those who have direct consumer contact, but also administration staff, business service staff and consumer advocates and representatives from each program. The training evaluations are being analysed, and a follow up training session for those requiring further information will be conducted.
- All training attendees received a "DOMS Kit", created by PRA, comprising a folder with copies of electronic versions of CANSAS and monthly summary paperwork, brochures about Outcome Monitoring ("Support for Individual Recovery"), appointment cards to be given to consumer for follow up interview on Individual Goal Planning, laminated prompt/flip cards created by PRA for use with CANSAS summary, and copies of PRA policy and procedures on DOMS. This Kit will be able to be sold to other organisations interested in implementing a CANSAS needs assessment across their organisation.