“The recovery approach requires mental health services to develop and draw on their own resources, but it also requires that they develop and draw on the resources of people with mental illness and their communities.”

(O’Hagan, 2001)

“Evaluation brings together different points of view, experiences and knowledge to develop joint solutions to shared problems or discover more about common areas of interest.”

(Department of Health and Aged Care, 2001)
ACKNOWLEDGEMENTS

The following people and organisations assisted in the development and evaluation of this resource. We would like to extend our gratitude and thanks to those who were part of the advisory group.

Egan Bidois – Capital & Coast District Health Board
Katie Brown – South Island Shared Service Agency Limited (SISSAL)
Claire Moore – Counties Manukau District Health Board (PER Team)
Robyn Priest – Private Consultant
Rhonda Robertson – Matua Raki
Sue Rostron – Te Pou
Lealofi Sio – Matua Raki
Carolyn Swanson – Te Pou
Waiatamai Temehana – Private Consultant
John Wells – Counties Manukau District Health Board (PER Team)
Louise Windleborn – Hutt Valley District Health Board

We also thank those who contributed to the testing and revision of the resource including Robyn Priest, Claire Moore, Fleur Crarer and David Grierson.

Finally, a special thanks to Suzanne Kerruish, Karl Metzler, Brian Vickers and Wanda Condell who developed “Change Management Made Easier”, and to the Counties Manukau DHB Peer Evaluation Recovery (PER) team, who allowed us to use their version of this resource.
CONTENTS

PURPOSE OF THE WORKBOOK

Background 2
This workbook 3

EVALUATION IN MENTAL HEALTH AND ADDICTION SERVICES

A brief history 4
Evaluation defined 5
Evaluation and recovery 5
Recovery oriented evaluation tools 7
Commonly used types of evaluation and audit 8
The evaluation process 11

MAKING EVALUATION MORE EFFECTIVE

Evaluative thinking 16
Managing change 17
Thinking logically 24

EVALUATION SKILLS

Let's get real 27
Negotiating and communicating 30
Keeping it safe 31
Respecting diversity 33

UNDERTAKING AN EVALUATION

Your involvement 34
Being well prepared 35
Key preparation tasks 36
On the day 37
Getting the information 37
Recording the information 41
Reporting on what you have learnt 41
Writing skills 42
Completing an evaluation 44

THE WRAP UP

46

FURTHER INFORMATION

47

REFERENCES

48
PURPOSE OF THE WORKBOOK

BACKGROUND

The Mental Health Commission’s *Recovery Competencies* (O’Hagan, 2001) states:

*Recovery happens when mental health services enable people with mental illness to take on competent roles. This means people with experience of mental illness are given every opportunity to use their competence in the mental health sector. As individuals they take part in their assessments and in decisions about their treatment and support. As a collective they are involved in the planning and evaluation of services at all levels.*

Today people with experience of mental health issues, particularly those who are leaders, trainers, advocates, advisors, consultants, and peer support workers are often called upon to participate in, or lead, an evaluation of mental health and addiction services.

The development of this workbook was led by the Te Pou Research team. It was undertaken as part of the development of standardised recovery evaluation tools across mental health and addiction services. Initially, the aim was to adapt existing recovery evaluation tools for use by service user/consumer/tangata whaiora (hereon referred to as service user) evaluators. However, as the project progressed, it was found the type and use of evaluation tools varied across the sector and there was a need for a generic introductory resource to support people starting out in the evaluation process.

An advisory group of service users was formed. Based on their experiences, the group identified the key skills and elements required to undertake a wide range of evaluation processes. This formed the basis of the workbook. Draft content was developed, tested at a two day workshop, then further refined.
This workbook is designed to improve knowledge amongst mental health service users about evaluation, auditing and review. It aims to add to the skills people with experience of mental health issues already bring to the evaluative process. This enables increased numbers of service users to participate in mental health service evaluation and to use their skills to contribute to more effective monitoring, development and change.

It is designed as an introductory resource for service users who are considering taking part in an auditing or evaluation process. The workbook is also a useful resource for those involved in service planning and development, quality improvement, systemic advocacy, leadership and management.

It is structured as a complementary learning tool to increase understanding of the processes of evaluation and auditing, and the associated skill sets required. It is aimed at those new to auditing and evaluation – it is not intended to replace specialist training.

The evaluation skill sets contained in this workbook are arranged so they can be read sequentially, or used as a ‘pick and mix’ to add to existing skills and knowledge. It is designed to be self-reflective so that individuals can work through the tasks in their own time, or apply the learning within a group.

This workbook is presented in four interlinked sections that introduce you to the topic, present specific learning areas and provide additional resources for further learning. Exercises to test your learning are included.
A BRIEF HISTORY

In 1995, the Ministry of Health reported that “traditionally mental health services have been based on a ‘benevolent paternalism’ model which assumes ‘best interest’ decision making by clinicians on behalf of consumers” (p.1). By the 1990s there was evidence of increased consumer and clinician support for “consumers to participate in planning, implementing and evaluating mental health policies and programmes” (Ministry of Health, 1995).

Service user participation in mental health services is now part of the Health and Disability Services Standards (Ministry of Health, 2008). Most evaluation or audit teams will have at least one service user representative. This increase in knowledge base and experience has also led to career development for a number of service users who have become lead auditors and evaluators. Today, many evaluation projects are led by service users.

For those who are just starting out you should expect to:

• be engaged as an equal member of the team under the normal principles of employment
• be properly briefed about the evaluation principles and the approved tools
• have your experience as a service user used and valued
• participate in all the evaluation processes, including reporting and any follow up activities
• be responsible for evaluating some criteria/indicators, and to contribute to others.

Service evaluation is an essential part of ensuring both service accountability and quality improvement. Taking part in an evaluation can provide an important opportunity to contribute to mental health service development and change. Involvement in service evaluation creates a partnership of learning, which gives service users an opportunity to use their own personal experiences and skills to improve mental health services. Taking part can assist both personal recovery and the recovery of others.

In this section the process of evaluation and its relationship to recovery is described, and an introduction to commonly used forms of evaluation is provided.
EVALUATION DEFINED

In the mental health and addiction sector the term ‘evaluation’ is used to describe processes which determine how well services, systems or treatments/supports are performing. A number of labels and terms are used in the sector to describe the different ways this is done.

There are many different models of evaluation. Most involve a period where information is collected. This is followed by a process of looking at and understanding the information and making an analysis of what it means in the context of the work being undertaken.

EVALUATION AND RECOVERY

As a person who has experienced mental health issues and their associated journeys, one of the most powerful gifts you can bring to the audit/evaluation process is your expertise and perspective.

Using recovery philosophies of empowerment and choice, acknowledging and using strengths and belief in your own unique talents and abilities will make your work much more effective and enjoyable.

From this perspective every organisation, programme and/or service already has much of what it needs to be the best it can be. In an effective recovery journey people use the strengths and abilities they already have to build on and find solutions for any gaps and/or areas that are not working well for them. This can be exactly the same for organisations via audits and evaluations.

You now have the opportunity to use that knowledge and expertise to contribute towards improving services and enhancing outcomes for service users.

You will find your own ways of working that suit your personality. It is much easier to create good relationships and trust when you come from a position of being part of a process or team that wants the very best for the people you are working with.

EVALUATION STRATEGIES

- Look for the strengths and use them to leverage positive actions.
- Offer good information to inform good choices.
- Encourage ownership, responsibility and pride.
- Acknowledge the value and talents of others.
- Work towards instilling a sense of hope and pride.
- Be honest, but use tact and diplomacy.
ONLINE RESOURCES — SERVICE USER PARTICIPATION IN MENTAL HEALTH SERVICES


RECOVERY ORIENTED EVALUATION TOOLS

As noted earlier in this workbook, the tools or measures used to evaluate services in New Zealand vary across each locality and region. Many services have developed their own evaluation tools with variable levels of success. If you are part of a team considering developing an evaluation measure or tool it is worthwhile looking at the large number of recovery-oriented evaluation tools which have been developed internationally over the last decade. Reviewing the tools also gives an indication of how evaluations are carried out.

These evaluation tools or measures include those which can be used to:
- assess the service or system
- allow service users to assess their own progress towards recovery
- allow service staff to assess their own recovery orientation.

ONLINE RESOURCES — RECOVERY ORIENTED EVALUATION TOOLS

- Recovery Oriented Services Evaluation. (American Association of Community Psychiatrists). www.wpic.pitt.edu/AACP/finds/AACPROSEIII.doc. A scoring sheet which can be used to evaluate the recovery focus of mental health services.
COMMONLY USED TYPES OF EVALUATION AND AUDIT

The labels used to describe evaluation can be confusing, particularly when they are often used interchangeably from one organisation or area to the next. Many projects use more than one type of evaluative process. It isn't uncommon to find yourself being involved in evaluations which incorporate a number of tools.

Some of the commonly used types of evaluation are explained below.

FORMATIVE EVALUATION

An evaluation of a programme or service undertaken during the development and formation stages. It may be applied during the development of a new service. It provides immediate information and quick feedback to contribute to quality improvement. This is also an ideal process to ensure that those same findings are timely for any decision making.

Example

Service users are interviewed about their views on a new type of home-based treatment service. For example, how should the service work, hours it should open, how should you be referred/get in to the service?

SUMMATIVE EVALUATION

A summary stocktake of a programme or service. Unlike formative evaluation it tends to occur after the fact and takes an overview of all participants.

Example

The collective pathways of people going through a particular service may be reviewed to see whether they reached their intended outcome at the end. For example, did all service users have a recovery plan and how were the plans used?

PROCESS EVALUATION

Process evaluation is generally more concerned with the process within which an outcome(s) is achieved, than the outcome(s) itself. Process evaluation is a useful tool for assessing the efficacy of particular processes and refining them for future application.

Example

Service users and their families are asked if it was easy to contact staff, what made it easy or difficult, what information staff provided, how relevant it was and other aspects of their experience using a new home-based service.
Evaluation in mental health and addiction services

Auditing can also be considered a form of evaluation. In the mental health and addiction sectors, auditing is often undertaken to measure the service’s performance against established standards or targets. Audits are a useful tool for identifying gaps and establishing what is performing well. Setting aside financial audits, two auditing categories are most commonly applied within mental health and addiction.

**Outcome Evaluation**

Outcome evaluation is similar to summative evaluation in that it is intended to identify whether a programme or service has delivered on its intended goal. More importantly a greater focus is on whether the programme or service activities led directly to the achievement of that goal.

Example: Service data revealed admissions had declined. Service users were asked about why they thought they were using that service less – was it due to another service, better supports from whanau or another factor?

**Routine Audits**

Routine audits are often required by legislation. They are typically part of a funding cycle. They usually involve examination and verification of systems and processes, and the service’s ability to meet contractual and associated legislative obligations.

Example: The community mental health service is assessed against the standards and their contracts to ensure they are doing what they are funded to do.

**Issues-Based Audits**

Issues-based audits are generally instituted as a result of poor performance, a negative event or an identified issue/problem with a particular service. The general objective of this type of audit is to identify if there is a problem and what the extent of it is.

Example: The service has reported a large number of incidents involving medication errors. The service’s records are reviewed and the opinions of service users and clinicians are sought via interviews.

Another form of auditing or evaluation occurs during the certification or accreditation process. This involves the periodic examination of services against a set of predetermined standards. The accreditation process is conducted by an external agency which, within the mental health sector, always includes a service user.
While there are a number of different types of evaluation, there are also two main approaches or methods for gathering the information or data – quantitative and qualitative.

**Quantitative methods** collect and analyse numerical data that can be organised into statistics in order to come to a conclusion. For example, the number of staff or how many people received a particular service.

**Qualitative methods** investigate information or data, in particular, the perceptions and experiences of the people involved in order to gain greater insight and knowledge.

While they can be used independently, within mental health services qualitative and quantitative methods are often used together to provide more complete information. For example, a service with a healthy progression of people through its doors may look good in a quantitative evaluation where you count the number of people transitioning out of the service. A qualitative evaluation of the same service would enable you to hear people’s stories about the service and understand whether they had a positive experience or not.

### ONLINE RESOURCES — EVALUATION

- **The evaluation hikoi: A Maori overview of programme evaluation** was released in 2009 by Te Ropu Whariki, Massey University.
  This resource is designed to be used alongside other toolkits available on the Whariki Research Group website - www.whariki.ac.nz/about_whariki.html.
- **Introduction to evaluation.** (Te Pou, 2008).
  An introductory resource describing the types of evaluation, their purpose and use.
- **Undertaking research – A guide for beginners.** (NSW Health, Central Sydney Area Mental Health Centre, Research Unit, 2004).
  This guide was developed in order to increase awareness of the processes involved and the resources required to undertake project work.
- **Promoting good(ness) – A guide to evaluating programmes and projects.** (Rachel Trotman, 2008).
  This comprehensive and easy to read introductory guide gives a great overview of the evaluation process. It includes step-by-step tips and targets for those who want to carry out an evaluation themselves.
THE EVALUATION PROCESS

Evaluation can be a one-off process designed to take place over a finite period, or part of an ongoing cycle of change and quality improvement.

Every evaluation will have a purpose, a reason for being. While some types of evaluation, such as audits, may be predetermined by contracts or agreements, others will be part of an ongoing quality management cycle or be designed from scratch for a specific reason.

Involvement in an evaluation can come at various parts of the process. Often you will be asked to join an evaluation when the purpose has already been decided. Sometimes you will be involved in designing or leading an evaluation. You may also be asked to contribute to the development of an evaluation and suggest what role you could take.

There are a number of steps in designing an evaluation including:

- defining the purpose and parameters
- identifying the stakeholders
- deciding on the method or type of evaluation process.

The evaluation process can begin once the evaluation team has been brought together, the design has been developed and the roles of team members are determined.
The evaluative process can generally be broken down into five stages, as shown below.

**WHAT IS BEING EVALUATED?**
- Clarify the aims and objectives so you can better understand what it is you are seeking to achieve.
- Establish what key questions you want answered and what your priorities and constraints are.

**WHO WILL UNDERTAKE THE EVALUATION?**
- Clarify who is involved. Evaluation teams can include clinicians, peer evaluators, service users, families/whanau, management, kaumatua and those who bring specialist skills such as financial auditors or cultural perspectives.

**WHAT INFORMATION IS REQUIRED?**
- Decide on what information you need to collect.
- Decide how you will collect your information.
- Outline your specific questions, with the understanding these may change depending on what happens during the interviews.
- Define how you will use the information to determine the results.

**WHAT WAS DISCOVERED?**
- Review the results or the information and evidence which may include figures (statistical data), interviews and reports (qualitative data).
- Identify gaps, suggest what needs to change and demonstrate what has changed.
- Identify areas of success and innovation.
- Identify any other components which will assist you in producing your report or recommendations.

**WHAT ARE THE RECOMMENDATIONS?**
- Base your recommendations and desired outcomes on the evidence you have gathered.
EXERCISE — TYPES OF EVALUATION

Every programme or service you are asked to evaluate will require a different approach. Apply what you have learned about types of evaluation to the examples below.

1. You have been asked by an organisation to help them improve their services to better meet the needs of service users with young children. They have asked you to identify what is currently happening for service users in their service. What approach(s) could you use to get the information you need?

2. The number of people being seen by the after hours service has declined. How would you evaluate why this is happening?

3. For six months an NGO has been running a workskills programme for people with experience of recurrent mental illness. What types of evaluation could you use to find out if the programme is effective?
4. There have been suggestions of an increase in the use of seclusion at an inpatient unit. What evaluation process could you use to see if this is accurate?

Now think about why you chose the types of evaluative processes you did, considering the following:

- Your objectives?

- What is it about the processes that would give you the information you required to reach your objectives?

- Will one process give you all the information you need?

- Would you use quantitative or qualitative methods or both?
Being a part of a mental health service evaluation can provide an opportunity to influence changes in the sector. There are numerous strategies you can use to ensure you play an effective role in an evaluation. The next section of the workbook introduces a selection of such strategies.

EVALUATIVE THINKING

Evaluative or critical thinking is a pivotal skill to bring to any evaluation. It can be considered as a form of thoughtful judgement or as reflective decision making, thinking and problem solving.

Evaluative thinking involves a number of interrelated and ongoing activities (Facione, 2004).

Below is a list to reflect on during the evaluation process. These items will help develop your evaluative thinking.

- Identify the task.
- Stay on target.
- Understand the context of all of the information.
- Seek independent confirmation of the facts.
- Identify the options and choices.
- Encourage respectful debate on all aspects of the information.
- Take the time you need.
- Identify any assumptions you have and consider how they are shaping your view.
- Be aware of your own and others’ points of view and their influence.
- Be fair and open minded.
- Infer only what the evidence implies.
- Consider all the consequences both negative and positive.
- List the outcomes/results clearly.
- Check for what you may have missed.

ONLINE RESOURCES – CRITICAL THINKING

- Guidelines to assist with reasoning and with thinking critically.
MANAGING CHANGE

Evaluation is often about change, either looking back at what has changed, or forward to what can be changed. Although change management theory isn't always thought of in the context of evaluation, there's no doubt there is value in applying the principles of change management to the evaluation process, particularly when considering recommendations.

This section provides a basic guide to understanding how change can be managed, and how managing change can be beneficial to the process of auditing and evaluation.

Evaluation and change management are interrelated. Evaluation often forms an important component of change. What you do as an evaluator can assist the successful application of useful change management.

The basic premise of change management is if you can plan change effectively you are more likely to succeed. As you go through the process of evaluation, you can reflect on the best way to influence an organisation towards positive and effective change. Understanding the change management process helps you to predict the resources a service will require to implement any of the recommendations made by the evaluation team. This can help you make achievable and successful recommendations.

CHANGE MANAGEMENT IS A PROCESS OF CONSIDERATIONS AND ACTIONS THAT HELP TO ENSURE CHANGE IS:
- planned
- achievable
- effective
- sustainable.

There are a variety of change management tools used, all with their own attributes and merits. As an example, Counties Manukau DHB’s Peer Evaluation Recovery (PER) team currently uses a change management model which was based on both Kotter’s 8 Steps (Kotter, 1996) and the Dice Model (Sirkin, Keenan et al., 2005). The PER team’s model is described on the following page.
USING THE 8 STEPS

1. STEP ONE: CREATING A SENSE OF URGENCY
   If people have a sense that something has to happen and it needs to happen now, they can be more inclined to go along with a suggested change. Creating that sense of urgency can help get other people on board.

   CONSIDER
   • Who is the identified leader that has the necessary skills to drive this and create a sense of urgency?
   • How have you convinced stakeholders that this change is absolutely necessary?
   • How have you communicated a sense of urgency regarding the need to implement this change?
   • How have you planned to shift staff out of their comfort zone in order to recommend implementation of this change?
   • How have you communicated the consequences of not implementing this change?

2. STEP TWO: FORMING A COALITION
   As an evaluator your job isn’t to necessarily lead the change, but you do have a role in ensuring that whatever you recommend will have the support of influential people within an organisation. Their support of your recommendations will help to ensure achievability.

   CONSIDER
   • Who has a vested interest in your change recommendation?
   • How have you involved key managers and key stakeholders?
   • How have you identified and ensured influential people will support your recommendation? Who are they?

3. STEP THREE: CREATING A VISION
   Change that has a goal or a direction in mind is generally far more effective. Having a vision of what you want an organisation to achieve when recommending change will help you to prepare recommendations and give those subject to change something they can work towards.

   CONSIDER
   • What do you want the team or organisation to achieve? What is your vision for where they should be?
   • What processes are in place for refining the vision as and when required?
   • How do you communicate the vision in a clear and concise manner?
   • How will you know those subject to change understand and commit to the vision?
   • What strategies have you developed or recommended to support achieving the vision?
**STEP FOUR: COMMUNICATING THE VISION**

Communicating your vision or goals is as important as having the vision itself. Ensure the vision or goal is clear and concise and properly communicated by your key influential leaders to those who need to hear about it.

**CONSIDER**
- How are people at all levels of management routinely communicating the vision?
- What methods are they using to communicate the vision?
- What is the plan to communicate the vision at every opportunity and how is it part of daily operations?
- How do you sell the gains – “why they should adopt this vision”, “what’s in it for me”?
- What supports and education are available to progress the development of the vision?

**STEP FIVE: EMPOWERING OTHERS**

Removing obstacles can empower people to be able to move towards the change far more easily.

**CONSIDER**
- What are the obstacles that stand in the way of success?
- How will you remove them?
- How are people given time and space to act on the vision?
- What systems support people to act on the vision?
- How are you rewarding those who act on the vision?

**STEP SIX: CREATING SHORT-TERM WINS**

No doubt when you write recommendations some of them will inevitably be long-term goals that you require an organisation to work towards, but it is also worth thinking about what the short-term goals are. Make these short-term goals achievements in their own right, with easily identifiable indications of success so when you go away, the organisation is better equipped to move forward.

**CONSIDER**
- How will performance and achievement be measured?
- What are the short-term goals?
- What resources are available to ensure short-term goals are met?
- How will people know when these goals are met?
- How can the organisation recognise people responsible for meeting short-term goals?
Most of us are probably already using some or all of the steps of change management in our everyday life. On the next page is a day-to-day example of how the 8 steps could be applied to a practical everyday situation of trying to change the eating habits of the people in your household.

Change exists in every aspect of our lives and can be as basic as trying to change the eating habits of the people in your household, to trying to change the way a particular service is developed or provided. Both are equally as capable of being resisted, but both can be successful if done thoughtfully.
**EXERCISES — USING THE 8 STEPS MODEL**

*You, your partner and the kids have put on a significant amount of weight lately which you worry is bad for your health. Try adding your own suggestions to this family’s 8 steps.*

<table>
<thead>
<tr>
<th>Step</th>
<th>Consideration</th>
<th>Your strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a sense of urgency</td>
<td>Spurred on by watching 'Downsize me' you point out to everyone what could happen if things don’t change.</td>
<td></td>
</tr>
<tr>
<td>Forming a coalition</td>
<td>Getting your partner on board is the first task. If you are both consistent you know the message is much more likely to get through to the kids.</td>
<td></td>
</tr>
<tr>
<td>Creating a vision</td>
<td>You and your partner decide on how you want to be in the future and what kind of healthy food you want to eat.</td>
<td></td>
</tr>
<tr>
<td>Communicating the vision</td>
<td>You tell your kids about this, emphasising the positive aspects and adding some rewards such as new clothes. You ask them to help make a progress chart.</td>
<td></td>
</tr>
<tr>
<td>Empowering others</td>
<td>You remove the obstacles, stop buying unhealthy food and buy more fruit and vegetables. Make the kids’ lunches every day so they won’t be tempted to buy takeaways in the middle of the day.</td>
<td></td>
</tr>
<tr>
<td>Creating short-term wins</td>
<td>Create some short-term goals and rewards for healthy eating and exercising, like a movie or a new item of clothing when a target weight is reached.</td>
<td></td>
</tr>
<tr>
<td>Build on the changes</td>
<td>Use the opportunity of healthy eating and increased exercise to spend time together. Go for walks, spend time talking.</td>
<td></td>
</tr>
<tr>
<td>Anchor the changes</td>
<td>Buy presents for everyone that fit in with a healthy eating kaupapa. Make going for a walk or a bike ride a regular activity. Share these regular activities including making lunch and add some treats.</td>
<td></td>
</tr>
</tbody>
</table>
Create your own 8 steps to try to reduce the use of seclusion in a mental health service.

<table>
<thead>
<tr>
<th>Step</th>
<th>Consideration</th>
<th>Your strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a sense of urgency</td>
<td>Consider why you need to change. What is the sense of urgency around the reduction of seclusion? Has another form of treatment been found to be more beneficial?</td>
<td></td>
</tr>
<tr>
<td>Forming a coalition</td>
<td>Consider who is most likely to support a move towards alternative treatments?</td>
<td></td>
</tr>
<tr>
<td>Creating a vision</td>
<td>What is the vision for making this change? What are the long-term benefits and goals of doing so? Consider service users, staff and families.</td>
<td></td>
</tr>
<tr>
<td>Communicating the vision</td>
<td>How would you communicate this to everyone? How can you ensure they see the vision you see?</td>
<td></td>
</tr>
<tr>
<td>Empowering others</td>
<td>Consider how you would promote the benefits of alternatives, for example a sensory room. Make sure the alternatives seem easy to use and understand.</td>
<td></td>
</tr>
<tr>
<td>Creating short-term wins</td>
<td>Consider what your short-term goals could be. Would service users and families be more confident about using the service?</td>
<td></td>
</tr>
<tr>
<td>Build on the changes</td>
<td>Consider undertaking an evaluation. Has staff morale improved? Has the length of stay been shortened?</td>
<td></td>
</tr>
<tr>
<td>Anchor the changes</td>
<td>Consider how you would ensure the change is maintained?</td>
<td></td>
</tr>
</tbody>
</table>
During an audit of an NGO you discover the service has a locked fridge. Using the 8 steps make some recommendations about how the service can change to having an unlocked fridge.

<table>
<thead>
<tr>
<th>Step</th>
<th>Consideration</th>
<th>Your strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a sense of urgency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forming a coalition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating a vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating the vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empowering others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating short-term wins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build on the changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anchor the changes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REMEMBER THE STEPS**
- Vision.
- Allies and supporters.
- Champions.
- Need.
- Engagement.
- Gains.
- Win/win scenarios.
THINKING LOGICALLY

There are a number of tools which can assist you to shape and present your recommendations. Logic modelling can assist you in many aspects of planning, evaluation, risk management and monitoring, and it can be used in a variety of situations. Simply put, logic modelling is using a logical step-by-step process with a specific focus on cause and effect.

In this section it is used to assist in the development of evaluation recommendations.

Logic modelling helps you consider certain factors in the development of tangible and practical milestones and clear, concise recommendations. Factors include the inputs or the current situation/existing service, the activities required to improve the situation/service and the outputs and outcomes you are hoping to achieve with your recommendations.

In undertaking an evaluation you need to consider what outcomes have been requested and the activities you would recommend to achieve them. These would form your recommendations in an evaluation.

EXERCISE — LOGIC MODELLING

Try building a simple logic model to develop recommendations using the following scenario.

Your evaluation has found that a majority of service users who are parents need more support in their parenting role while in hospital. Service users have reported a lack of resources for parents and children including:

- the unit has no safe places to play with young children
- visiting times are inappropriate for very young children
- there are no toys or activities available for visiting children
- other service users and staff complain when the children make noise.
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you have to start with – includes resources, people and assets.</td>
<td>The specific action-oriented activities and participation you recommend considering the inputs you have to work with.</td>
<td>The vision you are working towards, including any short-term wins that you defined as part of change management.</td>
</tr>
<tr>
<td>Consider skills of clinical staff, service users who are parents, physical layout and resources.</td>
<td>Consider your resources, skills and the services required, then recommend some outputs.</td>
<td>Consider what you want to happen. What are your short and long-term goals?</td>
</tr>
</tbody>
</table>

Your current inputs include:
- an average of two service users who are parents at any one time
- 56 per cent of the staff are parents
- there is a large room in a quiet part of the unit which is currently being used to store old equipment.

**ONLINE RESOURCES — LOGIC MODELLING AND CHANGE MANAGEMENT AND OUTCOMES**

  This website provides free outcome and change management models.
  Describes evaluation, significant change and logic modelling. This website provides information and examples of change management and evaluation.
  A 2008 teaching and training guide to the logic model developed by E. Taylor-Powell and E. Henert of the University of Wisconsin.

**LOGIC MODELLING**

- Stay practical and action-oriented.
- Practice makes perfect.
- Work with others to develop your logical thinking.
Most evaluations are undertaken by teams. It is quite rare to be the sole assessor for a service. Generally, the size of teams varies depending on the type of assessment, but they are typically made up of the following areas of experience or expertise:

- management/business
- clinicians
- service users.

Additionally, depending on the type of service/organisation or the people using the service you may also find other levels of experience/expertise, such as:

- culture specific, for example, kaukapa Maori
- age specific, for example, adult mental health
- service specific, for example, addiction
- discipline specific, for example, psychology, nursing or academic.

These areas of experience or expertise are not necessarily individual; you may contribute a combination of things to the table. If the latter is the case, you will need to make sure your role or roles in the evaluation are clearly explained and noted, including what perspectives you are using.

There will always be a dedicated team leader. The team leader will generally be responsible for negotiating timetables with the service and take overall responsibility for reporting the evaluation findings.

The next section introduces some of the skills that can assist you when undertaking an evaluation.
Let’s get real

In order to effectively evaluate services we first need to know what is expected of them. Let’s get real is a framework that describes the essential knowledge, skills and attitudes needed to deliver effective mental health and addiction services. Let’s get real can provide you with a basis for evaluation.

The Let’s get real framework was developed by the Ministry of Health, in partnership with service users, families and the mental health and addiction workforce.

**WHAT IS Let's get real AND WHY IS IT RELEVANT?**

By documenting the essential knowledge, skills and attitudes needed to deliver effective services, Let’s get real aims to increase service provider accountability. This means people working in services can be measured against the Let’s get real framework, and be more accountable to service users.

Another aim of Let’s get real is to strengthen shared understandings. This ensures everyone – service users, families and all those involved in delivering services – can understand the shared work each person is engaged in. This creates a common understanding for people both working in, and using, services.

Let’s get real aims to affirm best practice so that services will recognise and value good knowledge, skills and attitudes in their workforce.

Let’s get real also aims to ensure consistent quality of services nationwide, regardless of the type of service or location.

Let’s get real is now part of the tier one service specification in the Nationwide Service Framework.

It is intended that evaluation will link back to the Let’s get real framework.
THE Let’s get real FUNDAMENTALS

Let’s get real is made up of seven Real Skills, which describe the essential knowledge, skills and attitudes needed for effective services.

Values and attitudes underpin and run throughout the Real Skills. The values, attitudes and Real Skills are listed below.

<table>
<thead>
<tr>
<th>Values</th>
<th>Attitudes</th>
<th>The seven Real Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>Compassionate and caring</td>
<td>Working with service users</td>
</tr>
<tr>
<td>Human rights</td>
<td>Genuine</td>
<td>Working with Māori</td>
</tr>
<tr>
<td>Service</td>
<td>Honest</td>
<td>Working with families/whānau</td>
</tr>
<tr>
<td>Recovery</td>
<td>Non-judgemental</td>
<td>Working within communities</td>
</tr>
<tr>
<td>Communities</td>
<td>Open-minded</td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td>Relationships</td>
<td>Optimistic</td>
<td>Law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Patient</td>
<td>Professional and personal development</td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resilient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supportive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding</td>
<td></td>
</tr>
</tbody>
</table>

Let’s get real and the associated ‘Real Skills Plus’ frameworks can help to provide a basis for evaluation, particularly in relation to quality of services.

For more information on Let’s get real please visit www.tepou.co.nz/letsgetreal. On this website you will also find resources to assist with implementing Let’s get real.
**EXERCISE – *Let’s get real* **

What might a service provider do to demonstrate they are meeting the working with families/whānau Real Skill? Consider what you would expect them to provide – think of two or three examples.

Name three characteristics of a service where ‘recovery’ is one of the core values – what might you expect them to provide? Consider what you learnt in the *Let’s get real* section and in the section on recovery on page 5.

Challenging stigma and discrimination is one of the seven Real Skills. What attitude(s) would you expect to be demonstrated by people working in a service that is challenging discrimination? Consider the *Let’s get real* attitudes and check out the section on diversity on page 33.
NEGOTIATING AND COMMUNICATING

The evaluation process can bring together diverse groups of people, each with different perspectives on how to change and improve mental health and addiction services. Sometimes it can take a bit of discussion and time spent working together to find solutions that are appropriate for everyone in the evaluation team. Developing good communication, listening and negotiation skills can help you ensure that your ideas and recommendations are heard.

Depending on the type of evaluation being conducted, you may be part of a process which simply requires you to evaluate if something has been achieved. Or you may be part of a team that has to reach agreement about how an evaluation will be conducted and what its aims are. Either way, good negotiation and communication skills can help.

Negotiation does not just occur at the end of an evaluation, it is an ongoing part of the process. For example, while preparing to undertake an evaluation you may need to negotiate the conditions of employment, or together with your team make considerations regarding the time, place, interviewees, and what information you have access to.

BE PREPARED
- Know and understand what it is you’re negotiating.
- What are non-negotiable aspects?
- What can and can’t you settle for?
- What are you prepared to be flexible on?
- Have an awareness of the organisation you are working with, including their constraints and limitations.

NETWORK
- Identify the things you believe you can agree on mutually and highlight those as a starting point.
- Look for allies.
- Be aware of the needs of others.
- People change more easily when they believe they need to change, not when they are just being told they need to change. Aim to make people feel part of the change, make sure they truly believe they will gain something from it.

COMMUNICATE
- Stay objective!
- Starting on a positive note will often help put all parties in a good frame of mind to keep moving forward.
- Focus on the problem or the issue, not the person. Emotionalised negotiations are often lose-lose situations.
- Use open and transparent processes to avoid surprises.
- Stick to negotiating one thing at a time. If you find it too hard to come to an agreement, then be clear that you are moving onto the next negotiating point or amicably bring the discussion to a close, setting out some clear “where to from here” steps.
KEEPING IT SAFE

While undertaking an evaluation is usually a positive experience, it may sometimes expose you to challenging situations. As part of an evaluation you may need to listen to stories from service users, their families or staff, some of which may be uplifting and make you happy to be involved. However, there may be times when you are the recipient of traumatic stories, verbal abuse or threats to your own safety, or the safety of others. Managing safety and risk is important to ensure everyone can stay focused on the task and that all team members are supported.

While the organisation undertaking the evaluation is normally responsible for managing risk and safety, being an evaluator also comes with a degree of responsibility – for yourself and for others. Take the following actions before you undertake an evaluation to help ensure the experience is a positive one.

**INFORMATION**
- Check there is a risk management strategy for both evaluators and participants. This should include access to debriefing.
- Ask to be given copies of any policies relevant to the evaluation process, such as safety procedures.
- Check out the process for discussing any issues you think are urgent or may compromise your own or someone else’s safety.

**ETHICS**
- Check whether informed consent is required, and if so ask to read the completed forms.
- If the evaluation includes hearing or reading other people’s stories be aware of ethical considerations such as confidentiality and informed consent. Ask what you should do if you are told something in confidence that indicates someone may be at risk.

**SUPPORT**
- Ensure you have access to a key contact person within the service that has contracted you.
- Consider having a personal support person, mentor or supervisor you can contact who understands the process, and can provide you with helpful and effective guidance. Seek approval for the use of your preferred support person so as not to cross any confidentiality boundaries.
- Use your team leader and always get support or advice if you feel uncomfortable with any situation. If you are a team leader you need to make sure processes are in place for your team, and you have someone to report to.
EXERCISE — MANAGING SAFETY

1. As part of an initiative to reduce the use of seclusion you are invited to interview service users and clinicians about their experience of seclusion. Describe at least two strategies you could use to manage any risk to the interviewees or the evaluation team.

2. During the course of an audit you are subject to rude and bullying behaviour from another team member. How would you deal with this situation? Consider the relevance of policies, standards and Let's get real. What strategies could you use to ensure you get the support you need?

3. A service user tells you they feel very low and are thinking of harming themselves. How would you deal with this situation? Consider the evaluation guidelines. How would you deal with issues of confidentiality?
RESPECTING DIVERSITY

New Zealand’s population is made up of many different groups. Differences include ethnicity, culture, religion and language. Diversity can also be regional, for example, people residing in Auckland don’t necessarily value the same things as those in Central Otago or Hamilton. Nor can we assume everyone from a particular culture or population group will be the same. All of these differences are reflected in our institutions, including mental health services.

The Human Rights Commission and the Disability Commission advocate for, protect and promote the rights of people with disabilities. The rights of mental health service users are also protected by legislation, professional codes of conduct and service standards. Let’s get real emphasises the values of respect and human rights.

When undertaking an evaluation you should also ensure you respect diversity and the rights of others.

- Go into any evaluation situation with an open mind and without preconceived ideas about services, people or places.
- Learn something about the organisation and its population before you undertake the evaluation.
- Ask the organisation leading the evaluation what strategies they have in place to deal with diversity – do they need interpreters? What is the cultural basis of the evaluation process? Have they included cultural issues when considering the ethics of the evaluation?
- Ask yourself if you are comfortable undertaking an evaluation in the particular service.

ONLINE RESOURCES — HUMAN RIGHTS ORGANISATIONS

UNDERTAKING AN EVALUATION

YOUR INVOLVEMENT

You have been asked to professionally participate in the evaluation because you have skills and experience in particular fields. Be clear about the terms and conditions under which you have been engaged. Make sure you have identified what type of provider is involved and who the people using the services are. Spend some time thinking about whether you have any conflicts of interest that will impede your ability to undertake the role successfully. It’s better to declare everything prior to starting work rather than encounter a problem later.

You may need to negotiate the terms and conditions of your involvement, including how long the evaluation will take, how often you will need to attend meetings and what locations you will need to travel to. The Health and Disability Service Standards (2.5.2) state that services are obliged to offer appropriate payments including expenses, and provide information about employment conditions and terms of reference to service users who are undertaking evaluations or audits (Ministry of Health, 2008). Before you agree to take part, ensure you will be paid fairly and be reimbursed for any expenses such as travel.

Regardless of whether you are part of an audit or an evaluation, keep in mind that your assessment is only a snapshot in time. You can only really make assessments based on the day or days that you are there. Be guided by the evaluation leader. Maintain a philosophy of ‘no surprises’ when you undertake an evaluation. Be transparent and open. Don’t be afraid to ask questions or seek guidance from the team or a mentor if appropriate.

As you go through the course of the evaluation give feedback to the appropriate people about how things are progressing. Ensure you actively look for positive findings and comment on them as well.
BEING WELL PREPARED

Even if you are an experienced evaluator it is helpful to prepare yourself as much as you can as every organisation or service you encounter will be different in some way. They may differ in the type of service they deliver, the purpose and the size of the organisation, or many other ways. More importantly, there will be different staff and service users. Processes which work with one group of people may not work with the next.

If you are a first time evaluator it is really important to get peer supervision, support or mentoring from an experienced service user evaluator. Discuss how the evaluation process is going for you, without giving away confidential details or service information.

- Gather all the background information you can before you start.
- Make sure you understand the general process and timeline for the evaluation team.
- Clarify the team’s structure. Is there a leader? Who makes the final decisions? Are there administrative support staff?
- Obtain and read all relevant standards, such as the Privacy Code, Health and Disability Standards, contracts and the results of any previous audits and/or evaluations.
- Confirm there will be time and opportunity to discuss issues or findings with the team as the day or days progress.
- Find out what will happen in the event of problems.
- Identify what aspects of the evaluation you are responsible for.
**KEY PREPARATION TASKS**
Fill in the following form and keep it with you as a quick reference guide to the evaluation.

<table>
<thead>
<tr>
<th><strong>Team leader’s name</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Service location(s)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Important contact numbers</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation objectives</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Timetable/timeline for the evaluation**  
 (*Include deadlines*)  |  |
| **Relevant documents/reports**  
 (*List documents required and indicate if you have seen/read them or are yet to do so)* |  |
| **Relevant standards and codes**  
 (*List standards and codes required and indicate if you have seen/read them or are yet to do so)* |  |
| **Other information** |  |
ON THE DAY

While every evaluation or audit will follow a different schedule, most on-site evaluation processes will include the following:

- an opening meeting led by the team leader or manager
- discussion of the audit process and the schedule for the day
- a review of the required documentation
- a series of meetings with different groups including management, service users, board members, and other service stakeholders
- face-to-face interviews, phone interviews or focus groups
- a review of various files including service user records
- a review of any other relevant documentation, such as service policies
- collation of the information and assessment against the criteria or evaluation tool
- identify gaps and gather more information or data
- a closing meeting to discuss the findings
- debriefing, if required.

GETTING THE INFORMATION

Service user and clinician interviews are an integral part of many mental health and addiction service evaluations. Setting the scene for the interview and gaining people’s confidence can be vital to ensuring you get the information you need in the time you have. Be clear with all involved about the process, rules and how the information will be used. A friendly demeanour can help to allay people’s fears and misconceptions. Getting to know the person you are interviewing will better equip you to relate to them and build rapport. You can start by describing yourself and your role, then give them an opportunity to tell you about what their role or involvement in the service or organisation is.

Careful questioning is important to ensure you get accurate information. For example, using leading questions such as “Staff inform you about the complaints process, don’t they?” can lead the interviewee into an automatic positive answer.

Open-ended questions leave room for the interviewee to give a general descriptive answer as opposed to simple yes or no answers. Wherever possible, use open-ended questioning such as “if you needed to, how would you go about a complaint?” Go through your question list and revise questions which may be leading.

Use probing questions when appropriate. For example, if someone responded to the above question with “staff give me the complaints documents”, you could probe further by asking “so what do those documents tell you?”
Good listening skills can help you capture the intent and context of what is being said. Be aware of body and eye contact and your own verbal and non-verbal reactions. Keep people on track politely – remember it is easy for people to become distracted or caught up on singular issues.

- Introduce yourself and explain your role.
- Ensure that participants understand what is happening and why.
- Gain consent to proceed with the interview.
- Listen carefully and respond appropriately.
- Use open-ended questions.
- Give the person an opportunity to say what they need to say, but keep them on track.
- Check if they need to take a break and reconvene at a later time.
- Remember, be friendly and professional.
- Maintain objectivity and try to listen without judgement.
- Don’t give your personal opinion at any stage during the interview.
EXERCISE — INTERVIEW SKILLS
Identify which questions or responses are leading, closed or open-ended. Consider what you would want to find out and how you would phrase the questions to get the most information.

1. Do staff spend a lot of time helping you with recovery planning?

2. How do you go about recovery planning?

3. You are able to spend time with your family every night aren’t you?

4. Do you spend time with your family?

5. Staff support you to liaise with other agencies, don’t they?

6. What other agencies have you been involved with?

7. Have staff contacted any other agencies?

INTERVIEWS AND RECORDING INFORMATION
• Don’t make assumptions.
• Stay friendly but professional.
• Re-check your information to confirm your findings.
• Be objective.
8. You have a Maori health policy don't you?

9. Staff helped you find your job didn't they?

The following answers don't provide you with all the information. Add what you consider to be an appropriate follow up question.

1. Yes we have a Maori health policy.

2. They helped me with finding a job.

3. The staff are quite friendly.

4. The staff did contact my family.

5. Yes I spend some time with my family.
RECORDING THE INFORMATION

It is important to keep an accurate record of what you are being told during interviews. Consider using some form of electronic recording as it can be difficult to take notes, interview and listen, particularly within time pressured situations.

Often you will have been given some guidelines for taking notes or a form to fill out which can help you to maintain good note taking throughout the course of the interview. Before the interview you can also develop your own list of questions or key points that you want to ask about. Referring to a list of questions will help provide a context for the interview. Keep these on hand when interviewing to improve your efficiency as an interviewer, listener and note-taker. Some people prefer to write a brief summary about the interview focusing on the key messages from the session.

You may need to write reference points for your findings. For instance, during the course of identifying issues relating to the complaints procedure, you may reference the *Code of Rights* and the *Health and Disability Sector Standards*. Don't make immediate assessments based on what you heard during a single conversation. Always look for further evidence to back up what you have learnt. Check and compare what people said, what the relevant policies say and what you found in the files.

Remember any findings or recommendations you make need to be free of bias or assumption. This ensures your recommendations are appropriate, applicable and achievable.

REPORTING ON WHAT YOU HAVE LEARNT

Communicating your results and impressions is an important part of the evaluation process. Sometimes the findings of each team member will be communicated at a meeting or series of meetings. Sometimes you will submit an individual written report. It is helpful to discuss and reflect on your findings with other team members. This is where your negotiation skills will help, as people will see things differently at times. Sometimes your results will be recorded against key criteria or indicators.

- Review your notes.
- List your findings.
- Ensure your findings are reported correctly.
- Review the draft evaluation.
- Ensure your input is acknowledged.
WRITING SKILLS

You will probably be asked to write, or contribute to, the evaluation report. Reports may take different forms depending on whether they are part of a mandatory process or not. The content and style will largely depend on the audience you are writing for. The following section describes writing skills that can be applied to most reports.

Like most things, skill in writing comes with practice. Writing should be clear, concise, simple and logical. Always find out if there is an existing report template you can use. Follow these tips from *The RM Knowledge Translation Toolkit: A resource for researchers* (Campbell, 2008).

- Keep it simple.
- Keep it logical – ensure that there is a systematic flow to your recommendations.
- Don’t leave your recommendations ambiguous or open to interpretation.
- Be clear and concise; make sure one set of recommendations does not contradict another.
- Avoid using any inflammatory speech.
- Explain scenarios thoroughly.
- Ensure you write for your audience.
- Provide context if you need to. Reports are often summarised, so your findings should link directly to the actions you recommend, which in turn link to your outputs, then outcomes.
- If you suspect an issue, gap or risk it is important to confirm the existence of the problem. Discuss this with the team leader. If necessary, suggest a review of the evidence you and the other team members have collected and additions or corrections to your report.
- Write against any key criteria or indicators that have been provided.

On the following page there are two examples of evaluation results reported against key criteria.
CRITERIA 1:
The service ensures the service user receiving the service understands their rights and these are respected and upheld.

Results
- Rights are explained on entry to the service, including access to advocacy.
- There is written information and evidence of other forms of communication about rights.
- A service user orientation is conducted.
- A checklist details the actions staff need to complete. This is signed by service users. The checklist includes receiving information about rights.
- The policies affecting rights, for example the ‘Confidentiality and Privacy Policy’, ‘Code of Ethics for staff’, and ‘Rights, advocacy promotion/access’ policies all outline service user rights. A policy ‘Code of Health and Disability Service Consumers Rights Policy’ focuses on informing staff about service user rights.
- The audit team observed staff using this document during the audit.

CRITERIA 2:
An accurate and confidential record that promotes efficient and effective delivery of treatment and support is maintained for each service user. The service is recovery oriented and focuses on ensuring best outcomes (particularly social inclusion, independence, responsibility, etc). The service identifies and builds on individual strengths, and generally promotes the mental health of service users.

Results
- All service users had individual files.
- 12 files were audited and all files contained a recovery plan based on strengths assessments.
- The goals in the recovery plans included social, financial, work, and educational goals, amongst others.
- Many goals related to external contact and participation in community activities. This ranged from swimming clubs to lawn mowing work.
- Recovery orientation and strengths focus was evident in all files.
- Staff talked clearly about recovery and implemented a practical, goal oriented approach, including steps to achieve goals in the goal planning and monitoring part of the documentation on file.
- Service users confirmed their participation in goal setting and the activities associated with the plan.
COMPLETING AN EVALUATION

Being part of an evaluation can require quite a commitment of time and effort. Once completed you will probably have met new people, learnt new information and developed your skills. Don’t forget to ensure your input is recorded and acknowledged, make sure you have a copy of the work you have done and remember to celebrate the completion of an evaluation project.

**REVIEW**

**What**
- Did we do what we said we would?
- What difference did it make?
- What could we do differently?
- What worked and what didn’t?

**Why**
- Why did some things work better than others?

**Who**
- Did you have the right mix of people in your team?
- Who else could have been included?

**Where**
- Did you visit the right locations?
- Were interviews held at a place that made interviewees feel relaxed?

**When**
- Was the evaluation carried out at a good time – when might have been better?
- Was the time you had enough or too much?

**How**
- How will we use the findings?

**ONLINE RESOURCES — COMMUNICATION AND WRITING**

EXERCISE — PREPARATION AND PLANNING

Use the questions below to help you identify your own skills and what you have learnt about preparation and planning for an evaluation.

1. You are undertaking an evaluation of a community-based mental health service as part of a six member team. You will be interviewing 26 service users who have volunteered to talk to you about their experiences using the service.

   Describe three personal skills you will bring to the evaluation. Consider the skills you bring from your experience of using mental health services, your employment and education and other life experiences.

2. What tools could you use to help you undertake this type of evaluation? Consider which of the tools we have looked at in this workbook would be most suitable. Check out some of the links to other tools. Refresh yourself on the values, attitudes and skills of *Let’s get real*.

3. What preparation would you undertake? Consider what risks you might need to manage and what additional information you might need.
THE WRAP UP

Remember you bring both your personal skills and expertise, and your experiences as a mental health service user to any evaluation.

Audit and evaluation are wonderful opportunities to improve the effectiveness of services for people who use them, and improve the satisfaction of people working in them. In other words, implementing recommendations from an audit or evaluation can provide a win/win situation.

Like most things, processes like change management and logic modelling come more naturally after practice. Spend time reviewing the information in this resource; ensure you have taken the time to reflect on how you can make it even more useable and pertinent to you, and perhaps each evaluation situation that you go into.

This workbook contains the collective knowledge of a number of people who have been in similar positions. It is designed to help ensure you are more prepared and confident about doing this type of work. Remember that you are not alone – building a network with other people with experience of mental health issues who have participated in evaluations may help by giving you people you can share ideas with.

Good luck, enjoy your work and take pride in knowing you are making a positive difference.

Remember: “nothing about us without us”.
FURTHER INFORMATION

- Te Pou’s Knowledge Exchange has many helpful resources. In particular the ‘research and evaluation’ page within the tools for learning section. See www.tepou.co.nz/knowledgeexchange.

- The consumer resource kit is a series of human resource tools related to the employment of consumer advisors. See www.tepou.co.nz.

- Blueprint for Learning run a wide range of one day workshops including consumer advisor training and a range of service user skill development workshops. See www.blueprint.co.nz.

- The Evaluation Center@HSRI provides technical assistance to mental health system stakeholders, including consumers and evaluators, for improving the planning, implementation, and operation of adult mental health services. See http://tecathsri.org.

- The Centre for Learning and Performance Technologies has links to useful learning software and tools, including free public tools. They present a top 25 ranked list of tools for personal learning/productivity and for creating learning solutions. See http://c4lpt.co.uk/recommended/top100.html.


- Clear Horizons has resources that introduce monitoring and evaluation and link to training courses based in Australia and New Zealand. See www.clearhorizon.com.au/monitoring-evaluation/monitoring-evaluation-overview.
REFERENCES


AUCKLAND
T +64 (9) 373 2125   F +64 (9) 373 2127

HAMILTON
T +64 (7) 857 1202   F +64 (7) 857 1297

WELLINGTON
T +64 (4) 237 6424   F +64 (4) 238 2016

CHRISTCHURCH
T +64 (27) 207 4057