

[insert organisation name/logo]

Program Evaluation Policy

Document Status: Draft or Final

Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
 - Policy is no longer relevant/current due to changes in external operating environment.
 - There are changes to laws, regulations, terminology and/or government policy.
 - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
 - A stakeholder has identified a need, eg by email, telephone etc
 - A serious or critical incident has occurred, requiring an urgent review.
 - Need for consistency in service delivery across programs and organisations.
 - Separate, stand-alone policy is now warranted
 - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

Additional Comments

[for example, policy now covers details related to new legislation].

Program Evaluation Policy

1. Purpose and Scope

Effective evaluation processes enable **[insert organisation name]** to demonstrate program benefits, accountability, identify good practice and to collect information for future planning and improvements. Evaluation methods also enable the organisation to conduct trend analyses and to record any unanticipated outcomes of the program or service.

This policy focuses on ‘internal evaluation’ by **[insert organisation name]** staff. It does not cover ‘external evaluation’ of programs.

The purpose of the policy is to establish a consistent basis for program evaluation, enabling **[insert organisation name]** to effectively generate and use evaluative knowledge.

This policy does not describe evaluation of **[insert organisation name]** staff, policies, systems, or external relationships. However, one or more of these may be considered within a specific program evaluation.

2. Definitions

Evaluation: systematic assessment of process and / or outcomes against a set of explicit or implicit standards.

Processes: actions and strategies employed.

Impacts: shorter-term effects or changes resulting from processes.

Outcomes: the longer-term effects or changes (related to overall goals) resulting from processes.

Monitoring: distinct from evaluation; a continuous function providing regular feedback on the alignment between planned and actual performance. Information from systematic monitoring provides input to evaluation.

3. Principles

[name of organisation] evaluates its programs, activities and services to ensure that all aspects of service delivery are effective and guided by current evidence based practice.

Evaluation processes are actively considered and built in at the commencement of new programs and services.

Evaluation should ideally lead to better practices and policies. Reports should include recommendations for improvement.

Evaluation methods used will respect confidentiality, be ethical, non-threatening and appropriate to different target audiences.

Evaluation processes are explicit and transparent and the results are shared with the project/program participants.

Evaluation outcomes are considered and inform future practice and planning.

4. Outcomes

Evaluation is actively used to inform **[insert organisation name]** program development, management and improvement.

[name of organisation] evaluations are undertaken using systems and strategies that are recognised as best practice.

Evaluation processes address the key questions that are important to clients, the organisation and funding partners including the conditions that contribute to effective results.

5. Functions and Delegations

Position	Delegation/Task
Board of Directors	Endorse Program Evaluation Policy. Comply with Program Evaluation Policy. Approve financial costs of evaluations.
Management	<u>CEO/Manager</u> Support the coordination of evaluation systems and practices. Participate in, and lead, evaluation activities as relevant. Approve financial costs associated with evaluation. Comply with Program Evaluation Policy.
Staff	Participate in evaluation activities as relevant.

	<p>Incorporate evaluation strategies in all new services and programs.</p> <p>Provide evaluation feedback reports to the organisation with recommendations for future implementation.</p> <p>Comply with Program Evaluation Policy.</p>
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6. Risk Management

[insert organisation name] provides adequate resources, tools and support to staff, clients and key stakeholders to fully engage in its program evaluation processes.

Program evaluations will be scheduled and considered during the planning stages of any new programs or services. The cost of evaluation will be included in all **[insert organisation name]** program budgets.

Decisions made following the information collected from the evaluation will be transparent and based on sound data.

Staff will be aware of good practice models and techniques for evaluation and ensure that evaluation is built into all projects and programs from the outset of each initiative. **[name of organisation]** will provide information resources and other documentation including forms and templates to support staff with their evaluations.

7. Policy Implementation

This policy is part of the staff orientation process. This policy should be referenced in relevant **[insert organisation name]** policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

This policy will be reviewed in line with **[insert organisation name]**'s quality improvement system and the review of associated policies.

8. Policy Detail

Evaluations will be conducted systematically and rigorously, using appropriate methods of data collection which address clearly defined processes, impacts and outcomes.

[insert organisation name] is committed to the widespread involvement of staff, clients and stakeholders in its evaluation activities.

8.1 Types of Evaluation

There are many different ways to conduct an evaluation. It is important to ensure that the evaluation processes used suits the type of project/program, the resources available and the size of the initiative. Types of evaluations that could be used include:

Formative evaluation: conducted during program implementation in order to provide feedback for improvement, this usually focuses on process indicators.

Summative evaluation: conducted at the end of the program or phase of a program to assess its worth, this is usually associated with impacts and outcomes.

Action research / participatory action research: engages researchers and program practitioners in cycles of planning, action, evaluation, reflection and revised planning for further action, this focuses on ongoing improvement.

Realistic evaluation: focuses on investigating reasons why particular individuals made, or did not make, the desired choices, or engage in the desired behaviours encouraged by the program - what worked, for whom and in what context.

Program logic: sets out program components and assumptions and demonstrates links between program inputs and activities, and program impacts and outcomes.

Empowerment evaluation: evaluation design and conduct is governed by the participants and program practitioners in order to foster self determination and enhance community capacity.

8.2 Purpose of Evaluation

Evaluation is conducted on **[insert organisation name]** programs and services for purposes such as:

- Determining if they have done what they set out to do
- Identifying what elements are working well and what are not in order to modify where necessary
- Contributing an understanding to the sector.

The key action points when evaluating a project or program are:

- Establishing a reference group, which should include people accessing the program, where possible.
- Designing an evaluation plan
- Deciding on the types of indicators to be used
- Deciding on the data collection methods
- Carrying out the evaluation
- Using results

- Analysis of results needs to be conducted prior to results being used/implemented

The findings of the evaluation will be used to make decisions about the future of the program. The Program Evaluation Checklist is a useful tool identifying tasks to be considered when completing an evaluation.

8.3 Planning an Evaluation

Evaluation is an integral part of planning programs, services and projects and an evaluation will be actively considered at the start of all new programs. When planning an evaluation, staff need to consider the following:

- Program objectives and goals
- Identify performance measures that will demonstrate the intended outcomes of the project
- Develop evaluation questions
- How the information will be collected (including engaging consumers and carers to ascertain their needs and feedback)
- Resources available to undertake the evaluation (e.g. staff time, funding).

The timeframe for the evaluation activities will be an integral part of planning.

8.4 Conducting an Evaluation

[name of organisation], as a matter of good practice, collects both qualitative and quantitative information for evaluation of its services and programs. There are organisational tools and templates, such as a template feedback form, available as resources which can be accessed **[insert name of network drive, hard copy locations or internet site]**.

Evaluations should at a minimum establish monitoring and feedback systems for determining process measures about how the program was implemented and impact and outcome measures to determine the intended and unintended results and benefits of the program/service/project.

Client and carer involvement is integral to effective evaluation of service provision. It is essential that their needs and feedback be taken into account in program evaluation.

[name of organisation] has clear systems and processes in place for consumer and carer participation in program evaluation.

8.5 Analysis of Information Collected

Each performance measure should be summarised and analysed to:

- Compare responses
- Match program objectives
- Look for trends
- Identify issues
- Learn from new information.

8.6 Evaluation Report

An evaluation report should be prepared using the following outline:

- An overview of **[name of organisation]** and the program (including the aims and how it was implemented)
- Purpose of the evaluation
- Evaluation questions, data about responses, and performance against the subject of the questions
- How the information was collected (including examples of any tools, such as an event feedback form)
- Analysis of the findings
- Key considerations or limitations that might have impacted on the results of the evaluation
- Recommendations for future practice.

The evaluation report outlining the results achieved is provided to the participant's staff, consumers, carers, Board members, and any other stakeholders involved in the program. The findings are used to review and inform future practice at the organisation.

8.7 Consumer and Carer Evaluation

Consumers are provided with regular, scheduled opportunities **[insert timing]** to evaluate the recovery orientation of **[name of organisation]** programs, including:

- The relationship they have with their worker
- If they feel understood by their worker
- The appropriateness of the format of communication with their worker
- If their worker presents any barrier to their recovery
- The level of respect they experience from staff within the organisation
- Perceptions of stigma and discrimination experienced from staff within the organisation

- The amount of control they perceive to have over the direction of their recovery
- The amount of input they have into the services they receive
- Staff attitudes and level of belief they have in recovery
- Support relating to positive risk-taking
- Cultural appropriateness of services received
- Whether their goals have been documented and acknowledged and supported
- the level of information they receive and how accessible it is
 - Quality and relevance of information provided
 - Format the information is provided in
 - Ability to understand information that is provided
 - Extent of choice enabled with the information provided
- How their worker fosters opportunities for participation
- How they want to improve their links with the community
- The worker and organisation's commitment to social inclusion and participation (both within the organisation and in the wider community) and identify areas for improvement.

Carers are provided with regular, scheduled opportunities **[insert timing]** to evaluate the recovery orientation of **[name of organisation]** programs, including:

- Their relationship within the organisation and staff
- The organisational approach to relationship building with consumers and carers
- The level of respect they experience from staff within the organisation
- Their perception of the level of respect that is shown to consumers from staff within the organisation
- Whether there is any evidence of stigma and discrimination being shown by staff members towards consumers in the organisation
- Their perception of how much staff and the organisation champions belief in recovery for consumers
- The level of information they receive and how accessible it is
- The worker and organisation's commitment to social inclusion and participation (both within the organisation and in the wider community) and identify areas for improvement.

9. References + Resources

9.1 Internal

Participation Policy

Privacy and Confidentiality Policy

Program Evaluation Checklist

Quality Improvement Policy

9.2 External

Aylward, P. (2005). Evaluating AOD Projects and Programs. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), *Workforce development TIPS (Theory Into Practice Strategies): A resource kit for the alcohol and other drugs field*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Global Social Change Research Project – Resources for Program Evaluation and Social Research Methods <http://gsociology.icaap.org/methods/> Accessed 14th November, 2011.

Results Based Planning and Accountability website
www.resultsaccountability.com

This policy is adapted from the NADA Program Evaluation Policy.
http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44

9.3 Quality and Accreditation Standards

Review and evaluation concepts underpin the quality programs of both EQUIP4 and Health and Community Services Standards (6th Edition). The standards listed below are a small selection of the range this policy relates to.

EQUIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.4: Care is evaluated by health care providers and when appropriate with the consumer/patient and carer.

Standard 1.4: The organisation provides care and services that achieve expected outcomes.

Criterion 1.4.1: Care and services are planned, developed and delivered based on the best available evidence and in the most effective way.

EQUIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.1: Consumers/patients are provided with high quality care throughout the care delivery process.

Criterion 1.1.4: Outcomes of clinical care are evaluated by healthcare providers and where appropriate are communicated to the consumer / patient and carer.

Standard 1.4: The organisation provides care and services that achieve expected outcomes.

Criterion 1.4.1: Care and services are planned, developed and delivered based on the best available evidence and in the most effective way.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 1.6: Knowledge (including research and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.

Evidence questions: What is the evidence that:

- e) data on the use of services and advances in the field are collected and used in planning, evaluation and quality improvement.
- f) staff are involved in the collection, analysis and use of data to improve services and programs and time is allocated for these activities.

Standard 3.3: The organisation demonstrates that it has incorporated and contributes to currently-accepted good practice in its field.

Evidence questions: What is the evidence that the organisation:

- a) has systems of information collection, research and analysis to keep abreast of developments in its field?
- b) uses industry benchmarks to review services and programs?
- c) uses research literature to inform the review and development of its services?
- d) acts on review recommendations in a timely way?

9.4 National Mental Health Standards

Criterion 3.1: The organisation has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.

Criterion 3.2: The organisation upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

Criterion 6.17: Consumers are engaged in development, planning, delivery and evaluation of the MHS.

Criterion 7.14: The organisation actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.

Criterion 10.1.8: The organisation demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.1: Management and other workers of the organisation identify the following:

- Emerging best practice regarding recovery orientation
- Potential tools and training
- Potential new technologies to assist in provision of recovery oriented services
- Evaluation tools and frameworks

Item 1.2d: Policies and procedures are in place that addresses consumer participation:

- How peoples' lived experience will be used to enhance the organisation's knowledge and decision making
- Induction and training of workers
- Representation on the board / governing body
- Reference groups and other consultation structures

Item 1.2h: Policy and procedures are in place that describe how human rights inform service provision and:

- Safeguard all people against abuse and discrimination
- Outline processes for reporting abuse of workers and consumers
- Outline the ethical framework of the organisation
- Identify what language is inappropriate and stigmatising and should not be used in any level of the organisation.

Item 1.11: Any research being conducted by the organisation enables consumers to either, design and conduct the research, collaborate as partners and/or be consulted as participants. Ethical issues are considered and addressed and prior to consumers participating in any research, informed consent is obtained.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 4.1: Consumers and carers (including peer workers) are actively and routinely involved and supported in the planning, delivery and evaluation of workers training.

Item 4.3c: The organisation provides the opportunity for ongoing training in respectful practice:

- Understanding and responding to diversity
- Culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings
- Knowing and promoting human rights
- Appropriate behaviours and attitudes that support recovery
- Processes for workers to address stigmatising and discriminatory language they have observed.

Item 4.3f: The organisation provides the opportunity for ongoing training on social inclusion and participation:

- The concepts of consumer and carer participation and social inclusion, and how this is achieved at both the individual and organisational level
- Existing and new social connections in the community that may be useful for consumers to access
- Human rights relating to consumer participation and social inclusion
- The debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 5.1: Workers are regularly provided with the opportunity to reflect on /self-evaluate the recovery orientation of their practice. This includes:

- Identifying strengths and areas for improvement
- Identifying what does and does not work
- Sharing learnt and useful skills with the team, team leaders and supervisors.

Item 5.2: All workers are evaluated on their recovery oriented practice.

Item 5.3: Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus, the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

Item 5.3a: Consumers are provided with the regular opportunity to evaluate relationships:

- Their relationship with workers and the organisation
- The appropriateness of the format of communication with their worker
- If their worker presents any barriers to their recovery.

Item 5.3b: Consumers are provided with the regular opportunity to evaluate respectful practice:

- The level of respect they experience from workers within the organisation
- Perceptions of stigma and discrimination experienced from workers within the organisation
- The cultural appropriateness of services received
- Perceptions of how responsive workers are to diversity.

Item 5.3c: Consumers are provided with the regular opportunity to evaluate the consumer self-directed focus:

- The degree to which workers advocate for the persons' centrality in directing their own recovery journey
- The amount of input they have into the services they receive.

Item 5.3d: Consumers are provided with the regular opportunity to evaluate the belief in consumer's recovery:

- Workers attitudes and level of belief they have in recovery
- Support relating to positive risk-taking
- How well their goals have been documented, acknowledged and supported.

Item 5.3e: Consumers are provided with the regular opportunity to evaluate the obtaining and sharing of knowledge and information, the quality and relevance of information provided, the appropriateness of the format information is provided in and the ability to understand information that is provided.

Item 5.3f: Consumers are provided with the regular opportunity to evaluate participation and social inclusion:

- How their worker fosters opportunities for participation
- The worker and organisation's commitment to social inclusion and participation, both within the organisation and in the wider community.

Item 5.4: Consumers, their families and carers actively participate in quality improvement processes including service evaluation, development and decision making.

Item 5.5: The ROSSAT *Tool for Workers* is completed by all workers in the organisation, on an ongoing basis.

9.6 NSW Disability Services Standards (DSS)

8.3: Service users have the opportunity to and support to take part in the planning, management and evaluation of the service.