



EVALUATING THE CHALLENGE

*A guide to evaluating services for people
with learning difficulties
and challenging behaviour*

Edited by

Eric Emerson
Paul Cambridge
Philip Harris

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The King's Fund Centre is a health services development agency which promotes improvements in health and social care. We do this by working with people in health services, in social services, in voluntary agencies, and with the users of their services. We encourage people to try out new ideas, provide financial or practical support to new developments, and enable experiences to be shared through workshops, conferences and publications. Our aim is to ensure that good developments in health and social care are widely taken up.



The King's Fund Centre is a part of the
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Working group:

The work on this publication was undertaken by a group consisting of:

Roger Blunden

Director,
Community Living Development Team,
King's Fund Centre

Paul Cambridge

Research Fellow,
Personal Social Services Research Unit,
University of Kent

Dorothy Dunn

formerly Principal Clinical Psychologist,
Newham Health Authority

Anna Eliatamby

Senior Clinical Psychologist,
Lewisham & North Southwark Health Authority

Eric Emerson

Senior Research Fellow,
Hester Adrian Research Centre,
University of Manchester

Philip Harris

Research Associate,
Norah Fry Research Centre,
University of Bristol

Joan Rush

Senior Project Officer,
Community Living Development Team,
King's Fund Centre

We are grateful to Alison Wertheimer who undertook a final edit of the text, and attempted to translate our jargon into understandable English.

===== CONTENTS =====

INTRODUCTION: WHY EVALUATE? 1

What are our basic values? 2

How should this document be used? 3

CHAPTER 1 DEFINING THE SERVICE: Evaluability Assessment 5

What is the Service? 6

What are its Aims? 9

What is its Context? 12

Worksheet 1 – An Evaluability Assessment 14

CHAPTER 2 CONDUCTING THE EVALUATION: Questions and Answers 16

From Questions to Data: The Stages of Data Collection 16

Evaluating the Process of Service Delivery 19

Evaluating User Outcomes 26

Evaluating Service Outcomes 31

Worksheet 2 – From Questions to Data 37

Making Connections 38

Managing the Evaluation 43

CHAPTER 3 USING THE FINDINGS: Answers into Practice 44

What are the key issues? 44

Who needs to know what? 45

How can the findings be presented in a constructive way? 46

FURTHER READING AND REFERENCES 47

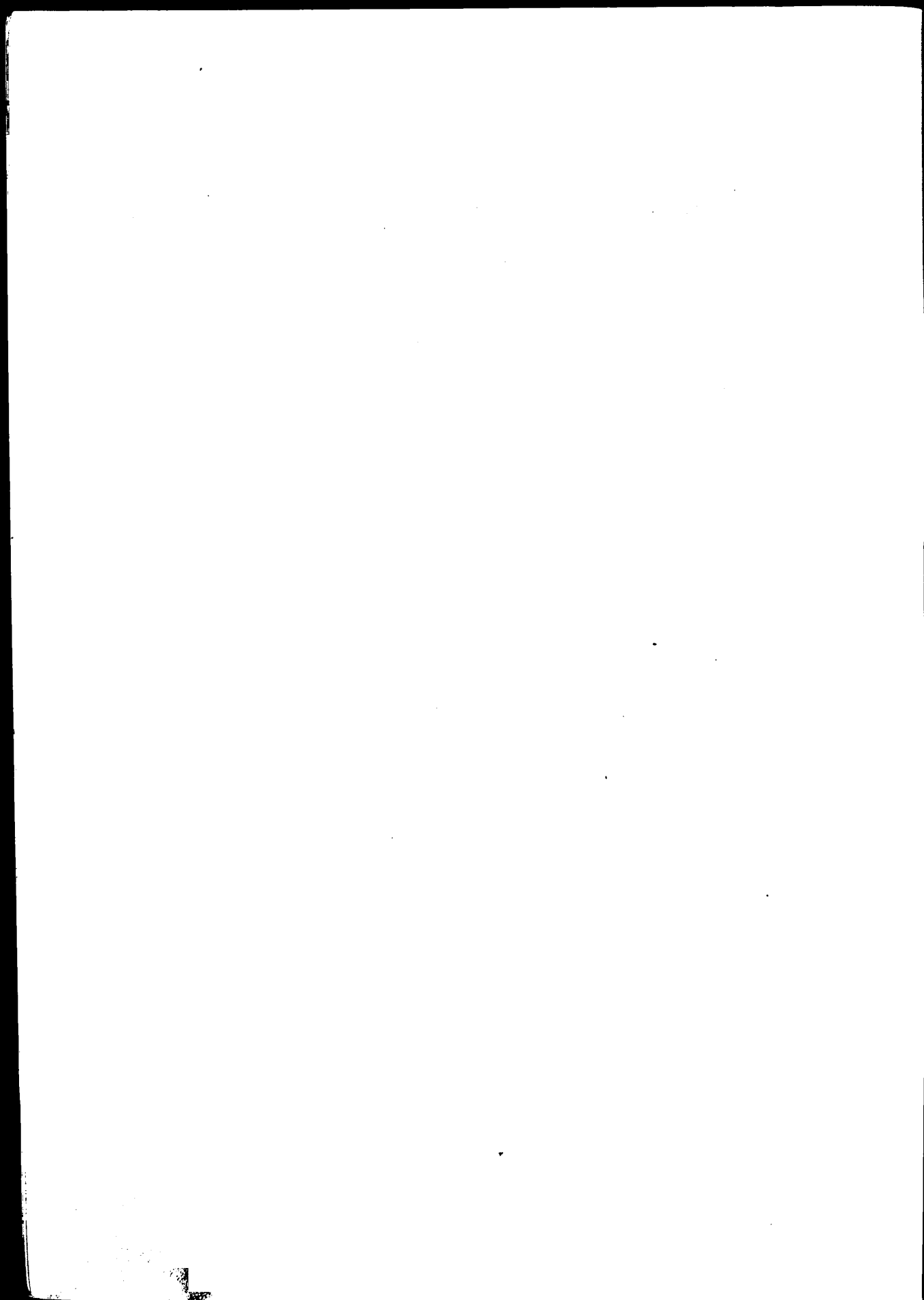
General Programme Evaluation Methods 47

Evaluating Individual Change 48

General Assessment Methods 48

Assessment and Learning Difficulties 49

References 50



INTRODUCTION: Why Evaluate?

Government policy increasingly emphasises the importance of community care services for people with learning difficulties and other long-term disabilities, although when people have substantial disabilities, it is often a major challenge to design and run such services. Service evaluation can help to meet this challenge by asking key questions. Is the service adequately meeting the needs of individual users? Are resources being used effectively and efficiently?

These questions must be asked of the growing number of community services for people with learning difficulties and challenging behaviour¹. These services often share the following characteristics. They frequently have a high profile, at least with local politicians and managers; they may be controversial because they challenge traditional thinking about service provision; they may also be comparatively costly; and they may be seeking to provide help for a population who have traditionally been neglected. Service developments are often in small, fragile pilot projects which need to prove their effectiveness in a short time. Decisions about the future of an innovative service are frequently taken for political or administrative reasons, in the absence of evaluative data.

The job of service evaluators is therefore crucial in ensuring that services are properly evaluated and the results used responsibly. In this publication we stress the fact that evaluations must be conducted for a purpose. They are not simply interesting scientific exercises, but are an important part of decision-making. We encourage evaluators to think carefully in advance about the aims of the evaluation. What decisions will be made? By whom? On what basis? Using what criteria? The more carefully these questions are considered, the more valuable the evaluation is likely to be to those who use it.

All too often evaluation comes second to service design and development, looked to when crucial decisions have already been taken or when services are up and running. We believe that evaluations are most effective if they are built into the planning stage of new services. Evaluation should inform the way services develop and be of direct use in decision-making, so we encourage you to think about evaluation at an early stage and build it into the service development process. If evaluation is an afterthought, there may be little point in conducting it. We suggest some questions which should be answered before you even embark on an evaluation so that you can assess whether or not the time and effort spent will be worthwhile.

In the same vein, we suggest that you need to spend time planning the analysis and presentation of results. Evaluation is not just about data collection. The

¹ In this publication we use the term 'learning difficulty' in place of 'mental handicap' because many service users, for example members of the People First organisation, have said that they would prefer not to be labelled at all, but that if this is necessary 'learning difficulty' is the preferred term.

The term 'challenging behaviour' has been adopted from The Association for Persons with Severe Handicaps (TASH). We decided to adopt this term since it emphasises that such behaviours represent challenges to services rather than simply problems which individuals with learning difficulties carry round with them.

evaluator has a duty to communicate the results effectively to those who will use them. Only in this way is there some chance that important decisions about the future of services will be based on facts rather than administrative or political whim.

We assume that many evaluations will be of comparatively small, local services and that the principal 'customers' will be local managers and planners. However, many services for people with challenging behaviour are highly innovative, and as such can influence regional and even national policy. We encourage evaluators to take these wider perspectives into account when planning their work and disseminating the findings.

This publication has been written to help you plan, conduct and use an evaluation of services for people with learning difficulties and challenging behaviour. You may work in a health authority, a local authority or in the independent sector, or you may be external evaluators employed in a university department or elsewhere. We hope that this document will also interest a wider audience of planners, policy makers, managers, staff, and anyone with an interest in evaluating the extent to which services for people with challenging behaviour meet their objectives. Whilst this publication has been written specifically for evaluators of services for people with challenging behaviour, most points could apply to any service evaluation exercise, so we hope it will be of interest to other evaluators.

WHAT ARE OUR BASIC VALUES?

This document is a sequel to *Facing the Challenge* (Blunden and Allen, 1987) and part of the King's Fund *An Ordinary Life* series. As such it is grounded in the *Ordinary Life* philosophy and values. Our starting point, as in *Facing the Challenge*, is that people with learning difficulties and challenging behaviour:

- have the same human value as anyone else
- have a right and a need to live like others in the community
- require services which recognise their individuality.

We think it important that implementation of these values should be the focus of any evaluation. Do services enable people to live as valued individuals in the community? For some people with learning difficulties and challenging behaviour, this is *the* major challenge.

Some practical implications of these values have been set out by John O'Brien (1987), who identified five 'accomplishments' – or aspects of life – which services should help people to accomplish:

- **community presence** – people with learning difficulties have the right to live and spend their time in the community, not segregated in residential, day, or leisure facilities which keep them apart from other members of society
- **relationships** – living in the community is not enough. People with learning difficulties also need help and encouragement to mix with other non-disabled people in their daily lives

- **choice** – people with learning difficulties often have limited power to make choices and look after their own interests. A high quality service will give priority to enhancing the choices available to people and protecting their human rights generally
- **competence** – in order for people with learning difficulties to live a full and rewarding life in their local community, many will require help to become more skilled at performing useful and meaningful activities with whatever assistance is required
- **respect** – people with learning difficulties often have an undeservedly bad reputation and are regarded as second-class citizens. Services can play an important part in helping people to enjoy the same status as other valued members of society.

We believe that these accomplishments apply equally to people with learning difficulties and challenging behaviour, and should form a focus for the evaluation of services in terms of user outcomes.

HOW SHOULD THIS DOCUMENT BE USED?

We suggest that you start by quickly scanning the whole document, to gain some idea of its content and style. If you are planning and conducting an evaluation, you will then find it useful to work systematically through each chapter, using it as a guide to your work. The worksheets at the end of Chapters 1 and 2 may be useful. We have included references to completed evaluation studies. All the references should be readily available from specialist libraries or directly from the research units concerned and you may find it useful to read those which relate to your own work.

Chapter 1 examines the basic questions which we think should be asked at the beginning of any evaluation:

- What is the service being evaluated?
- What are its aims?
- What is its context?

Focussing on these questions is known as *evaluability assessment* (Beyer et al, 1987; Rutman, 1980; Wholey, 1977), whose main purpose is to enhance the usefulness of an evaluation. Ill-defined service activities and goals are an inadequate basis for deciding what specifically should be measured or determining whether reliable or valid measurement is possible. Spending time on these questions at the outset will help you define the boundaries of the service, its activities and goals, and hence clarify the questions which the evaluation sets out to answer.

Services are often complex organisations and many influences are brought to bear before the actual point of service delivery. We have made no attempt to disguise the complexities of service provision and strongly recommend that, whenever possible, the evaluability of the service is assessed before conducting an evaluation. The time invested in following this procedure is usually well

worthwhile, and we have provided a worksheet for this purpose at the end of Chapter 1.

Having decided whether it is feasible to go ahead with the evaluation, Chapter 2 looks at the evaluation process in some detail, working through some of the issues involved in identifying specific evaluation questions and then answering them.

Chapter 2 has three main sections:

From Question to Data: which looks at how to turn broad questions of general interest into specific ways of collecting information that will enable these questions to be answered. At the end of this section we have provided a worksheet to help you turn broad questions into questions requiring more specific answers.

Making Connections: in the second section we discuss general issues involved in choosing your methods of data collection and drawing conclusions from particular information-gathering strategies.

Managing the Evaluation: in this final section, we suggest some key questions you may wish to ask yourself before conducting your evaluation.

Chapter 3 examines some of the issues you need to consider when using the results of an evaluation. The results can be used within the service where the evaluation has taken place and they can also be disseminated to a wider audience. All too often dissemination is regarded as an afterthought, yet the whole purpose of the evaluation is to influence decision-making and this final stage is arguably the most crucial of all. We strongly recommend that you consider these issues at the onset of the evaluation.

Service evaluation is no easy task, but we are convinced that the evaluation of community services for people with challenging behaviour is a vital activity, making a major contribution to the way in which services develop in the coming years. We wish you every success!

² We use the term 'carer' to include everyone who provides care, whether paid staff, family members or others.

CHAPTER 1

DEFINING THE SERVICE: Evaluability Assessment

Good evaluation requires careful thought in its design and application and an effective service evaluation must consider the various components which make up the service, the broad range of service aims, and the context within which the service operates. In this chapter we examine these issues and suggest some questions which need to be addressed when planning an evaluation. Any service evaluation should include a clear statement of the components of the service, its aims and objectives, and its boundaries with other services. To summarise then, this chapter has three main sections:

- *What is the service?* We examine the different components which make up the service, how the service is funded, the various aspects of teamwork, and how these combine to provide service packages for individual users. This is done by asking:
 - ◆ who is responsible for the service?
 - ◆ how is it funded?
 - ◆ how is service delivery organised?
 - ◆ how do service providers operate?
 - ◆ what is the service model?
- *What are its aims?* We review the range of service aims from the point of view of the user and the organisation by asking:
 - ◆ what values underlie the service?
 - ◆ what are the user aims?
 - ◆ is the service cost-effective?
- *What is its context?* Finally we look at the context in which the evaluation takes place by asking:
 - ◆ who is asking for information?
 - ◆ what information is requested?
 - ◆ what is it needed for?

WHAT IS THE SERVICE?

Health and social services provision often has several components. Similarly services provided by the independent sector are becoming increasingly varied, adding to the range of available options. When defining a service, it is therefore necessary to separate out its different components.

For instance, direct provision may include therapy, treatment, counselling or residential care and support, but there are other components which also help determine the broader nature of the service and which are likely to be relevant to an evaluation. Management and administration at different levels in organisations, resources and their re-distribution, staffing and management, and broader organisational issues such as joint working, multi-disciplinary teamworking and case management. All these components, together with aims and objectives, add up to a service model – perhaps with a particular philosophy or orientation.

When planning an evaluation, there may be uncertainty about what part of the service is to be reviewed. For example, in evaluating a community residential service, what other local services are relevant to the total package for individuals or groups? Social work support, day services, transport arrangements, social security benefits, and acute or primary health care may all be relevant.

In our experience, one service component cannot be seen in isolation and questions need to be asked about how different components combine to produce the most efficient combinations or effective options. The issues covered below have been chosen because they represent the main areas likely to require consideration for an evaluation.

Who is responsible for the service?

As we move towards a more mixed economy of care, an increasing number of agencies and organisations are becoming involved in the planning, management, and delivery of new services. At present, experimental or innovative services for people with challenging behaviour are commonly joint health and social services initiatives. Multi-agency services are also becoming more common with various components being provided by voluntary organisations, housing associations, and the private sector (as well as health and social services). Within different joint or multi-agency services, the roles and responsibilities of individual agencies may vary considerably. For instance, there may be differences in staffing structures, management style, and service co-ordination.

There is potential for great variety in the way services are provided: services may involve one or more different agencies and the balance of statutory, voluntary and private sector provision will vary from area. An evaluation may usefully begin by describing the various components of a service and how they are provided.

- *Joint-working, sectoral mix, and different agency roles and responsibilities will all help to determine the structure in which services work and the components which make up a total service. An evaluation may need to begin by separating out individual agencies' roles and responsibilities and assessing their degree of relevance to the evaluation.*

How is the service funded?

Different resource utilisation leads to different combinations of services. For example, with joint finance health and social services agree to fund and develop services which reflect mutual objectives and common interests. Many services designed to support people with challenging behaviour fall into this category, as a combination of skills and experience from both agencies and staff are often required.

Special pilot funding may sometimes be provided for innovative services, although some components are usually financed by mainstream health or social services funds. Hospital resettlement services may also have access to financial transfers made from savings in hospital costs, and these 'dowry' payments, which follow people out of hospital, are paid in perpetuity to fund services provided by social services or voluntary agencies. In contrast, joint finance is time limited, as is usually any funding for pilot services. Nevertheless the impact of bridging or pump-priming money may be of interest to the managing agencies as well as to funders.

The evaluation may also need to consider the balance between capital and revenue funding. Components such as staff teams are only revenue-funded, while others, such as special needs housing, require both capital and revenue. The receipt of DSS benefits is not only important for service users, in some residential settings it indirectly finances revenue costs and is thus another example of the flow of funds between agencies.

The trend for increased budgetary decentralisation is leading to greater autonomy for service managers, case managers, and teams. It has become an important component in service design as it is seen to encourage accountability, innovation, and flexibility. The effectiveness of funding arrangements within services may therefore be relevant to the evaluation.

- *Funding arrangements, flows of funds, and the redistribution of resources all determine service components. An evaluation is likely to be concerned with such issues if it is looking at the cost of service packages, costs to different agencies, and the overall cost to the public purse (or total cost-effectiveness). However, costing services accurately and comprehensively is a demanding and complex task, which should only be undertaken if a proper costing methodology and instrumentation have been established.*

How is the service delivery organised?

The organisation of information and services at the individual user level – usually called case management – has traditionally consisted of a series of key tasks: referral, intake, assessment and screening, care planning and service packaging, monitoring and re-assessment, and case closure.

Referral, intake, assessment and screening are all important when considering who gets what service, but may be particularly important in an evaluation of services for people with challenging behaviour when access to appropriate services may be difficult or when resources are limited. In the past clients have often been excluded from services because of their challenging behaviour so it may be crucial

for an evaluation to discover whether services are actually reaching the relevant people.

Individual programme planning may be important when reviewing the effectiveness of a service, because it can involve user participation or citizen advocacy and so can influence decisions about the design and composition of individual service packages.

The growing interest in devolved budgeting reflects both the move towards case managers buying-in services or acting as brokers, as well as an increasing concern with cost effectiveness. In this way the traditional view of case management is being re-cast around new sets of relationships between the purchasers, providers, and users of services. Case management provides a focal mechanism to aid multi-disciplinary working and as such it may be of particular interest in an evaluation.

- *Even if formal case management arrangements are not being used, some service components will resemble the core tasks of case management. An evaluation concerned with resource use, targeting services, or issues such as whether the service is fairly allocated, client outcomes or simply management or organisational efficiency, is likely to need to include some explanation of how service delivery is organised to meet the needs of users.*

How do service providers operate?

Service providers operate within a broad service culture shaped not only by the aims and objectives of the service but also by the style of management, the values and priorities attributed to service users. The service culture helps to determine the type of service model, staff attitudes, and client outcomes.

Line management is a good example of how the role of service providers is affected by the service culture. Line management varies between agencies. Compare, for example, the relatively rigid arrangements in the NHS with the more variable structures in social services departments and voluntary organisations. Service culture also affects the construction of physical environments and, most vitally, staffing regimes and attitudes. All these issues may be important in service evaluation.

Services supporting people with challenging behaviour depend, first and foremost, on human resources. Rostering and keyworking are particularly important in staffed group living situations, as is training and support for staff working in rehabilitation or day services. Support teams for people with challenging behaviour require a broad mix of skills and are usually multi-disciplinary, including professionals from health and social services. The use of peripatetic resources involves logistical and management issues. If a case management system is used, the deployment of team skills has to be negotiated, and regular team meetings will be necessary to agree how best to match availability with demand. The ways in which multi-disciplinary teams are managed and make decisions is therefore important.

- *The relative costs and benefits of different staffing patterns may be an important consideration for evaluation. The culture within which staff operate may affect decision-making, particularly with multi-disciplinary*

and teamworking. It will therefore be unusual for an evaluation not to examine staffing and the different philosophies of care within which staff operate.

WHAT ARE ITS AIMS?

Whilst service aims are crucial in underpinning service delivery, they are often surprisingly difficult to identify. Sometimes there is no written statement of aims or objectives, or service principles may be defined in broad terms, such as 'providing a day service', 'managing challenging behaviour' or 'providing training', without reference to their effect on users. Desirable outcomes, such as 'to encourage growth' or 'to enable people to lead a full life', may be too broadly stated to be realistically assessed.

Ideally, all services should have a clear statement of aims including the expected benefits to users. If not, then such a statement will need to be agreed and constructed for the evaluation. We discuss below some of the main types of aims commonly identified for people with challenging behaviour.

What values underlie the service?

As discussed earlier, values and service philosophies are fundamental to the design and operation of services, particularly in innovative services demonstrating new approaches to care and support. Traditionally people with challenging behaviour have been undervalued and in receipt of poor quality services. New services for people with challenging behaviour are often based on radical values but such services demand clear and explicit philosophies, and operational policies which translate values into practice.

If service philosophies are not explicit and unambiguous, it may be difficult to establish a consensus, because individual perceptions will differ, particularly between managers and front-line staff. However, even written principles can have different interpretations and an evaluation must clarify these in order to establish a value base. This is particularly important for services for people with challenging behaviour, some of which are already experiencing problems with funding and service delivery which have resulted in the organisation changing its philosophy towards community care for this client group.

- *Evaluation often has to be undertaken in a difficult operational and political environment, sometimes involving members of committees or service steering groups. Most service philosophies will be built around normalisation principles, although different professional interpretations are likely, with potential for disagreement and conflict. Written service principles provide an important yardstick for evaluation, although broader philosophies may also be found in operational policies.*

What are the user aims?

Services need to define the group of people who will use them, and targeting is usually based around identifying their needs, profiles of their service history, or the

nature of their challenging behaviour. This is particularly important if a service is seeking to demonstrate new ways of supporting users in the community.

If explicit criteria have not been formulated there may be a set of general aims often revolving around users' community integration and participation – e.g. enabling people to live in an ordinary house, to participate in a range of community activities, supported employment, to participate in local leisure facilities or to learn and use new skills. Using John O'Brien's five accomplishments (see pp. 2-3) as a framework for defining a high quality service is another example.

Ill-defined aims and outcomes do not provide an adequate basis for deciding what specifically should be measured or even for determining whether reliable or valid measurement is possible. Evaluators must obtain a clear specification of the service goals and outcomes before they can undertake an effective evaluation. In a service for people with challenging behaviour, evaluators will probably want to be clear about the desired effect of the service on the users' quality of life as well as their challenging behaviour.

Service providers are becoming increasingly aware of the importance of ensuring services are relevant to the needs of consumers. The growth of organisations like Advocacy Alliance and People First, are helping to shape the direction and management of services, and user or carer involvement may also be encouraged by formal mechanisms such as steering or advisory groups, or attendance at IPP meetings. Consumer satisfaction is a legitimate evaluation topic and forms part of a range of measurable outcomes. Most services for people with challenging behaviour have consumer-oriented aims and values, although these may need to be made more explicit for the purpose of evaluation.

For example, the Care in the Community projects (evaluated by the Personal Social Services Research Unit at the University of Kent and funded by the Department of Health) had explicit sets of aims, combining common national objectives and various local service objectives. These aims proved useful in evaluating client and service outcomes.

- *Check whether there are clearly defined written objectives relating to user outcomes. If not, it may be important to discuss this with service managers and practitioners in order to develop an agreed framework for evaluation. Mechanisms for user or carer participation may be useful devices for gauging the ways service aims are put into practice, and as such may provide a relevant focus for an evaluation. Differences of interpretation on the part of the various stakeholders³ may be a problem, although these differences can be considered as part of the evaluation.*

Is the service cost-effective?

In the past evaluation has often focussed on costs without regard for benefits. However, concern is now shifting away from economy to include efficiency and effectiveness considerations. An evaluation of resources will be carried out in a very different way from a review of cost effectiveness.

³ We use 'stakeholder' to mean anyone with a key interest in the service: users, carers, neighbours, staff, managers, etc.

Evaluation may have to examine operational, staffing, or deployment costs. It may need to consider the capital and revenue costs of building, converting and running residential facilities or appointing and managing peripatetic or multi-disciplinary teams. However total service costing is more difficult, requiring specially designed records and instruments. Unravelling the costs of an individual user's varied service package which comprises a range of professional inputs, for instance, is a complex process.

There are a number of research units in the UK which specialise in the costing of services and which link costing with other aspects of evaluation such as effectiveness or how best to achieve to broader service aims and perspectives (see above). (For example, the PSSRU uses a 'production of welfare' approach in much of its research.) This type of evaluation is necessarily complex, looking as it does at needs, resources and outcomes, and it is unlikely that a local evaluation will be interested in total cost-effectiveness – although the costs to a particular agency may be of interest. A more complex evaluation would require special skills and experience in costing and analysis and in such circumstances it might be best to buy in these skills or seek further advice.

- *Steer clear of cost or cost-effectiveness evaluations unless special expertise is available or research can be bought in. However, an evaluation could include broad cost comparisons between different services for people with challenging behaviour, or could compare the costs, benefits, and achievements for the individual agencies involved. This might be done, for example, using agency accounts and making judgements about the benefits of relative outcomes.*

What is the service model?

The service model is a description of the way in which resources are combined, built, and delivered according to the stated aims, values, and philosophies of the parent organisation. This raises two problems though. First, the design of a service may be totally inappropriate for achieving its stated aims. For example, a hospital or hostel based residential service may be incapable of enabling users to live independently or become integrated into the community as the necessary resources have not been included in the service design. Second, the stated aims of a service may be beyond its scope or resources. For example, a rehabilitation service may aim to enable hospital residents to live independently in the community, but only provide limited hospital-based skill-training and have little control over gaining the necessary community resources such as housing.

When the service design does not match its stated aims, there will be little point in conducting an evaluation, unless the aims are reformulated or the service model is changed to enable it to achieve its original aims. Most services for people with challenging behaviour are, however, based on clear service models, some being developed from existing mainstream services and others superimposed on existing service structures and components. An example of the latter is the special support team for people with challenging behaviour, which may have a brief to integrate users into existing services.

- *If an evaluation is concerned with the effectiveness of a particular mode of provision it will need to consider the relevance of various service components, such as agency lead, case management, and staffing, and how*

these combine with resources, user aims and general service philosophy to produce changes for individual users. This total picture is the service model in practice.

WHAT IS ITS CONTEXT?

Evaluations are often commissioned from within the organisations concerned with planning, developing or operating a service. It is essential, therefore, for the evaluator to appreciate the context in which the study takes place. This not only ensures the work is accurately targeted and realistically prioritised, but that it is relevant to the different stakeholders.

Who is asking for information?

Although evaluation is usually commissioned by service managers in the lead agency, front-line staff or users sometimes request information. Information is also more likely to be requested where services operate within a strategic planning framework, particularly if this is 'bottom up', involving staff at all levels. In services with strong line management, the director or area officer will usually commission the evaluation to obtain information for management decision-making. Innovative support or training services for people with challenging behaviour are likely to generate much interest, so that an evaluation could well be commissioned by interested outsiders – including central government. The Department of Health has increasingly commissioned outside evaluations, as have some health Regions, usually involving research teams from local universities.

Evaluation is frequently seen as an answer to local problems or disagreements between the various stakeholders in a service, so the evaluator needs to be aware of the risks of becoming involved in such conflicts, and be prepared to adopt an independent and objective stance.

In-house evaluation may sometimes be commissioned to provide management information needed for decision-making on priorities or reviewing the state of a service. Evaluations of services for people with challenging behaviour are likely to be requested either by the agencies or managers involved in funding and designing a new service or by the people involved in delivering that service.

Patton (1982) described a collaborative approach to evaluation, in which evaluators together with relevant stakeholders jointly plan, conduct and interpret the results of an evaluation. Examples of this approach have been described by Evans and Blunden (1984) and Humphreys and Blunden (1987).

- *The people or organisations asking for an evaluation are not necessarily the only stakeholders. Although an evaluation will primarily be concerned with providing answers for those who commissioned it, findings may also be directly relevant to service users or providers. It is important that evaluators are aware of the political dimensions of their work and are able to manage and disseminate the information sensitively and objectively. Sometimes an evaluation will attract national interest because of its content or focus.*

What information is requested?

Those commissioning an evaluation usually require specific information, although some will be seeking a more general picture of a service and its effects. The latter is more likely to be the case with new services for people with challenging behaviour, although costs and user outcomes are also frequent concerns. In either case, the evaluator will need to clarify information requirements.

All too often an evaluation is requested but the terms of reference fail to specify the right information which would meet the proposed aim of the evaluation. An evaluator should always be clear about why particular information is needed and its intended application. Information for management decision-making, service review or monitoring, user outcomes, and costs are all frequently requested.

Once the type or area of information needed has been clarified and agreed, discussion may still be required on detail. The level and scope of information for instance - whether a sample is sufficient or a full survey is required. The evaluator must also be clear about the form in which information is to be supplied - a report, or a working information system, and so on.

- *Evaluators should clarify the information requirements at an early stage, so that the evaluation can be designed to ensure the effective and efficient provision of information in a form best suited to the needs of the people or organisations who have commissioned it or who will be using it.*

What is it needed for?

Services are increasingly aware of the need to have accurate information on which to base certain areas of decision-making. Effective management information, information relating to development and operational issues, and guidance on practice are all necessary, especially in services for people with challenging behaviour, which are often experimental.

In addition, all services need ongoing information for service review and monitoring. Quality control and performance indicators are now built in to most health and social services provision and will become increasingly so in competitive service-providing environments. Cost-effectiveness has also become central to most services.

There are a number of reasons why services for people with challenging behaviour in particular may need to demonstrate their effectiveness. These services are often marginalised within their host agencies or are at the sharp end of provision and need to prove their effectiveness. Intervention technologies and management strategies for working with challenging behaviour, training and support systems for users or relatives, peripatetic and residential delivery techniques and more generally, changing attitudes and effecting change in the lives of users, may all be important issues for evaluation.

- *Evaluation may need to include information relating to a range of needs. Likely areas of application include management decision-making, performance and service review, gauging the effects of a new service, assessing attitudinal change, ensuring that targeted client outcomes are met, or simply justifying the effectiveness of a service technology relative to capital or revenue investment.*

WORKSHEET 1 – AN EVALUABILITY ASSESSMENT

Before conducting an evaluation we strongly recommend that you conduct an evaluability assessment to help you decide how much and what type of information to seek in the evaluation. Worksheet 1 will take you through the five steps to carrying out an evaluability assessment.

Step 1 – Defining the boundaries of the service

The service to be evaluated needs to be clearly defined. This task is crucial to evaluation design, the minimum required being a comprehensive description of the service components which can be agreed by all the participants. Depending upon the purpose of the evaluation it may be useful to address some or all of the following questions:

What is the service? (Describe in terms of a limited number of carefully specified components)

Who provides which components of the service? (Separate out the various agencies' roles and responsibilities)

How is the service funded?

How is service delivery organised?

Step 2 – Collecting service information

Having described the service components it is necessary to collect information about:

the activities of the service

the goals or expected effects of the service

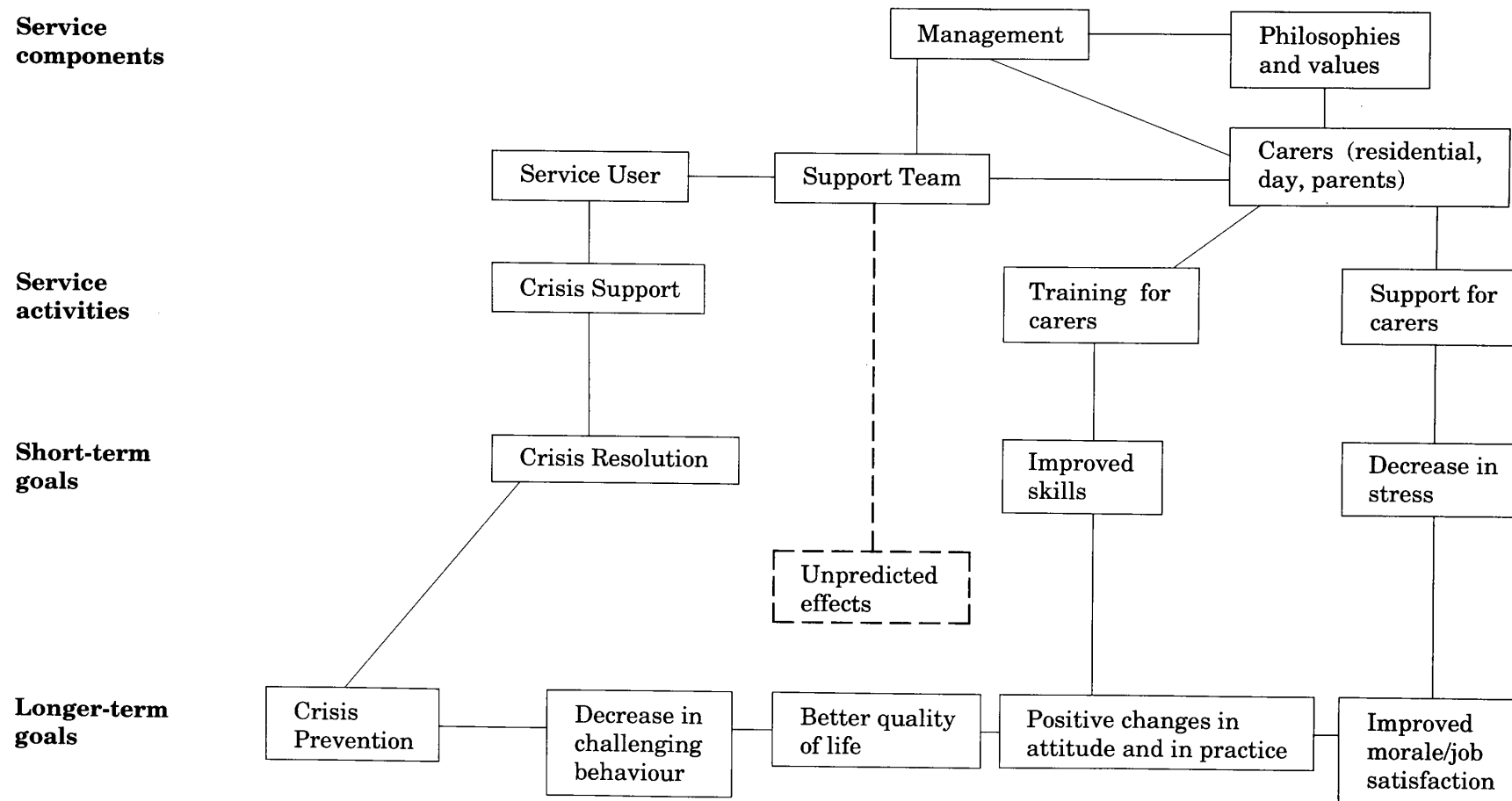
the beliefs and assumptions about how the activities will lead to the goals.

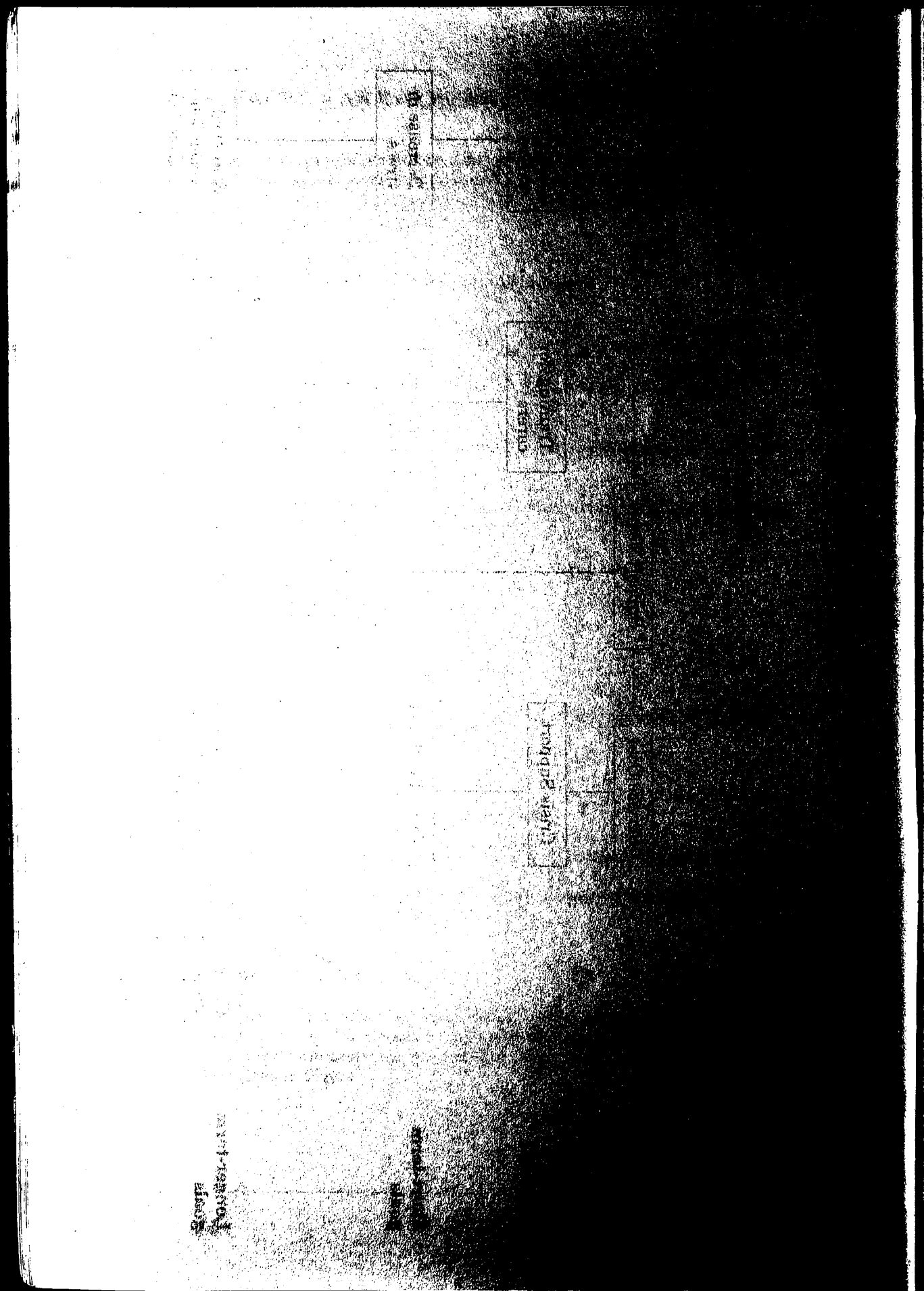
Records and documents, planners, managers, front-line staff and service users are all potential sources of information.

Step 3 – Modelling the service

The next step is to develop a model of the service showing the interrelationships of activities and goals. Discussions with staff and managers can help to confirm or modify the model as appropriate. Flow charts are the usual method and an example is given in Figure 1.

FIGURE 1: Support teams for people with challenging behaviour – a service model





Step 4 – Analysis

At this stage all the evidence collected so far is brought together to determine whether the service, as represented by the model, is sufficiently unambiguous for an evaluation to be useful. From the evaluator's perspective, two tests should be applied to the model:

are the goals stated in measurable terms?

are the assumed causal relationships testable?

Step 5 – Feedback

Finally all the information is fed back to the participants of the evaluation in order to determine the next steps. At this point vaguely defined areas of the service can be clarified and, if this is an evaluation of a plan (rather than an actual service), weak links in the service redesigned.

The feedback can be used to decide on the methods and resources to be used in the evaluation and when it should commence. Agreement can also be reached on how the evaluation information will be used. Should the service appear to be unevaluable as it stands, you may need to spend time clarifying the goals and activities before a full evaluation goes ahead. (Alternatively, the evaluator's work may stop at this point, if an agreement is reached not to proceed with an evaluation.)

CHAPTER 2

CONDUCTING THE EVALUATION: QUESTIONS AND ANSWERS

In Chapter 1 we encouraged those involved in service evaluation to carefully review the service under consideration, its components, its aims and outcomes and the context in which the evaluation will be undertaken before conducting the evaluation proper. In this chapter we will work through some of the issues involved in identifying and answering specific evaluation questions. The chapter has three sections.

- *From questions to data* looks at ways of collecting specific information that will help to answer the broad questions identified in chapter 1. Specific questions are likely to focus on three main areas:
 - ◆ the process of delivering the service
 - ◆ outcomes for service users
 - ◆ outcomes for the service, service providers, carers, and other users.
- *Making connections* examines what is involved in drawing conclusions between service delivery and outcomes.
- *Managing the evaluation* looks at managing the actual process of conducting the evaluation.

FROM QUESTIONS TO DATA: The Stages of Data Collection

The aim at this point is to work through the process of turning broad general questions into specific ways of collecting information that will answer these questions. This process is the same for all questions whether they are concerned with delivering the service, outcomes for service users, or outcomes for the service, service providers, carers and other users. It consists of four basic stages:

- breaking the question down
- prioritising
- collecting the information
- reviewing.

Stage 1 : Breaking the Question Down The questions asked by stakeholders are often very general. For example:

- Who receives the service?
- Does the service reach all the people it is meant to?
- Does the service improve people's quality of life?
- How much does the service cost?
- What are the effects on carers?

In order to collect the information which will enable us to answer these questions, we must first break each broad question down into a more manageable form. What, for example, is actually meant by 'quality of life'? What costs are we interested in? The task of unpacking these broad concepts will usually result in a large number of more specific questions. For example, we may choose to define 'quality of life' in terms of John O'Brien's notion of key service accomplishments (see pp. 2-3) and to break each of these five general areas down into detailed specific questions.

However, it is impractical to try and collect information relating to all these sub-questions so priorities must be made.

Stage 2 : Prioritising Prioritising these specific questions is one of the most important tasks in the entire evaluation process. If you end up asking the 'wrong' questions no amount of sophisticated analysis or glossy presentation is likely to help. In order to maximise the chances of key stakeholders taking notice of and acting upon the results of the evaluation, the selection of specific questions must reflect their concerns, so it is helpful, when prioritising the long list of specific questions, to consider the priorities of some specific groups of stakeholders.

- What are the priorities of the major stakeholders (e.g. families, users, local councillors) in the wider organisation? Often the main aim underlying the decision to carry out a local evaluation of an innovative service is to inform managerial decisions regarding the service's future. After working through Chapter one you should have developed a map of the key interests of the major stakeholders in the organisations which are funding, managing, and/or supporting the service. From this it should be possible to identify specific questions to which key stakeholders want answers. If in doubt about stakeholders' priorities, ask them!
- What are the priorities of service users and other concerned people in the community? Evaluation can really help potential users, their guardians or advocates to decide what they want from a service. What questions would service users want to ask about the service? What would parents and other informal carers want to know? What questions would concerned citizens have? Again, if in doubt, ask them!
- What are the priorities of managers and front-line staff? An additional function of service evaluation is to help them identify areas of strength and weakness in their service. This may include identifying people who are effectively or poorly served, or even not served at all. Try to pinpoint key factors which may, in your area, affect how well people's needs are met by the service.

- What will be the likely priorities of service providers in other areas who may wish to use the evaluation results? Service evaluations are often influential in disseminating new ideas and approaches. Put yourself in the place of someone thinking of developing a similar service – what would they want to know?
- What are *your* aims for the evaluation? Evaluating a service can provide an opportunity to change or shape the agendas of key stakeholders by offering them new ways of looking at things or asking them to focus on new areas. For example, you may wish to use the evaluation to help senior managers focus on the detail of the daily lives of people with learning difficulties. What information would help them do this?

A careful consideration of the priorities of the varying groups of stakeholders and their relative importance in the context of the evaluation should enable you to identify a small number of key specific questions – say 5 to 10. At this stage you should be less concerned with how the evaluation is to be conducted than with clearly identifying the specific questions that the key stakeholders would want answered. It is important to remember, however, that in order to address the concerns of key stakeholders it will probably be necessary to ask questions in each of the three areas of service process, user outcomes, and organisational outcomes (see below).

Stage 3 : Collecting the Information Once the specific evaluation questions have been prioritised, each question must be translated into a specific procedure for collecting information. For example, if one priority is to assess whether the service significantly reduces the severity of the user's challenging behaviours then a set of procedures must be defined in order to collect information which will answer this question. This has two main components:

- A *tool* for measuring the factor in which you are interested (e.g. the severity of a user's challenging behaviours). Checklists are often useful as they can be:
 - ◆ easy and convenient to administer
 - ◆ incorporated into the services' record-keeping system
 - ◆ useful in making comparisons with other services.

The number of such checklists or instruments increases each year. The criteria for selecting a checklist are (not in order of priority) (1) prevalence of use, (2) ease of administration, (3) value to service providers as well as evaluators, and (4) consistency with the specific questions you want answered. The main drawback of checklists is their simplicity – they are of little use in trying to catch the complexity of the human story. People often get lost in numbers and percentages, and it is often the personal stories that have the greatest impact. However, if, for example, we need to collect detailed information on the communicative function of users' challenging behaviours, it will probably be necessary to use more sophisticated observational assessment procedures (e.g. Murphy, 1986). Whether such time-consuming procedures can be justified will usually depend on their immediate value to the service as well as their longer-term

value to the evaluation, but more detailed procedures often serve several purposes. For example, functional analyses of a user's challenging behaviour provides invaluable information for designing interventions (Bailey and Pyles, 1989; Donnellan et al, 1988; Emerson et al, 1990). Quantitative and qualitative methods can, of course, complement one another, each presenting a different side of the story.

- A *strategy* for collecting the information which will enable you to draw valid conclusions. For example, to ascertain whether the service reduces the severity of users' challenging behaviours you may wish to measure their challenging behaviours at several points in time before, during, and after they receive the service. This brings us into the realm of methodology or evaluation design which we will discuss more generally in the section on Making Connections (pp. 38-43).

In choosing the measurement tool and the strategy try and ensure that information is collected in a way that answers the question for the stakeholder. If you know that a particular stakeholder is influenced by stories and the human side of life then use qualitative methods, and don't present them with tables of complex statistical data. Alternatively, don't use anecdotes as the sole source of evidence in front of a group of behavioural psychologists! Again, if in doubt over stakeholder priorities, ask them! In addition to deciding how the information will be collected, it is also important at this stage to decide on how the information will be stored, summarised, and eventually analysed. Ending up with a filing cabinet full of assorted forms is not very helpful.

Stage 4 : Reviewing If you have followed the previous three steps you will now have a number of concrete procedures for collecting specific information concerning questions which reflect the major concerns of key stakeholders. The actual process of information-gathering needs to be effectively managed. It is no good realising at the end of the day that half the required information is missing because those responsible for collecting it didn't have the time or were not sure what they supposed to do. So for each of the procedures arising out of the specific questions, it is important to identify who will do what, and by when, in order to collect the information, and to also define how the process of data collection will be regularly reviewed.

EVALUATING THE PROCESS OF SERVICE DELIVERY

In order to draw connections between the support provided by services and outcomes for service users, or to compare the impact of different service models, we must know what the service is actually delivering. Operational policies may define the major *intended* components of the service, but it is unwise to assume that what is written down is necessarily what gets delivered in practice.

Working through the Introduction and Chapter 1 will help you identify the most important aspects of the service to be evaluated. It should then be possible to identify the specific information required to monitor the actual delivery of the service. At this point we identify some of the most likely process issues a service for people with challenging behaviour would address.

Who are the people being served?

Why is this Important? 'Challenging behaviour' means different things to different people. Accurately describing the people who use the service means that:

- It will be possible to assess over time whether the service is being delivered to the people for whom it was designed. Over time, many services drift from their original aims; they may opt to serve people with less severe challenges or people living in more pleasant settings. Alternatively, they may restrict themselves to serving specific groups of people (such as those diagnosed as autistic or mentally ill) because of the professional interests of service providers.
- It will be possible to assess whether the service is being delivered to those considered to be in greatest need, and also to identify whether there are groups who are poorly served.
- It will be possible to judge whether the type of service being provided meets the identified needs of local people.
- It may be possible to compare the effectiveness of service models operating in different areas.

Breaking the Question Down: First we must break the question down into smaller questions. For example, the general question 'Who are the people who use the service?' contains (among others) the following questions:

- What specific challenges do they present to carers?
- What functions do their behaviours serve?
- How often do these behaviours occur?
- What have their life experiences been like?
- What has been their past experience of receiving services?
- What are their specific abilities and disabilities?
- What are their current living arrangements?
- What do they currently do during the day?
- How are they currently spending their time?

Most of these questions will, of course, be broken down even further before ways of answering them are chosen. To make this a manageable task, it is important to prioritise so that we can focus upon collecting detailed information on a few areas and more general information on others.

Prioritising: In deciding which areas to focus upon, it is important to take account of a number of issues:

- The priorities of the major stakeholders in the wider organisation. For example, would managers want to know about the numbers of people served who are living in their parental home (often a key concern of managers in social services departments) or in hospital (often a key concern of managers in district health authorities).
- The priorities of service users and other concerned people in the community?
- The priorities of service providers? If we are interested in identifying people who may be poorly served a number of issues could be relevant including:
 - ◆ the nature of the challenging behaviour (people who are violent are often avoided and excluded)
 - ◆ the function of the challenging behaviour (behaviour which is a response to requests to participate in everyday activities may be much harder to work with than behaviour aimed at attracting the attention of carers)
 - ◆ people's current living situations
 - ◆ people's past experience of services
 - ◆ people's ethnic or cultural background.
- The priorities of service providers in other organisations who may wish to use the evaluation results? What would someone setting up a service want to know about the people served?
- Your broader aims in the evaluation? For example, what would you want stakeholders to be aware of or focus on about the people served?

Collecting the Information: Much of the information required here (e.g. the user's age) is likely to be easily accessible and could easily be incorporated into a standard record-keeping or casenote system used by the service. Examples of simple checklists include:

- Abilities and disabilities: Part 1 of the AAMD Adaptive Behaviour Scale (Nihira et al, 1975), Behaviour Development Survey (Individualised Data Base Project, 1977), Star Profile (Williams, 1982).
- The nature and functions of the challenge: Disability Assessment Schedule (Holmes et al, 1982), Challenging Behaviour Scales (Wilkinson, 1989), the Motivation Assessment Scale (Durand and Crimmins, 1988).

It is also relatively easy to develop simple checklists for collecting information about other areas of the person's life, e.g. current living and working arrangements. O'Brien (1987) and Brost and Johnson (1982) give some useful suggestions about the questions biographical accounts may want to address. Bailey and Pyles (1989), Emerson et al (1990) and Murphy (1986) give suggestions regarding more detailed assessment procedures. Mansell and Beasley (1990) and

Emerson et al (1988) describe the users of the SETRHA Special Development Team through a mixture of short biographical vignettes, the prevalence of specific challenging behaviours, the age and sex of users, the type of setting in which the user was living, the function of the user's challenging behaviour as assessed through analogue assessment procedures, the user's skills as assessed through the AAMD Adaptive Behaviour Scale, and direct observation of the user's pattern of activity throughout the day.

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

Points to Consider

- *Don't do too much! There are many, many questions to answer. Keep in mind why you are describing service users. Collect the minimum amount of data to meet these information needs.*
- *Remember that the impact of the evaluation is dependent on asking the right questions in the right way. Try to assess the type of information (e.g. stories or fact and figures) which will be most accessible to the stakeholders who are primarily interested in the question.*
- *Make the evaluation part and parcel of the service wherever possible. Look for ways of collecting information as part of the routine operation of the service.*
- *Try to make different parts of the evaluation fit together. Is there, for example, any way of linking this aspect with measures of outcomes for users?*
- *Don't forget to think about how you will store, collate, analyse, and summarise the information.*

What service actually gets delivered?

Why is this Important? There is often a considerable gap between operational policies and what actually get delivered to users. It is important to ensure that the evaluation includes some measure of what actually gets provided if we are interested in:

- making judgements about the effectiveness of a service. In order to do this we need to know who receives the service (see above), what service is actually provided and what the outcome(s) are for the user and others (see the last two sections of this chapter).
- checking whether the service is consistently operating along the lines indicated in its operational policy. As we noted above, services can easily drift into working with particular groups of service users (and thus exclude others); they can equally easily drift into avoiding service users altogether, focusing on advisory or consultative functions instead. This drift is not uncommon in services for people with challenging behaviours – after all, the users are there precisely because they present a challenge to services.

- providing accurate information to others regarding the nature of service provision. It is not so unusual for innovative services to be subject to whispering campaigns which spread inaccurate information.

Breaking the question down: Dimensions of service delivery could be divided into issues of:

- **Content:** The basic components of the service, e.g. giving advice to individual carers, working directly with the service user, providing emotional support to carers, attending meetings with managerial and professional staff, providing training to carers.
- **Intensity:** The level of service provided to users, e.g. the number of hours per week of the different activities which are actually delivered.
- **Duration:** The length of time over which the service is provided. Some services are time-limited, for example two years maximum for any one person; others are offered to individuals for an indefinite period of time. In either case, it may be important to check the actual period of time over which individuals receive the service.
- **Throughput:** The number of users served in a given period of time or the number of new referrals accepted in given period of time.

Prioritising: What would the varying groups of stakeholders want to know about the service which users actually receive?

- service users and other concerned people in the community?
- stakeholders in the wider organisation?
- service providers?
- service providers in other agencies who may use the evaluation results?
- your broader aims in the evaluation?

Collecting the Information: Some data regarding throughput and duration should be readily accessible from the service's own records, but accurate information about the content and intensity of service delivery is less easily collected. Retrospective reporting by service workers of how they spend their time is probably not very reliable, especially if it is specifically collected for the purpose of monitoring service activity. Ongoing monitoring by service workers is likely to be more accurate, although if individuals can be identified by managers monitoring workers' performance, this may influence what is recorded. Members of South East Thames RHA's Special Development Team self-monitor their activity in half hour blocks by recording against a set of agreed codes (e.g. working directly with client, attending client-focused meetings, travelling), but the resulting information is collated anonymously by the Team's secretary to give an overall picture of Team activity (e.g. Special Development Team, 1989). This information has helped Team members to monitor their own workload and demonstrate to local managers the specific service being delivered. It should also prove valuable at a more general level in monitoring trends in service provision.

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

Point to Consider Don't forget, if you don't know what service is provided how can you hope to improve upon performance?

What does the service cost?

Why is this Important? The relationship between costs and outcomes is likely to be the most important aspect of the evaluation for some key stakeholders.

Breaking the question down: It will probably be necessary to consider monitoring several aspects of costs including:

- the costs of services to the providing agencies
- the costs borne by informal carers
- the costs of the services received by specific service users
- the costs of alternative service packages, e.g. admission to long-term care, placement in the private or voluntary sector.

Prioritising: Determining service costs can be a complicated process, so it is particularly important to identify key questions by considering the priorities of stakeholders, taking into account the relative importance of the various stakeholder groups.

- What are the priorities of users and concerned people in the community?
- What are the priorities of the stakeholders in the wider organisation?
- What are the priorities of service providers?
- What are the priorities of outsiders who may use the evaluation results?
- What are your broader aims in the evaluation?

Collecting the Information: Most cost information at the service level will be available from agency accounts, and it will probably be necessary to liaise with a finance officer. Figures are generally for a specific financial year and will be broken down into revenue and capital expenditure. When comparing costs you will need to ensure consistency by adjusting for differences between financial years and by ensuring a comparison of like with like. Details of accounts will vary, and some adjustment may be necessary to standardise revenue or capital for comparative purposes – for instance, are staffing costs or transport included in all cases?

At the user level, costs are generally obtained by more detailed records of the services actually received by individuals. These may need to include direct staffing inputs for support, training, or care from the agency or agencies involved, perhaps sheltered employment, any income or maybe day services. Other services may include hospital or residential care, social work support, GP consultations, direct nursing inputs, medical consultants, dental, optical, and audiology services,

chiropody, education and so on. Recording will need to be retrospective for an agreed time span, depending on the nature and reason for the study, and should include information on frequency and duration to enable prices to be attached to each service input. A similar exercise will be necessary for domiciliary service receipt, such as direct community nurse input, GP and chiropodist visits, home help, and so on. Medication costing, if relevant will need to include the drug, dosage, and frequency. Aids or adaptations may also need to be recorded for subsequent costing.

Costs to users and to agencies will need to be separated. Social security benefits are important, and illustrate how funds flow between organisations and individuals. Receipt and use of benefits may therefore need to be included, together with information on the user's budget or outgoings. Such information may be necessary for disaggregating service packages by agency, or to illustrate the balance between public sector or commercial sector provision. The financial and social costs to carers may also be relevant.

However, such costings are complex and demanding and usually require special expertise as well as access to pricing systems and information. The PSSRU has undertaken a number of service costing exercises relating to community services and services for people with learning difficulties, and has developed a range of evaluative methods which focus on the relationships between resources, needs and outcomes that can be applied at an agency, team or individual level. See Renshaw, et al (1987); Davis and Challis (1986); Knapp (1984); Knapp and Beecham (1990).

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

How is the service managed?

Why is this Important? In addition to monitoring details of the actual contact between service user and service provider, it is also worth describing, and, if possible, assessing the effectiveness of more general aspects of service delivery. The relationships between these more general service management issues and outcomes are likely to be of considerable interest to stakeholders in the wider organisation who may be seeking ways of improving the service's effectiveness, and outsiders who may be involved in developing services for similar client groups.

Breaking the question down: This could involved focusing upon such questions as:

- How do people gain access to the service?
- What are the formal and informal referral procedures?
- On what basis are decisions made?
- How are referrals prioritised?
- Who gets left out?
- What happens to people who do not receive the service?

- What are the arrangements for case management?
- Is there a keyworker or case manager system in operation?
- Does the service operate its own keyworker system?
- What executive control do keyworkers or case managers have?
- Are scarce specialist resources deployed on the basis of the personal needs of service user?
- Do all people with challenging behaviours served by the agency have an individualised plan that is reviewed every six months?

Prioritising: What would be the main concerns of the various groups of stakeholders regarding the overall management of the service? What are the priorities of users and concerned people in the community? What are the priorities of the stakeholders in the wider organisation? What are the priorities of service providers? What are the priorities of service providers in other organisations who may use the evaluation results? What are your broader aims in the evaluation?

Collecting the information: It is likely that much of the information required to answer questions in this area will require a combination of detailed documentation of existing procedures and a specific data collection.

Reviewing: Remember, for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

EVALUATING USER OUTCOMES

The central aim of most services for people with challenging behaviours will be to directly bring about positive changes in the lifestyle of service users. Consequently, the task of evaluating user outcomes should be the foundation upon which the rest of the evaluation project is built.

In working through Chapter 1 you will have begun to identify the key user outcomes in relation to the stated aims of the service and the hopes of key stakeholders. These desired outcomes will vary according to assumptions regarding the nature of the 'problem', causes, and possible solutions, and the scope of the service itself.

In this section we have tried to identify some of the more common questions which are likely to be asked of community-based services for people with learning difficulties and challenging behaviours. As we suggested above, some overlap is likely between different components of the evaluation, particularly between this section and the previous one.

Is there a reduction in the severity of users' challenging behaviours?

Why is this Important? Reducing the severity of challenging behaviours is likely to be a fundamental aim of these specialist services. Indeed, it would be difficult to justify the use of resources if a service made no progress in this area.

Breaking the question down: The severity of an individual's challenging behaviour can usefully be looked at in terms of its impact on the user's physical well-being and general lifestyle. As such it is likely to be determined by a number of factors:

- The characteristics of the behaviour itself. The rate, duration, and intensity of the behaviour are likely to have an impact on both health and lifestyle. For example, the more frequent an individual's self-injurious behaviour the more likely he or she will: incur serious and perhaps irreversible injuries; be excluded from opportunities to participate in ordinary community life; and have their relationships with carers distorted by the carers' need to concentrate on preventing injury. However, the relationship between the basic characteristics of the behaviour and its severity are not simple. As change occurs with one characteristic, compensating changes may occur with another. For example, a reduction in the frequency of screaming may be accompanied by an increase in its intensity. In addition, some changes may have little impact upon severity; reducing a person's rate of self-injury from 800 to 400 times per day may have little effect upon either health or lifestyle.
- Strategies for managing episodes of challenging behaviour. The response(s) of carers to episodes of challenging behaviour will affect the actual severity of the behaviour. If it is necessary to physically restrain the person for either their own or others' safety, if the method of restraint is planned and practised this will lessen the chances of people being injured and enhance carers' confidence in supporting the user in public settings.
- The resources available to carers. The way individual carers respond to the same behaviour in the same individual may depend on a number of different factors including:
 - ◆ the personal resources (e.g. physical health, problem-solving skills, familiarity with the situation) of carers
 - ◆ the material resources (e.g. income, staffing levels) available to carers
 - ◆ the social and emotional support available to carers
 - ◆ the information available to carers.

The way in which a carer is able to respond to challenging behaviour is important, not least because it is likely to affect whether or not the individual is able to use ordinary community facilities. Clearly then, changing any of the factors listed above (e.g. increasing staffing levels, or providing the carer with more

problem-solving skills) could reduce the severity of the challenging behaviour, benefiting their physical well-being and enabling them to spend more time in the community. Enhancing support for carers may lead to a reduction in the social impact of the challenging behaviour.

Prioritising: What would be the main concerns of the varying groups of stakeholders regarding the overall management of the service? What are the priorities of users and concerned people in the community? What are the priorities of the stakeholders in the wider organisation? What are the priorities of service providers? What are the priorities of service providers outside the organisation who may use the evaluation results? What are your broader aims in the evaluation?

Collecting the information: It is likely that the evaluation will need to focus upon several components of the severity of the challenge. These may include:

- Measuring the characteristics of the behaviour. Direct observation of the behaviour is preferable to relying upon carers' estimates of the rate, duration or intensity of the behaviour, since they are likely to confuse the behaviour and its perceived severity. This part of the evaluation will probably have to be individually tailored to address the particular challenge of each service user. Useful suggestions of ways of going about this task are provided by (among many others) Bailey and Pyles (1989), Bates and Hanson (1983), Donnellan et al (1988), Hartmann (1984), Martin and Bateson (1986), Meyer and Evans (1989), Murphy (1986), Murphy and Oliver (1987), Touchette et al (1985) and Zarkowska and Clements (1988).
- Measuring the impact of the behaviour upon injuries to the user and others, e.g. monitoring of injury reports, weekly ratings of extent of injury, the rating of photographs of injuries by outside assessors.
- Measuring different carers' perceptions of the severity of the person's challenging behaviours.
- Measuring the social impact of the person's challenging behaviours. Various methods could be used including detailed observation of carers' interactions with the service user to carers' reports of which valued activities the user would probably miss out on as a result of their challenging behaviour.

The evaluation will probably also want to focus on assessing whether any changes in the severity of the person's challenging behaviours generalise to other settings (e.g. from home to work) and whether these changes are sustained over time, especially once the specialist support has been withdrawn. For example, Donnellan et al (1985) measured whether users' challenging behaviours changed before, during, and after they received services from a peripatetic specialist support team.

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

Are there any changes in the users' quality of life?

Why is this Important? A broad objective of most services for people with learning difficulties is 'to enhance the quality of life of service users', so it is highly likely that this will be of central concern to many stakeholders.

Breaking the question down: The broad concept of quality of life will need considerable 'unpacking' before measurement strategies can be chosen. But rather than simply using existing definitions (e.g. Emerson and Pretty, 1987; O'Brien, 1987; Raynes, 1986; Zautra and Goodhart, 1979) it will be important to find out what stakeholders' consider quality of life is about. They may come up with any or all of the following:

- income
- physical health
- quality and status of housing
- quality and status of employment
- personal happiness or well-being
- personal resources or competencies
- extent and range of activities the person participates in
- extent and range of relationships the person has with others in the community
- status or reputation of the person
- range of choice available to the person and freedom from restrictions.

Many of these indicators or determinants of quality of life may be beyond the scope of the service. For example, it would be unreasonable to expect a respite care service for people with severe learning difficulty and challenging behaviours to have an impact on users' income or employment status. Working through Chapter 1 should help identify which areas appropriately lie within the scope of the service. Again, this process of selecting issues must be guided by stakeholders – the eventual consumers of the evaluation findings.

Prioritising: What would be the main concerns of the varying groups of stakeholders regarding the overall management of the service? What are the priorities of users and concerned people in the community? What are the priorities of the stakeholders in the wider organisation? What are the priorities of service providers? What are the priorities of service providers outside the organisation who may use the evaluation results? What are your broader aims in the evaluation?

Collecting the information: Because of the adverse social consequences of challenging behaviours (e.g. Emerson, 1990 a,b) and the general aims of many services for people with challenging behaviours (e.g. Blunden and Allen, 1987) information may need to be collected in response to a variety of questions.

- Is there an increase in people's meaningful functional skills and use of existing skills? Some services will focus explicitly on helping the user to develop constructive alternatives to their challenging behaviours, particularly perhaps in the area of communication skills. Potential changes could be assessed through the repeated administration of checklists, in structured interviews or direct observation (e.g. Hogg and Raynes, 1986; Matson and Bruening, 1983); by monitoring progress through existing goal planning or individual programme planning systems; or by activity logs completed by carers (e.g. Brown, 1987; de Kock et al, 1988).
- Is the person is engaged in an increasing the range of appropriate activities? Again, monitoring activity through existing goal-planning or individual programme planning systems or by activity logs completed by carers (e.g. Brown, 1987) can be a relatively simple way of evaluating a variety of activities.
- Does the user participate more frequently in everyday activities? While activity logs provide broad indicators of the frequency with which people participate in everyday activities they do not give accurate estimates of the extent to which people actively engage with their world (e.g. Joyce et al, 1989). Detailed information on user activity is probably best collected by structured direct observation (e.g. Bratt and Johnston, 1988; Evans et al, 1985; Felce, 1986; Mansell et al, 1982, 1984; Mansell and Beasley, 1990). Mansell and Beasley (1990), for example, used an observational procedure which sampled user activity every 20 seconds to build up a picture of how people spent their time before and after their move into individually designed placements.
- Are people using ordinary community facilities more? Broad estimates of the person's presence within the community can be gained from diaries or activity logs completed by carers (e.g. de Kock et al, 1988).
- Are people developing relationships with non-handicapped people? General community and family social contacts can again be monitored through activity logs (e.g. de Kock et al, 1988). The social networks of service users could also be assessed through a number of structured and more qualitative approaches (e.g. Bruhn and Phillips, 1984; Depner et al, 1984; O'Connor, 1983; Seltzer, 1985).
- Are people able to exercise more control over their lives? Assessing choice and control is extremely difficult. Some indicators could be derived from: the rules and informal practices occurring within services which exclude people from particular activities or settings; the frequency with which carers present users with alternatives activities; analysis of the decision-making process within services (e.g. Kishi et al, 1988). The exclusion of people from local services (or, indeed, the local area) also provide crude yet important indicators of personal control.
- Is the person's status improving? People with challenging behaviours rapidly acquire a damaging reputation among carers. Assessing carers' attitudes towards the user may indicate the extent to which the service has been able to overcome or even reverse this process.

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

Points to Remember: As in the previous section it will probably be important to assess whether any changes noted are sustained over time, especially once the specialist service has been with drawn if it offers only a time-limited intervention.

EVALUATING SERVICE OUTCOMES

The stated aims of services for people with challenging behaviours often go beyond improving the quality of life of the people directly served, they may for example include indirect support for people with learning difficulties in other local services by:

- providing general advice and consultation to managers, carers or professionals working in those services
- developing the skills of managers, carers or professionals in those services through training
- developing ways of working (e.g. guidelines to good practice) that could be used in local services.

These planned advisory/training functions might focus on a number of areas including:

- establishing ways of supporting people that prevent the development of challenging behaviours
- developing skills and systems for the early identification of challenging behaviours
- working directly with people who exhibit challenging behaviours
- supporting carers who work with people with challenging behaviours.

The availability of specialised services may also have a systematic impact on a wide range of other services – services do not occur in a vacuum – but some of these effects may be unpredictable and/or unhelpful, e.g:

- carers becoming less willing to support people with challenging behaviours if specialist staff become available
- managers, professionals, and carers more often representing people as unmanageable in order to gain access to specialist resources
- local staff less willing to develop and try out new ways of working with a service user; preferring to wait for professionals
- managers and carers less willing to provide services for people who have received specialist services

- other agencies less willing to refer appropriate clients.

The evaluation of service outcomes must, therefore, focus both on changes are part of the 'legitimate' aims of a new service and on changes which may occur but which are not specific objectives. The process of evaluability assessment can help to sort out whether or not individual changes are intentional.

Many of these broader service outcomes are extremely difficult to evaluate, not least because some, at least superficially, are the unforeseen side-effects of providing a service in a particular way. These difficulties can be (partially) overcome by:

- Basing the evaluation on a detailed analysis of the prevailing organisational climate surrounding the service. Again, the earlier parts of this document will provide some useful guidelines on identifying key stakeholders and detailing their concerns. More than in any other part of the evaluation it is essential to build the evaluation of service outcomes on a sound analysis of the key concerns of major stakeholders.
- Undertaking regular qualitative reviews during the evaluation by asking key people to give authoritative overviews of the development of local services for people with challenging behaviours across services and service agencies. In other words, you need to maintain the involvement of stakeholders in the evaluation in order to identify and act upon any emerging concerns.

The process of defining and evaluating service outcomes, therefore, is almost completely dependent upon accurately identifying the concern of key stakeholders. This is probably best achieved by discussing with individual stakeholders or stakeholder groups:

- what they see as the strengths of the service
- what they see as its main weaknesses
- how they see the service fitting in with other services
- whether they foresee any significant areas of overlap with other services
- how they think the professionals, managers, and carers in other services use the challenging behaviour service
- how they expect ideas and skills developed in the service to be made available to others
- how they think other stakeholders judge the success of the service
- how they would judge the success of the service.

Based on this assessment, it will be possible to identify some key general concerns that stakeholders may express about the service. In the rest of this section we will examine some of the more common concerns expressed about services for people with challenging behaviours.

Does the service lead to fewer people being excluded from local services?

Why is this Important? Many service-providing agencies express a general commitment to providing for all local service users, including people with challenging behaviours, and the impetus to do so may be linked to two other factors:

- financial concern about the cost of placing people in facilities out of the local area
- parents' and users' concerns -either because their relationships are disrupted by distance, or because they are being denied access to local services.

Breaking the question down: Questions of exclusion often incorporate concerns about (a) the denial of access to local services and (b) the prevalence of placements outside the local area.

Prioritising: What are the concerns of major stakeholders? What are the priorities of users and concerned people in the community? What are the priorities of the stakeholders in the wider organisation? What are the priorities of service providers? What are the priorities of service providers outside the organisation who may use the evaluation results? What are your broader aims in the evaluation?

Collecting the information: Two simple indicators of the rate of exclusion are: the number of people receiving out-of-area services; and the number of people excluded from services because of their behaviour. This information is often available from local agencies, either because those agencies are paying for out-of-area services or because they are required to keep records of people excluded from services as a result of their behaviour. That is not to say, however, that the information is easily accessible!

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

Points to Remember When looking at this issue of exclusion, be careful not to assume the service should be doing things which it was not, in fact, set up to do. For example, unless the service has a specific responsibility to work with people who are excluded from local services, it is probably unwise to set up systems which automatically notify the evaluators or the service of impending or actual exclusions. While this may be effective in collecting information it is also likely to set up expectations that the service should or will respond to such crises. This may not be a productive way of working.

What is the impact of the service upon people with learning difficulties with whom the user lives or works?

Why is this Important? Discussion of the desirability of integrating people with challenging behaviours often raises the issue of the impact this may have on other people with learning difficulties. (These concerns are, of course, just as legitimate for services which congregate people with challenging behaviours together, but they are rarely asked of such services.)

Breaking the question down: This question often reflects a concern that living or working with someone with challenging behaviour may have a negative impact on other people's quality of life. Unpacking the idea of 'quality of life' has been discussed above in *Evaluating user outcomes*, pp 26-31.

Prioritising: What would the varying groups of stakeholders want to know about the quality of life of people who live with or work with the service user? What are the priorities of service users and other concerned people in the community? What are the priorities of the major stakeholders in the wider organisation? What are the priorities of service providers? What will be the likely priorities of outsiders who may use the evaluation results? What are your broader aims in the evaluation?

Collecting the Information: (see *Evaluating user outcomes*, pp 26-31)

Reviewing: Who, will do what, by when in order to collect the information? How will the process of information collection be reviewed?

What impact does the service have upon carers?

Why is this Important? It may be a specific aim of the service to promote more effective interactions between carers and users. However, supporting people with challenging behaviours can place considerable stress upon carers, and a major concern about community-based services for people with challenging behaviour is that they will place an intolerable burden on carers, and will thus be difficult to sustain.

Breaking the question down: Stakeholders' concerns are often phrased in terms of avoiding negative outcomes for carers (e.g. injury, stress, 'burnout') rather than focussing on the achievement of positive outcomes. If the services' impact upon carers is a key issue, it may prove useful to try and rephrase some of the expressed concerns more positively. For example, it could be worth evaluating whether the specialist service leads to an increase in the level and quality of the interaction between users and carers – rather than simply assessing carers' anxieties.

Prioritising: What would be the main concerns of the varying groups of stakeholders involved in the service? What are the priorities of service users and other concerned people in the community? Major stakeholders in the wider organisation? Service providers? Outsiders? Your broader aims?

Collecting the information: A number of relatively accessible indicators of broad aspects of carers' experience have been used in service evaluations (e.g. Baumeister and Zaharia, 1987), including:

- Measures of staff turnover. Interviews with staff who are leaving or changing jobs are recommended to try to determine the actual reason for turnover. This can be particularly important in rapidly developing services as the scope for promotion is often considerable. Turnover linked to career development clearly differs from turnover resulting from staff leaving because of unacceptable levels of stress.
- Measures of the stress levels experienced by carers. A number of measures of general stress are available, perhaps the most commonly used

in service evaluation being the Malaise Inventory (e.g. Quine and Pahl, 1985) and the Questionnaire on Resources and Stress (Friedrich et al, 1983; Scott et al, 1989).

- Analysis of rates of staff complaints, injury, or sickness.

More detailed observational measures of carers' behaviour may also provide valuable information about the extent to which the service supports carers (e.g. Repp et al, 1987).

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

What is the impact of the service upon opinions in the local community?

Why is this Important? Supporting the participation of people with learning difficulties in their local community is often a major aim of services, and community attitudes toward a service and/or its users are likely to be important indicators of the service's accomplishments in this area. Community opposition or support can have considerable local political ramifications, and may play a significant role in determining whether services to people with challenging behaviours are sustained over time. Indeed, the notion that the community is "not ready" often seems to play a major role in perpetuating the existence of isolated congregate care services for people with challenging behaviours.

Breaking the question down: One way of establishing the nature of stakeholder's concerns will be to identify what is meant by 'the community'. Some possible groups of interest would be:

- neighbours and others living or working in close proximity to residential or vocational services
- people working in or using community facilities (e.g. shops, leisure centres) available to service users
- opinion leaders within the local community
- friends and relatives of people with learning difficulties within the community.

Prioritising: What would the varying groups of stakeholders want to know about community opinions? What are the priorities of service users and other concerned people in the community? What are the priorities of service providers? What will be the likely priorities of outside service providers who may use the evaluation results? What are your broader aims in the evaluation?

Collecting the information: A number of strategies may be used to assess local opinion including:

- brief one-off surveys of the opinions expressed by target groups, e.g. local shopkeepers or neighbours. Conroy and Bradley (1985), for example, employed a market research approach when surveying the attitudes of the

local community to the development of local community based residential services for people moving out of hospital

- analysis of complaints by members of the public to service-providing agencies
- analysis of local media coverage of services for people with learning difficulties.

Reviewing: Remember for each of the methods of data collection selected agree upon who, will do what, when and how will this be regularly reviewed?

WORKSHEET 2 – FROM QUESTIONS TO DATA

Completing the evaluability exercise at the end of Chapter 1 should have helped you to clarify the activities and expected goals and outcomes of the service, enabling you to identify the broad questions for evaluation. The purpose of this exercise is to turn these broad issues into more specific questions for data collection.

Step 1: Who is asking the questions?

- List the key stakeholders who are concerned with evaluating the service.

Step 2: What questions are they asking?

- List all the broad questions of general interest.

Step 3: How can these broad questions be asked in a meaningful way?

- Break each broad question down into more specific, manageable questions.

Step 4: Which questions are most important?

- Rank the specific questions in order of priority.

Step 5: How will the information be collected?

- Identify the methods of data collection for each question.

Step 6: Who will collect the information?

- Identify key personnel responsible for collecting each data set.

Step 7: How will the information collection be managed?

- Identify the weaknesses and strengths of the data collection process.

MAKING CONNECTIONS

In the introduction to this chapter we indicated that, for each specific you will need to select:

- a *tool* for collecting the information, and
- a *strategy* for collecting information which will enable you to draw valid conclusions at the end of the day.

This strategy will need to address a number of issues including:

- *Who should the information be collected about:* For example, should measures be taken for everyone or only from a selected sample of people or incidents? Should the evaluation use control or comparison groups involving other people or services?
- *At what point(s) in time should the information be collected:* For example, should the information be taken before, during, and/or after the service is provided? On how many occasions is it necessary to take measures? How much information is enough?

An effective choice of measurement strategy will mean that, given the resources available, you will be able to answer the questions in a way which is credible to the key stakeholders who are concerned with that particular issue. Choosing a measurement strategy will be influenced by three separate factors:

- The *credibility* of particular measurement strategies in the eyes of stakeholders who would be expected to act upon the conclusions arising out of the evaluation.
- The *logic* of being able to draw conclusions from particular strategies for collecting information.
- The *logistics* of particular measurement strategies within the general context of the evaluation.

Credibility

Issues of scientific method have traditionally been considered the central (if not sole) concern of evaluators. As a result, evaluation is often delegated to professionals with a reputation for scientific rigour but who may be peripheral to the decision-making process within organisations. As a consequence, insufficient attention is often paid to how choice of measurement strategy will affect the credibility of the evaluation and its subsequent usefulness in the real world. However, evaluations of local services are rarely undertaken as an abstract exercise. They are mainly undertaken for important local political reasons – for example, to inform decisions regarding the continued funding of a service. Because of this, the evaluation must have credibility in the eyes of its eventual consumers. Two major errors must be avoided:

- *Insufficient scientific rigour:* Some stakeholders may have very clear ideas about what constitutes a valid evaluation. Many medical practitioners, for example, appear to believe that tossing a coin and randomly allocating service users to treatment and control groups is the only way to assess the impact of a service. If key consumers of an evaluation hold such beliefs, then the results of alternative evaluation strategies are likely to be dismissed, however impeccable their credentials.
- *Overkill:* A much more common error in local evaluations, however, is to select measurement strategies that are much more sophisticated or complex than the consumers of the evaluation actually require. This is often the result of decisions being delegated to professionals occupying marginal positions within organisations whose decisions may be more influenced by their own professional culture or chances for publication than by the use of the evaluation within the local setting. The implications of overkill are twofold. First, it wastes scarce resources which could have been more profitably used elsewhere. Second, it can reduce the impact of the evaluation as a whole by fuelling criticisms that the evaluation was an extravagant waste of time, and that "common sense could have told us what we needed to know".

This does not mean that the choice of measurement strategies should simply be left to the stakeholders. The individuals carrying out or commissioning the evaluation are stakeholders in their own right, and one legitimate objective of the evaluation may be to get managers to pay attention to different types of information. The issue of credibility, however, dictates that this educative process should only be undertaken if it does not jeopardise the credibility of the evaluation as a whole. If you cannot take the stakeholders with you then stick to the methods they do believe in.

Logic

The majority of questions which the evaluation will address are along the lines of:

'Does the service have an impact on?' For example, does the service have an impact upon the quality of life of service users, on levels of stress experienced by carers, or on the exclusion of people from local services? To answer this type of question, we need to be able to do two things:

- measure the issue over time (e.g. quality of life of service users) to see if any changes occur, and
- in such a way that any change can be attributed to the impact of the service or to other influences.

Measuring over time: We are normally interested in measuring significant changes for service users, carers, service providers or services in general. Two main approaches to the measurement of change can be taken: measure the issue at more than one point in time; or ask people considered to be reliable informants to estimate whether change has occurred. Each approach has its advantages and disadvantages.

Taking measures more than once (e.g. measuring users' quality of life both before, during and after they received the service) will normally:

- give the most accurate and reliable estimate of exactly what change occurred
- allow greater confidence to be placed in attributing any changes to the impact of the service
- be expected by those stakeholders for whom scientific rigour is a paramount concern in evaluation.

On the other hand,

- it can be very time-consuming, especially if you need to take measures from many people or settings, or if the measurement tool takes a long time to use, and
- it could be viewed as an example of overkill by some stakeholders.

Asking key informants to estimate what change has occurred (e.g. asking care staff whether the user's quality of life has changed as a result of receiving the service):

- is often easily accomplished
- may be viewed as the most cost-effective and credible approach by some stakeholders
- may be the only viable way of assessing the unforeseen side-effects of services.

On the other hand,

- the judgements made may be inaccurate or inconsistent, especially if the information is being collected by or for people who are stakeholders in the service
- the credibility of the informants may be different for different stakeholder groups
- the credibility of the method may be seriously questioned by some stakeholder groups.

Explaining Change

As well as discovering whether or not change has occurred it is obviously desirable to be able to explain what caused it, and in particular to determine whether this was due to the service itself. There are several approaches which can help determine this:

- *Asking key informants:* As we noted above, simply asking people who are regarded by stakeholders as reliable informants is often the easiest way of

assessing whether change could be attributed to the impact of the service. When trying, for example to assess the unforeseen organisational effects of a new service, it may be the only viable approach, although evaluators must ensure that both the approach and the specific informants are perceived as credible by the key consumers of the evaluation. The main drawback of this approach is that informants may simply be wrong, the history of human services is littered with examples of treatments or service models which people genuinely believed to be effective but which on closer inspection turned out to be worthless, or even harmful.

- *Measuring change over time:* By measuring change over time, we can be more confident about whether or not real change has occurred. By taking measures before and after a person uses the service we can be confident that the changes seen occurred over the period in which the service was provided. This does not mean, however, that we can state with any degree of confidence that the changes were due to the service. Many other things could have happened during that time – maybe the user's quality of life was improving anyway. Sometimes, of course, changes may be so dramatic that the combination of taking before and after measures and asking key informants may be a sufficiently credible approach for all but the most sceptical stakeholders. The problem again, however, is that false conclusions drawn may be drawn. 'Miracle cures' are not unknown – but measuring change over time to try and determine the cause of change can be strengthened in two ways, both of which increase the plausibility of this approach.
 - ◆ Repeat the measurement of change over time with a number of different service users; e.g. the quality of life of twenty different service users could be measured before and after they received the service. One miracle cure may be dismissed as chance but twenty need some explaining! What matters here, is to test out the idea that the expected effects of the service can be repeatedly seen across many individuals. This means that it is best to avoid summarising your information for the twenty people; taking averages, for example, can obscure the nature of the impact of the service on individuals. However, even if we can repeatedly show that change occurs over the period in which the service is delivered, we cannot rule out the idea that perhaps change was occurring for that group of people anyway.
 - ◆ Take measures at several points in time before, during, and after the service is delivered, e.g. the quality of life of service users could be measured monthly for three months before they received the service and then each month while the service was provided. The value of taking repeated measures is that it allows you to assess whether any underlying changes were occurring before the service was provided. Taking measures three or more times before the service is delivered means that any underlying trend in the factor of interest (e.g. the user's quality of life is gradually improving) can be assessed. Once underlying trends have been identified, then, of course, it becomes possible to assess the impact of the service against this background trend. By taking repeated measures it also becomes possible to identify more accurately when the change occurred and to match this with the provision of the service. The more times measures are taken, the more accurate this process can become. The combination

of taking measures over time and repeating this for a number of different users, can be a powerful way of assessing change and of linking change directly to the service being evaluated.

- *Making comparisons with people who do not receive the service:* Another way of assessing change and judging whether any observed changes can be attributed to the provision of a service is to compare changes over time between two groups, only one of whom receives the service. If the groups only differ in this one respect, then any significant changes seen between the groups can be fairly confidently attributed to the impact of the service. While this approach is quite powerful, it does have some serious drawbacks: in order to ensure that the two groups are equal in all other aspects, it is desirable to decide on a purely random basis whether or not people will receive the service. Of course, people who do not receive the service during the evaluation period could receive it later, but even so, this requirement, combined with the need for each group to contain reasonably large numbers of people, makes the design impractical in most situations as service providers, quite rightly, have their own ideas about who should receive the service and when.

Logistics

Aside from the logic of particular measurement strategies and the credibility of alternative approaches in the eyes of the key consumers of the evaluation, logistical considerations will always play a significant role in the choice of measurement strategies. In selecting a measurement strategy we are always choosing from several possible options while trying to balance these three concerns.

More often than not, increasing the evaluation's credibility or 'power' requires more resources, although it is important to remember the possible consequences of overkill. Often, therefore, we are faced with making informal cost-benefit analyses in selecting a measurement strategy. How much additional credibility would a particular measurement strategy bring to the evaluation? Would it demonstrate more powerfully the relationship between the service and the outcomes? What additional resources would be required to achieve this? How else could these resources be used? The last question is always the most difficult. It usually raises two main issues:

- Can the additional expenditure on evaluation be justified in terms of the probable impact of the exercise on services for people with learning difficulties? Clearly, we believe that evaluation is important, but it can only be justified in so far as it contributes to the development of services for people with learning difficulties. Given that most local evaluations will be funded from service budgets, we need to look carefully at this issue.
- Given a limited budget for the evaluation, could the resources be used in other ways which would produce a greater impact? Deploying resources to answer one question means taking resources away from answering other questions. We have suggested that the evaluation should be based on an analysis of stakeholder priorities, which will usually throw up more questions than can reasonably be answered. This means having to prioritise between as well as within question areas. The difficult choice we are faced with is usually whether to try and comprehensively address the

main concern(s) of a small number of stakeholders, or whether to spread resources more widely by addressing the concerns of a larger range of stakeholders. There are, of course, no easy answers, but the main criterion must be the actual impact of the evaluation on improving the quality of services for people with learning difficulties and challenging behaviours in your area. As such, credibility may often be more important than logic.

MANAGING THE EVALUATION

In working through this document you will have:

- asked some basic questions about the service being evaluated and its context (chapter 1, pp 5-15)
- identified key questions and ways of answering them (pp 16-42).

All you have to do now is go out and do it! But before you rush out of the door ask yourself a few last questions:

- Is the evaluation viable within the constraints of available resources? A frequent error is to over-estimate the number of questions you can answer and the detail of information you can collect. Review for one last time the logistics of the evaluation in its totality. Do not underestimate the difficulties in actually collecting information. Unfortunately, within most services evaluation is seen as an irrelevance, and as a consequence, virtually all other demands on people's time will take priority.
- Can anything more be done to facilitate its eventual impact? The more the key consumers are involved and feel some ownership of the evaluation, the greater its probable impact. Are there any other ways in which key consumers can be involved?
- Can you guarantee delivery on time? One of the commonest reasons for the very limited impact of service evaluations is that their conclusions often only become available after key managerial decisions have had to be made. If important decisions are to be made in nine months time, are you sure you can deliver on time? Do not underestimate the time it takes to collate, analyse, and summarise the information you are collecting or the time it takes to write, produce, and distribute reports.

CHAPTER 3

USING THE FINDINGS: ANSWERS INTO PRACTICE

The aim of this Chapter is to consider ways in which the findings of the evaluation can be used within a service to promote change, or disseminated to key external groups. The impact of the evaluation can be enhanced by paying particular attention to:

- the needs and preferences of the consumers of the evaluation, while
- being clear about what the actual results of the evaluation say.

A number of issues are important in communicating the results of a local evaluation.

WHAT ARE THE KEY ISSUES?

When the evaluation has been carried out and analysed, it is time to take a look at the results and try and make sense of them. Often, the evaluation will generate so much information and raise so many new questions that it becomes difficult to decide what to report upon. It is important not to overload your audience with so much information that they have difficulty in seeing the wood for the trees. *Be selective and only report on the key issues.* A number of factors should be taken into account when trying to identify which findings to communicate.

- What were the stakeholders' original questions which led to the evaluation being commissioned? Can these be answered?
- Do the results support or conflict with the basic aims of the service and its managing agency? What are the political and/or resource implications of these findings?
- Do the results indicate that there should be changes in the lives of service users, the services that they receive, or the service system itself? What are the implications of this?

It is often worth consulting others about the implications of the results as, by this stage, you are often too close to the data and analysis to see hidden implications.

Remember, aim for brevity. Key stakeholders are usually busy people. Interesting as it may be, they are unlikely to have time to read a 100-page treatise. It is very helpful to begin your report with a summary giving a brief overview of the evaluation, explaining why it was done, and listing the major conclusions and recommendations. The summary should be no longer than two or three pages but although it is placed first, it is the section you write last.

It is also important to be selective in your approach to dissemination. The value of the evaluation will be considerably enhanced if the key findings are made available to those stakeholders who have the greatest power to achieve positive

change. The stakeholder analysis you have already undertaken (Chapter 1) will have helped you identify the key opinion leaders within your local area. They should constitute your priority audience.

WHO NEEDS TO KNOW WHAT?

When analysing the results make sure this is done in a way that your audience will understand. There is little point in carrying out a complicated analysis which can only be understood by an audience of statisticians. This does not mean avoiding more sophisticated statistical procedures, but the principles behind the analyses used should be easily understandable. If you need help with analysing and understanding the results ask a statistical expert, but remember they may have no knowledge of services or the implications of the evaluation.

When communicating your findings ensure that they can be easily understood by your audience. Keep in mind the language they use. A service provider may not understand terms that are familiar to a psychologist. If in doubt, use the language and terms that your audience – not you – feels comfortable with.

For written reports:

- use pictures, diagrams and graphs to illustrate the main findings
- break up what you want to say into separate topics and then deal with them one at a time in an order that makes sense to you
- think about how the report fits together
- make sure that it has a beginning, a middle, and an end
- have a summary at the beginning so that it is clear what the structure and findings are going to be
- ensure that the style of the report fits the intended audience. For example, avoid numerous references in a report written for managers. It can often be valuable to first look at examples of how members of a target group, e.g. senior service managers, write reports themselves;
- In their book *How to Communicate Evaluation Findings*, Morris et al (1988, Chapter 4) present an outline of an evaluation report. You may find this useful.

It is also likely that different groups will have different preferences as to how the findings are communicated. These could include:

- written reports
- discussion with small groups
- public presentations
- personal letters

- formal presentations to small select groups
- articles in the press.

Choosing how to communicate results, and in what order, will also be influenced by the content and implications of the findings. It is, for example, probably counterproductive for senior managers to learn of serious shortcomings in the service through the local press!

It is often valuable to approach key consumers of the evaluation well before the end of the actual evaluation to enlist their support in designing a strategy for disseminating the findings. When the main findings are becoming clear it is often helpful to communicate them informally to some of these key consumers so that at least you can anticipate what the 'official' response to the evaluation may be.

HOW CAN THE FINDINGS BE PRESENTED IN A CONSTRUCTIVE WAY?

In communicating the evaluation results, be constructive. Focus on the implications of the findings for improving service quality. Constructive criticism is valuable, destructive criticism only benefits the ego of the critic. This does not mean that service deficiencies should be ignored, but it does mean avoiding apportioning blame to individuals. Try to understand the reasons for poor performance and make recommendations about how better performance can be encouraged.

Similarly, it is possible that the results indicate that further information is needed to fully answer a question. If this is the case you should indicate clearly what further work is needed without devaluing the results you already have. It is worth remembering that none of the findings will be of any use unless you can move from from the specific and find conclusions of general relevance to you and your audience.

Is your report sympathetic to the service user's viewpoint? At the end of the day it is the people with challenging behaviour who are most likely to be affected by your findings. Through your reporting style, show that you are sympathetic to their needs.

== FURTHER READING AND REFERENCES ==

GENERAL PROGRAMME EVALUATION METHODS

Rossi, P.H., and Freeman, H.E. (1989). *Evaluation: A Systematic Approach (4th Ed.)* Sage: London.

A classic introductory text to the general field of programme evaluation, now in its 4th edition.

Patton, M.Q. (1982). *Practical Evaluation*. London: Sage Publications.

A good practical guide to evaluation practice.

Schalock, R.L., and Thornton, C.U.D. (1988). *Program Evaluation: A Field Guide for Administrators*. Plenum: New York.

A useful book written for managers. Covers the areas of programme analysis, process analysis, impact analysis, benefit-cost analysis and the utilisation of findings.

Patton, M.Q. (1986). *Utilization-Focused Evaluation*. London: Sage.

A well written and informed account which argues for consideration of factors influencing the impact of the evaluation at all stages in the evaluation process. Lots of good advice for local practice.

The Program Evaluation Kit (1988). Sage: London.

A series of 9 short books which offer a simple practical introductory guide to the evaluation of human services. The books in the series are:

- Herman, J.L., Morris, L.L., and Fitz-Gibbon, C.T. (1988). *Evaluator's Handbook*. Sage: London.
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Wholey, T.S. (1977). *Evaluability Assessment*. In *Evaluation Research Methods: A Basic Guide* (ed. L. Rutman). Sage: Beverley Hills.

Identifies a number of preconditions that need to exist for an evaluation to be successful and gives a step-by-step account to conducting an evaluability assessment.

Rutman, L (1980). *Planning useful evaluations: evaluability assessment*. Sage: Beverley Hills.

As an alternative to the above, this book also gives a comprehensive guide to evaluability assessment.

EVALUATING INDIVIDUAL CHANGE

Barlow, D.H., and Hersen, M. (1984). *Single Case Experimental Designs: Strategies for Studying Behaviour Change (second edition)*. Pergamon Press: New York.

A very useful and comprehensive basic text. Covers assessment approaches and statistical methods as well as designs. More recent discussions on single-subject methodology can be found in the following two papers.

Barrios, B.A., and Hartmann, D.P. (1988). Recent developments in single-subject methodology; methods for analysing generalisation, maintenance and multicomponent treatments. In *Progress in Behaviour Modification Vol 22*. (ed. M. Hersen, R.M. Eisler, and P.M. Miller). Sage: London.

Kratochwill, T.R., and Williams, B.L. (1988). Perspectives on pitfalls and hassles in single-subject research. *The Journal of the Association for Persons with Severe Handicaps*; 13, 147-154.

GENERAL ASSESSMENT METHODS

Martin, P., and Bateson, P. (1986). *Measuring Behaviour: An Introductory Guide*. Cambridge University Press: Cambridge.

A good basic guide to methods and issues in the quantitative measurement of behaviour.

Schwartz, H., and Jacobs, J. (1979). *Qualitative Sociology: A Method to the Madness*. Free Press: New York.

A useful overview of the differences between qualitative and quantitative research methods. Examines the strengths and weaknesses of participant

observation, interviewing, case history and other approaches to discovering the actor's definition of the situation.

Bakeman, R., and Gottman, J.M. (1986). *Observing Interaction: An Introduction to Sequential Analysis*. Cambridge University Press: Cambridge.

Useful and comprehensive introduction to methods for observing social behaviour.

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Suggests that objective measures alone are insufficient in social science and that subjective social validation is necessary. Argues the need to establish conditions under which people can be assumed to be the best evaluators of their own needs, preferences and satisfaction.

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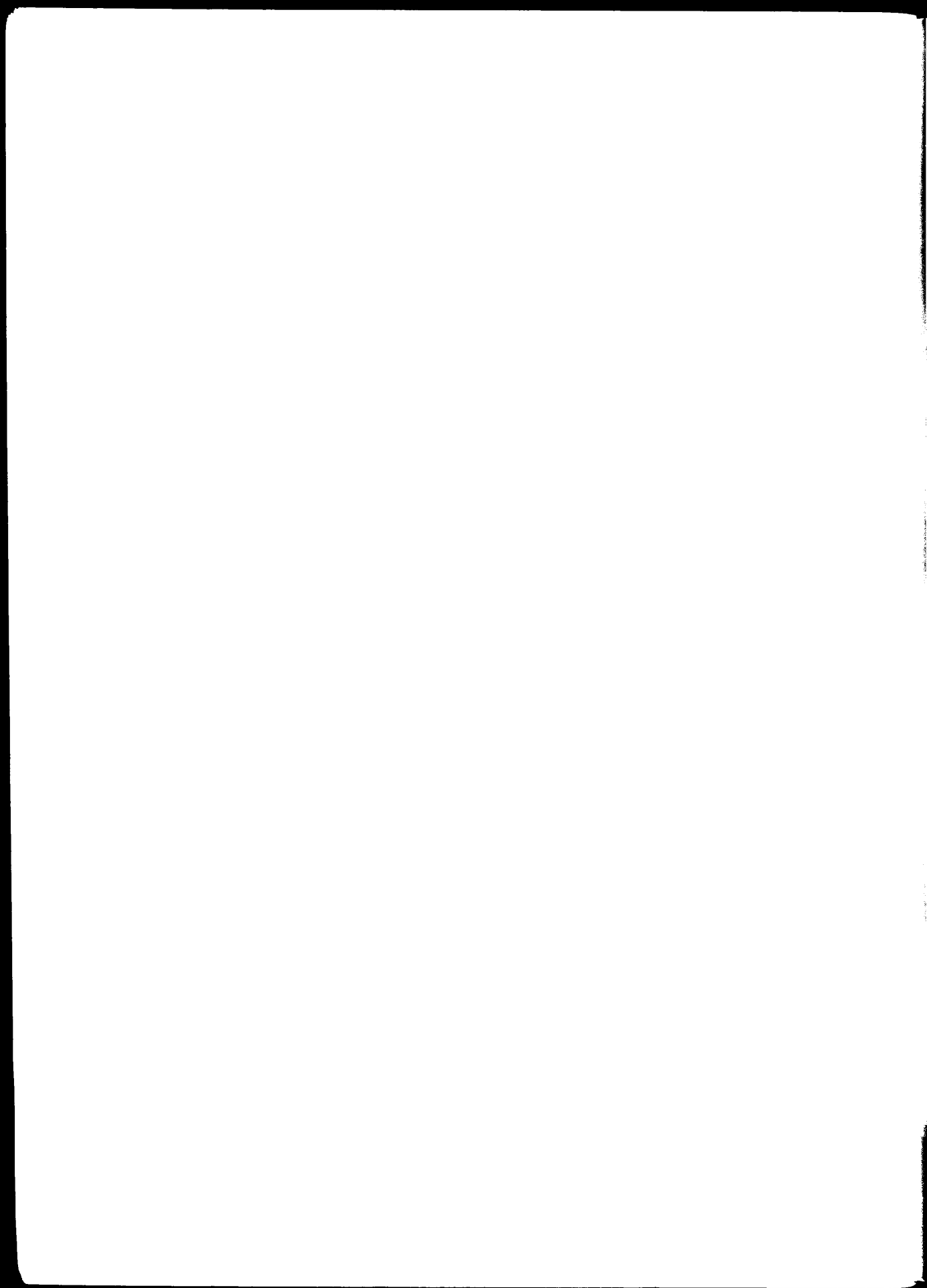
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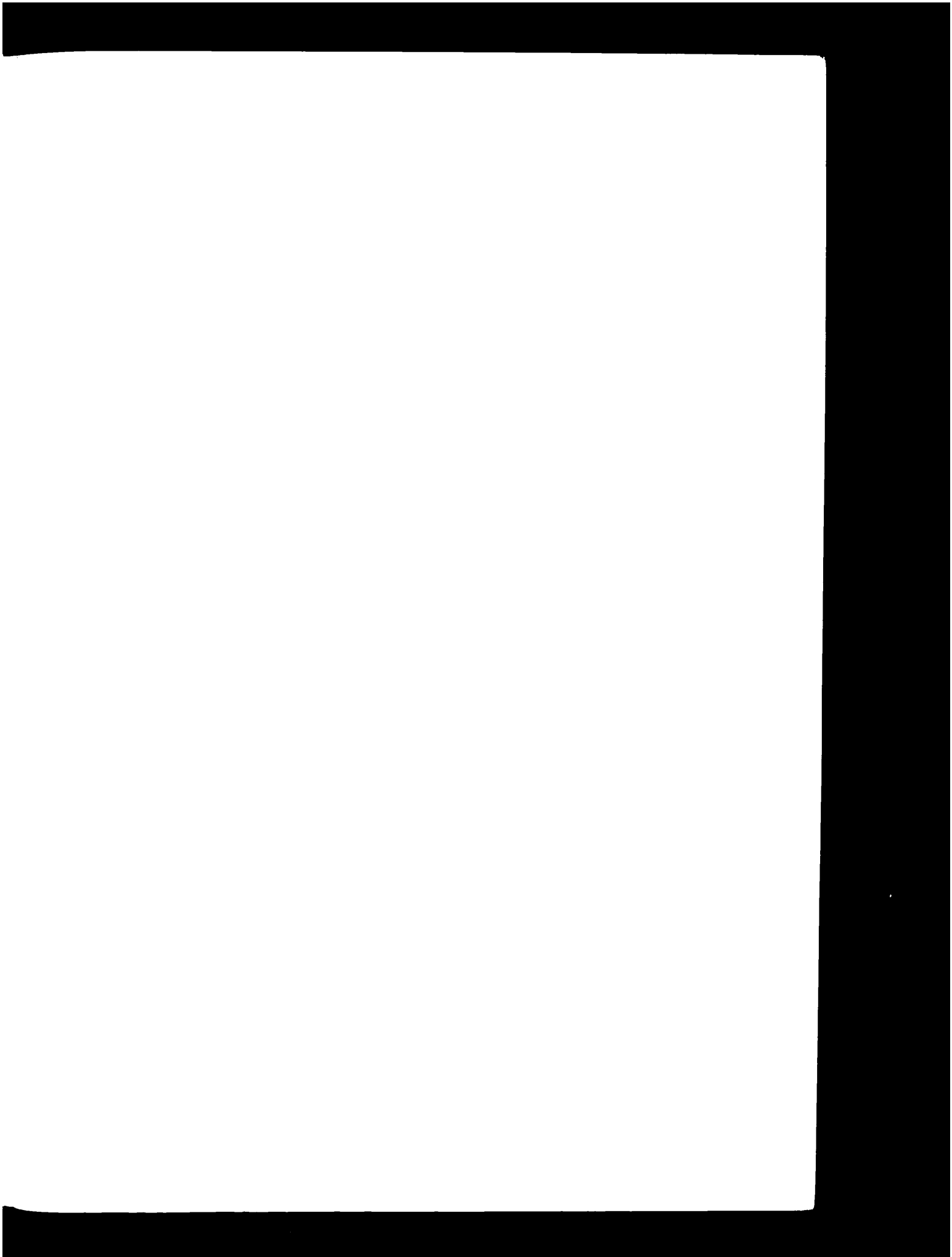
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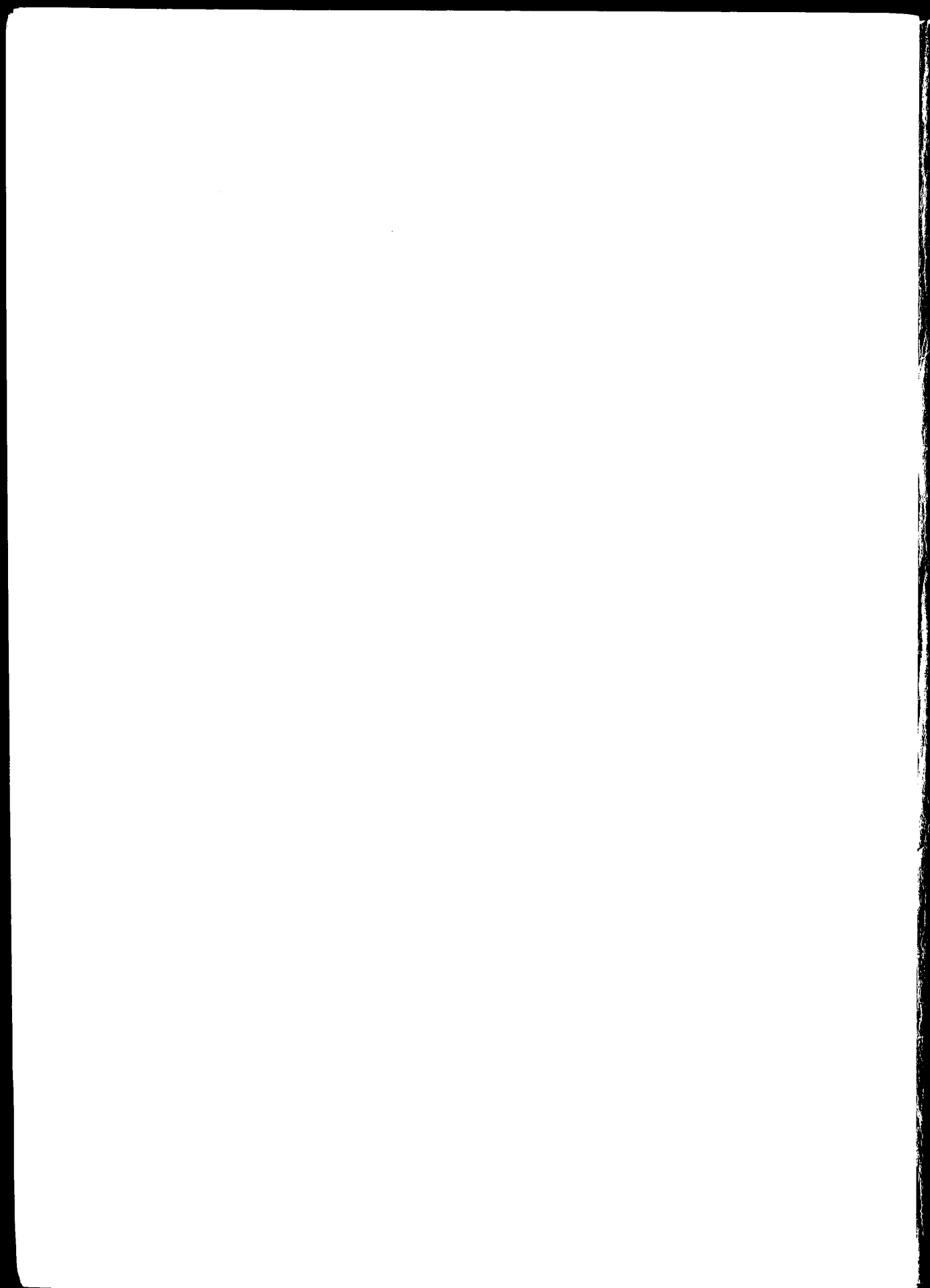
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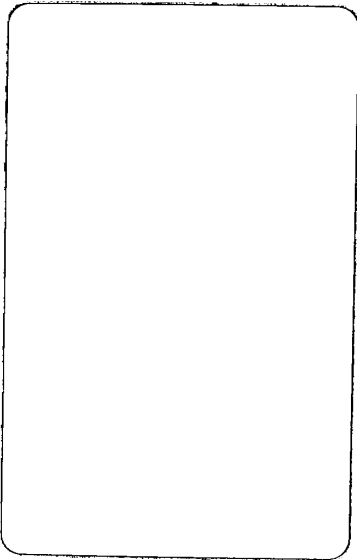




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Evaluating the Challenge is designed to assist those who are responsible for evaluating services for people with learning difficulties and challenging behaviour. It takes the reader through the main stages of the evaluation:

- defining the service
- conducting the evaluation
- using the findings

and also includes extensive references and further reading.

Evaluating the Challenge will be of particular interest to psychologists and others who have a major responsibility for the evaluation of community-based services for people with challenging behaviour. It provides a useful reference to the technical stages to be followed. It will also interest a wider audience of planners, policy makers, managers, staff and anyone with an interest in evaluating the extent to which services for people with challenging behaviour meet their objectives. Most points could apply to any service evaluation exercise, so readers with a wider interest in service evaluation will find this a useful resource.

The editors are all University researchers with extensive experience in the evaluation of services for people with learning difficulties.

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