EVALUATING GROUP CARE: SHOULD WE LEAVE IT TO THE EXPERTS?

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Using residential work with problem drinkers as a case in point, Steve Collett and Richard Hook argue that the evaluation of projects by their own staff is a necessary prerequisite for the improvement of services to users. In particular, they suggest that despite the complexities of the evaluative enterprise, project workers are nevertheless well placed to undertake evaluations which will often be more useful than ones carried out by specialist 'outsiders'. By developing the themes of evaluation as practice and evaluation as management, the authors suggest that evaluative effort is in fact part of the social work task in group care settings and can empower workers, managers and users to improve the service being provided.

The climate in which public sector services operate has changed dramatically over the past decade and both front-line workers and managers have become increasingly used to the language of monitoring, scrutiny, audit and value for money. The ideological basis to Government interest in such activity should not, however, avert us from the need to ensure that the provision of social work and social care within both statutory and voluntary sectors is efficient, effective and responsive to consumer need.

Although affected by cutbacks, the voluntary sector has, up to now, largely avoided the glare of such direct scrutiny. This is certainly changing and workers and managers in both sectors will have to work in a post-Griffith environment where local authorities have responsibility for scrutinising care costs in the voluntary sector as well as for more general 'arms length' inspection of public and voluntary provision. Furthermore, Recommendation 33 of the Wagner Report argued that all residential establishments - whether state, voluntary or private - should promote systems of self-evaluation and performance review and that no new establishment should be registered which is not prepared to introduce such a system (NISW, 1988).

The evaluation of projects should, however, be undertaken not simply as a response to wider political pressures, but for more intrinsic reasons to do with quality of service, the empowerment of its users and the effective utilisation of available skills, knowledge and resources within the project itself.

Whilst we recognise that evaluation infers a degree of inspection which may well open up a project and its workers to criticism, we nevertheless argue that, if sensitively managed, evaluations can empower both workers and service users by involving them in a dialogue about how to improve service delivery against clear and measurable objectives. Furthermore it is mistaken to assume that evaluations should only be carried out by specialist researchers. Evaluative exercises carried out by workers and managers enable those directly involved to exercise a significant measure of control over the design of appropriate forms of evaluation geared to the practicalities of the project. Aside from the fact that specialist researchers are usually not readily available to workers, there are no valid grounds for supposing 'research' needs be an esoteric or mysterious activity. Our conception of evaluation stresses the role of the worker as evaluator and we would argue that it is perfectly feasible for busy project staff to evaluate their own work. In fact, as we shall argue later, direct work with residents, other staff and
outside agencies already provides workers with a considerable amount of information which will contribute to ongoing project evaluation. In this way, a modest additional amount of preparation and thought taken by those doing the job will often produce a more meaningful and useful evaluation to themselves and other practitioners, than one undertaken by an ‘outside’ researcher.

EVALUATION AND MONITORING

Project staff who wish to investigate their own work typically do not have extensive research resources at their disposal. Nevertheless, the notion of evaluation is a useful one for such staff in that it can embrace the contexts within which they seek to examine their work (specifically the practicalities of time, resources, staffing and skills) and can allow for the differing interpretations of the user, worker and manager worlds. Equally importantly, the term evaluation in our conception is value based in the sense that evaluations aim to judge the worth of a particular activity by measuring the degree to which particular value based objectives are met. For example, the objective of abstinence is often used in residential provision for problem drinkers in order to judge the success of a project. There is nothing wrong with this at all, providing it is made explicit that the notion of abstinence reflects the values and orientation of the project. Different criteria upon which a similar project might be evaluated could for example be harm reduction or controlled drinking.

A further implication of this conception of evaluation is the importance of effectiveness as the most basic reason for undertaking such work. In other words, an evaluator needs to try and answer the question - how well or to what extent has the project achieved the objectives set for it? Various writers (for example Goldberg, 1983; Weiss, 1972) have stressed this view of evaluation, although Goldberg herself also highlights public accountability, cost effectiveness, deployment of resources and ‘guarding against the new’ as other, often overlapping reasons for evaluation. It is not difficult to see the relevance of these aspects of evaluation W a wide range of group care settings in the public, private and voluntary sectors. Nevertheless we would argue that effectiveness should be the focus, initially at least, for evaluative work in group care settings.

Finally, in developing a conceptual understanding of evaluation, workers will need to appreciate the nature of monitoring and its role in evaluation. Monitoring usually refers to the regular or systematic gathering of quantitative information (to create a data base) about an activity or service. Unfortunately evaluation and monitoring are sometimes used interchangeably and in doing this their different meanings are lost. Monitoring is often an important part of evaluation in that it may tell us what is happening, but it will rarely tell us how or why something is happening. By itself, therefore, monitoring is not evaluation but an essential ingredient and negotiating the introduction of a formal and continuous monitoring system would itself be an important stage in an evaluative study. It would have to be seen as useful in providing feedback to the project, unobtrusive and integral to the operation of the project. As Goldberg puts it:

If a monitoring system is a bottom-up one, if it seeks to relate people’s problems and needs to inputs, the deployment of resources and their aims, rather than to act as a mere checking device, and if it feeds back the data in a comprehensive way, then it can enhance
the autonomy of practitioners and can contribute to the flexibility and openness of the service system (1983, p. 14).

One of the best tests that workers can apply to the monitoring system they develop is a simple self test: 'Is any use made of the information generated?'. There is nothing more deflating than operating a monitoring system which is time-consuming for both worker and resident and amasses information which is either inaccessible or useless.

In our experience, project workers will usually agree about the information which they find most useful in informing the tasks they routinely carry out. For example, either individually or as a staff group, workers will regularly require or generate basic information about prospective residents (drinking pattern, medical history, referring agency etc.). They will amass considerable information about the individual user whilst in residence (for example, behaviour patterns, contact with family, other statutory involvement). Finally, through the offer of post-residence support as well as from the information networks that exist between agencies, workers will have at their disposal a substantial amount of information which when linked to information from the above sources will provide the basis for an evaluation of treatment effectiveness.

Once agreement has been reached about the utility of certain information, workers need to develop unobtrusive and manageable instruments for recording that information. Our experience would indicate that three general considerations should be borne in mind:

1. The intelligent design of case records, pro-formas and other instruments will be required which allow for the systematic recording of routine but useful information. Whether related to the referral, residence or post-residence phase of involvement, equal opportunity monitoring should be integral to the overall design.

2. Alongside information which can be quantified (in tick boxes or numerically for example), the recording system should be designed in such a way that it encourages the systematic recording of qualitative data (for example, a weekly progress review of vulnerable residents against agreed aspects of their behaviour).

3. The role of the project manager is crucial in ensuring that value is placed upon both the above types of information being recorded. Introducing regular resident or project reviews which aim to relate the monitoring information to the enhancement of good practice not only brings credibility to the monitoring system but is part of the evaluative process itself. Managers can also provide targets for workers, such as the production of an annual report which is required to reflect the monitoring information collected.

THE FIRST STEPS

One of the hurdles encountered in getting staff to undertake evaluations is one of confidence, or rather the lack of it, in their own ability to carry out such work. In fact, workers should appreciate that the skills and processes required to evaluate their projects are, largely, those which they use in the work itself.

Since one of the most basic reasons for evaluating a project is to measure the effectiveness of the service offered against the
objectives or goals set down, it follows therefore that one of the first steps in the evaluation process is the production of a detailed project description. Project workers are perfectly placed to do this and, besides including the stated or explicit objectives, they can provide a rich texture to even the most basic features of the project and its day-to-day running. A word of caution, however: evaluations based on over-specific objectives and indicators of success may be premature and counter-productive in areas of work where there is little agreement about what in fact constitutes success (Weiss, 1972, p.28). To return to our example of residential provision for problem drinkers, is abstinence the only criterion on which effectiveness can be measured? Evaluation can, in fact, help to establish more relevant, sensitive and realistic objectives for a project. For example, we are aware of one in-house evaluation of a project run along abstinence lines which provided some evidence to indicate that those residents who were asked to leave the project because they had commenced drinking seemed to fare, in the short to medium term at least, as well as those who had left the project in a planned way after maintaining sobriety!

There is no point carrying out an evaluation unless it is going to be useful. So being clear about the purpose of the evaluation is paramount. Clarity of purpose also helps workers to decide upon the evaluative approach to be adopted. This is not something to get hung up about. Ruddock (1981) has pointed out that much debate on the advantages of different methods has been conducted as if methods have some intrinsic value. They do not, the methods are only the means to the end. It is here that the worker can use her or his considerable knowledge of the project and its users to help shape the most appropriate and realistic approach to the evaluation given the resources available. Workers, therefore, should not underestimate their ability to utilise what is often referred as 'practice wisdom' to design an evaluation and if they require some ideas to help them then there are extremely readable and useful guides to project evaluation (for example, Preston-Shoot and Williams, 1987-1988; Addison, 1988; Stock Whitaker and Archer, 1989). In fact, it is often the lack of detailed knowledge and practice wisdom on the part of outside evaluators which results in the introduction into projects of cumbersome monitoring systems which quickly fall into disrepute.

EVALUATION AS PRACTICE

It seems to us that running through the knowledge, skills and value base of social work is an evaluative element which is in evidence in day-to-day work. In this context, we find Rees and Wallace's (1982) notion of 'evaluation as practice' particularly helpful. Workers regularly receive and evaluate various types of information from residents about themselves or about other residents. They also receive and exchange information from other staff both within their own agency as well as from outside agencies. Furthermore, workers can supplement information gained from their own direct day-to-day involvement in the project through the introduction of more formalised mechanisms such as regular case reviews, project or 'house' meetings and 'exit' interviews for residents moving out of a project. The challenge for the worker is to recognise these evaluative elements, regularise them and create feedback mechanisms into the information systems of the project. If undertaken sensitively, evaluation can become continuous, open, unobtrusive and, above all, manageable.
Evaluation should also be democratic in the sense that due weight is given to different points of view. This, we would argue, is particularly important in group care provision where acknowledging the legitimacy of users' views can provide a check to the coercion, stereotyping and 'colour blindness', for example, that can be particularly damaging in such care environments (Booth, 1983). It is a necessary first step towards improving the responsiveness of services to the subjective and felt needs of users and, as Wallace and Rees (1982, p. 70) point out, there are considerable advantages in eliciting user assessments of the appropriateness of an agency's objectives: 'There are dangers in evaluating an agency in terms of its self-defined goals; clients may not recognise the legitimacy of such objectives'.

We are not arguing that primacy should always be given to user views. In fact, workers need to exercise great care in analysing the views they elicit from residents. Consumer evaluations, like any other evaluations, will reflect the context within which they are carried out. For example, differences in race or gender between a particular worker and a resident may affect what information or opinion is conveyed. Likewise, the way in which power differentials are perceived between workers and residents or between a particular worker and a particular resident will also shape the communication of information and opinion. It is also the case that what residents say can be at odds with how they may be behaving at particular times.

An acknowledgement of such factors by project staff will allow a more objective evaluation of user views to be developed and it is important that other sources of information about user views are tapped. Other project staff who have a different formal relationship to the residents (for example catering and domestic staff) are often, in our experience, in possession of information which is very useful to the welfare of both individual residents and to project development. The irony is that they are rarely asked to contribute to the evaluative enterprise.

Furthermore, if members of a particular user group accept help for a variety of reasons and use it in different ways, their evaluations when set against the overall context of help or care can assist in developing not only more flexible patterns of service delivery but also more appropriate indicators of success. What we are arguing for then is a 'Pluralistic' approach to evaluation (Smith and Cantley, 1984) which is sympathetic to the interpretations of all those involved.

This may well mean that the project is evaluated in terms of its official objectives, whilst at the same time calling those very same objectives into question or at least calling for their modification in the light of notions of success or failure held by service users. This is a crucial point for, despite the immense effort and resources that have been put into research on alcoholism, there has been a failure to connect treatment and outcome. Yates (1980) highlights two responses to this problem. Firstly there is the critique of methodological approaches, implying that poor evaluative research has obscured important differences in treatment effects. Thus:

... if the necessary action could be taken to standardise, control, offer explicit criteria, ensure representative samples and respect all the other requirements of scientific measurements then a clear
relationship between treatment and outcome would emerge... (Yates, 1980, p.2).

In other words, the treatment effects are there to be uncovered if only the methods of investigation were more sophisticated. The second response has been to accept the findings of traditional research and therefore conclude that treatment makes very little difference. Yates (1980) argues that both these approaches are wrong. In particular:

The conventional method of evaluation is committed to what may be justifiably described as a `quality control' model. It treats clients as homogeneous units of assessment, subjected to a uniform treatment experience and for whom differences in outcome are assumed to be the result of controlled differences in treatment (p. 13).

In other words, the central fallacy of the `quality control` model is to assume that treatment is an isolated curative insertion in the lives of users. However, as Yates continues:

...the crucial knowledge which could do most to explain the high level of outcome variance generalised by conventional studies is the value of the treatment in the lives of its users" (p. 15).

Thus, if Yates is correct and treatment is therefore accepted for a variety of reasons and used in different ways, then this knowledge might give some meaning to variance in drinking outcomes and may ultimately allow us to define treatments more flexibly and criteria of success more appropriately. The worker is clearly in a pivotal position in this process and by attempting to understand how users value help, evaluation and social work help effectively become two sides of the same coin. Ultimately this may help to explain why some residents appear to be more successful than others in using the approach offered by dry houses.

Within this overall approach, evaluations should seek to strike a balance between investigating the 'processes' operating within the project and measuring 'outcomes'. The former will tend to rely more on qualitative information whilst the latter will, in part, require some quantitative data. It is here that base line monitoring will become useful but workers need not disable themselves over the need to quantify all of the complexities of the work of their project. A simple maxim might be: quantify only where practicable and possible. For example, in our dry house, base line quantitative data might clearly show that probation referrals to a dry house for problem drinkers do least well in terms of length of stay. Qualitative information based on interviews with ex-residents, and referring agents might explain this by showing that the treatment imperative of the probation officer frequently differs from the custody avoiding imperative of the resident.

EVALUATION AS MANAGEMENT

The real challenge for workers undertaking evaluations is to embrace all the contexts within which their work takes place and, with minimum distortion, seek to interweave the various types of information taken from different sources at different times. This brings us to our final point - 'evaluation as management'. Social care projects are complex environments, often composed of changing sets of individuals (users, staff, volunteers) who relate to each other in various ways and on various levels. In the case of dry houses, where
these relationships develop into group cohesiveness, it appears that positive social influence over residents is maximised. This was certainly the finding of Otto and Orford's (1978) intensive study of two hostels for problem drinkers and they went on to argue that cohesiveness occurs `around a coherent ethic approved publicly and privately by all staff and most residents' (P.29). Referring to residential care in general the Wagner Report (NISW, 1988, p.60) reflected a similar view about the importance of shared philosophy and values in the promotion of good practice.

Additionally, projects do not exist in isolation but relate to other agencies and to other complex environments. Anyone wishing to undertake a qualitative study, (i.e. one involving more than pure data processing) will need to give at least some thought to the dynamics generated by and within their working environment. For example, a significant fall in referrals to or from another agency may reflect changes within that agency (shift or policy, cut-backs, etc.) but it may be due to a clash of personalities between key personnel in the respective agencies. This is not supposed to happen of course (We're all professionals here!) but it can and does happen and any meaningful evaluation of referral trends must detect and address such issues where they occur.

This can be a hard nettle to grasp. Personality clashes are a fact of life but disclosing the effects of such clashes on our work, when professional detachment is supposed to keep us above that sort of thing, is difficult and even threatening. How do you say that the reason that your agency has poor relations with another is your own fault, or that of a close colleague or your manager's fault? If a critical examination of relationships with other agencies can be a problem, how much more of a problem can be an honest evaluation of relationships within your own project.

Nevertheless it is a problem which needs to be faced. Our own experience of a variety of group care settings confirms the importance of worker cohesiveness as the mainstay of a well run project and it suggests a central role in the monitoring process for the project manager. The environment of residential care, by its very nature, depends upon the active and close co-operation of the staff group. At the same time, that environment is expected to contain complex interpersonal dynamics and high levels of stress 24 hours per day, week in week out. If members of staff are not enabled to discuss the strengths and weaknesses, doubts and anxieties, hopes and aspirations of both themselves and their colleagues within the workplace, the cohesiveness of the staff team and the project as a whole will suffer. At its worst, collusion replaces cohesiveness, whereby project staff may attempt to present a coherent but completely false picture of the project. Thus, for the manager, part of the evaluative endeavour relies on performing key tasks of staff supervision and development in an enabling manner and at the same time relating information about staff performance to the objectives of the project.

The evaluative enterprise is not a simple one. It has to embrace a number of contexts - the personal, organisational, political - and must be carried out within the messy reality of day-to-day work. Nevertheless, workers and managers who struggle with the design and implementation of a process of evaluation which is continuous, open to users and unobtrusive will, we would argue, be rewarded by an improvement in the service provided by the project.
There is, of course, a need to be aware of the potential dangers in undertaking self-evaluation. There is the ever present problem of how workers and managers maintain objectivity when examining the project within which they work. There, too, will be the understandable desire to produce an evaluative outcome which reflects positively on the evaluators themselves. Nevertheless, we would argue that by developing evaluative approaches which reflect the views of the key actors involved in group care settings, sufficient checks and balances will exist to produce an evaluation that is realistic, relatively objective and, above all, useful. Despite the argument for self-evaluation, we do not dismiss the important role that external inspections can perform. However, as the publicity regarding the practice of 'pin down' in children's homes demonstrates, external inspection by itself is not enough.

The evaluation of projects by their own staff is, in our estimation, not only essential to the promotion of high quality services but it is also an integral part of the social work task. Furthermore, by recognising and building on the evaluative elements of practice and management, workers and managers may well enjoy telling themselves things they didn't know rather than having experts tell them things they already knew.

References


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