Evaluate

QUALITY JOBS
QUALITY CARE

Step 6
Evaluate

Evaluation helps you to assess whether your small scale job quality change has successfully achieved your aim. It is a measurable link between the aims and the results of implementation. Just like design, an evaluation plan should be undertaken in consultation with workers and stakeholders.

The information in this section will help you to:

- understand the basics of evaluation or refresh your existing knowledge
- make a decision about what types of evaluation will be useful for your small scale change project
- align an evaluation plan with the design of your change plan so they can be implemented together
- access further information and resources on evaluation.

Why should I evaluate my change project?

An evaluation will help you get the most value out your plan to improve job quality including:

- recognising and acknowledging successes, improvements, achievements to:
  - o provide encouragement and support during a small scale change
  - o recognise achievement and inform future work (e.g. extend to other work areas) at the end of a small scale change

- identifying problems, challenges or failures:
  - o during a small scale change so that actions can be taken to address problems and improve the effectiveness of the change being trialled
  - o at the end of a small scale change to avoid repeating mistakes in future activities
- providing feedback to participants, clients, other workers (care workers, clinicians, line managers) and senior management and other stakeholders
- capturing the 'lessons learned' and identifying ways to improve
- identifying unexpected events or outcomes and the insights these provide
- building knowledge, skill and capacity within individuals, teams and the organisation.

What kind of evaluation should I use?

Depending on the time and resources available, the evaluation of a small scale change may be a tailored combination of outcome, process and overall evaluations (Table 1).

Table 1: Overview of evaluation options for small scale change

EVALUATION METHOD	ADVANTAGES AND BENEFITS	FOCUS OF EVALUATION
Outcome evaluation	Assessing whether the change was successful: • provides a focused review of whether the change achieved the job quality improvements expected • is an essential part of the design and implementation approach recommended by this toolkit.	• Short term: What resources were used? What activities were conducted? What was immediately changed? What outputs were produced? • Medium and longer term: Was the aim(s) achieved? What has improved as a result for workers? (e.g. changes in knowledge, skills, attitudes and work arrangements) For clients? For the organisation? • Were there unintended or unexpected outcomes (positive or negative)?
Process evaluation	Assessing whether the change was conducted well: • during and after implementation can help to identify and fix problems as they occur and avoid repeating mistakes • identifies success factors for continuation or expansion of the change to new work areas work groups.	• How well was the small scale change conducted and managed? • What was done and how well was it done? • What needs improvement? • Did anything happen that was unintended? Was this positive or negative? **These questions apply to the quality of the resources, activities and outputs, and participants' (positive or negative) experiences.**
Overall evaluation	Providing a big picture review of the change from beginning to end, can: • identify strengths, weaknesses and key learnings • include an assessment of cost effectiveness and cost-benefit • inform future activities, including continuation or expansion of the change.	• What were the main achievements/gains and the key enablers/supports for these successes? • What were the major barriers/challenges and the factors that created difficulties/problems? • Was the change cost effective? • What were the important lessons learned? • What are the future plans – what will be continued? What will be discontinued? What information will be shared with stakeholders and the community?

You can also use these tools to embed evaluation into your change plan. Design Tool 2 can help you to plan what you will collect as outcome evaluation data and information. The evaluate worksheets will guide you through conducting and documenting an outcome evaluation, and the process and overall evaluations if you wish.

When should I evaluate my small scale change?

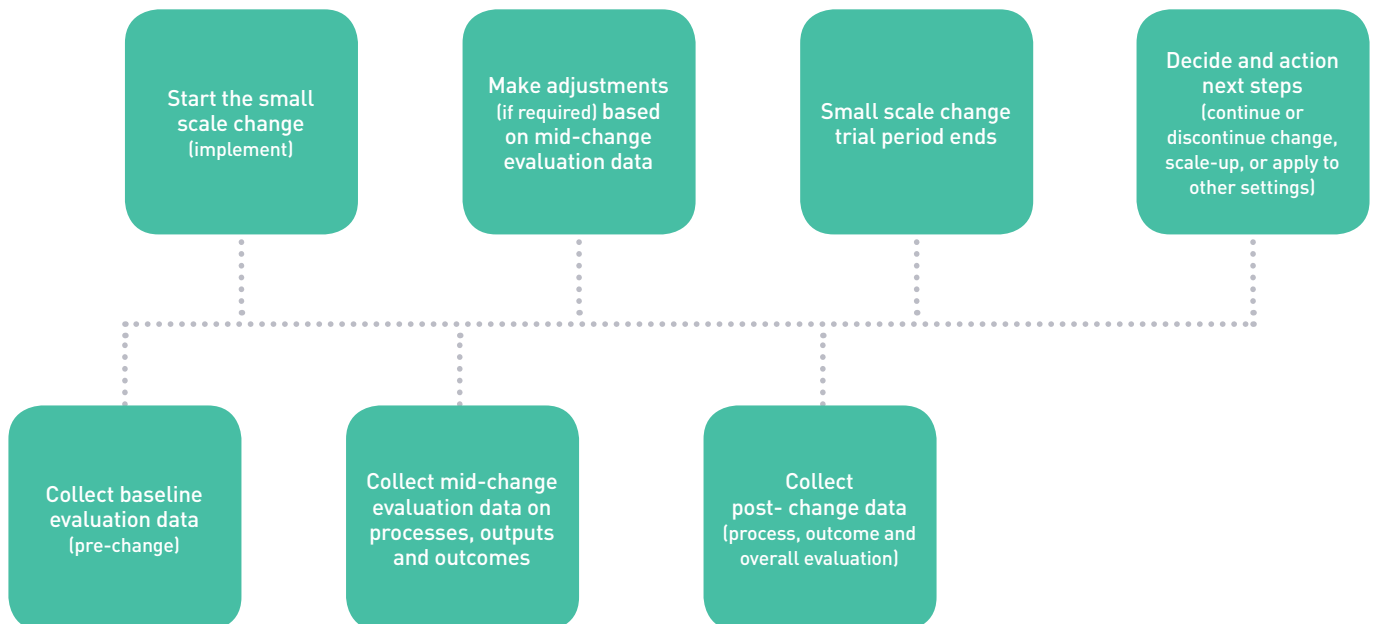It is useful to collect evaluation data:

- **before** the small scale change is implemented to allow a 'before and after' comparison. This is often called a baseline measure
- **during** implementation, such as at a midpoint to:
  - o review progress towards the outcomes the change is designed to improve
  - o make adjustments to address problems or barriers to the change.
- **after** implementation to:
  - o compare before and after data on outcomes to evaluate if the aims have been achieved
  - o identify success factors for continuation or expansion of the change
  - o review and reflect on the change process as a whole, the strengths and weaknesses, cost effectiveness and the opportunities for future activities.

Evaluate small scale change timeline

This timeline provides an overview of the key data and information collection points to help you measure the results of your small scale change.

This visual tool will help you to:

- review key time points for the collection of evaluation data
- plan when and how data will be collected before, during and after your small scale change
- communicate this information to workers and stakeholders.

Start the small scale change (implement)

Make adjustments (if required) based on mid-change evaluation data

Small scale change trial period ends

Decide and action next steps (continue or discontinue change, scale-up, or apply to other settings)

Collect baseline evaluation data (pre-change)

Collect mid-change evaluation data on processes, outputs and outcomes

Collect post- change data (process, outcome and overall evaluation)

How do I collect data for an evaluation?

Collecting various types of data from different sources is a good strategy to obtain a balanced, efficient and effective evaluation.

A **balanced** evaluation will use objective and subjective types of data from a range of sources.

Objective data (commonly called quantitative data) is information that is collected by organisational systems or processes that can be collated and analysed as numerical data. For example:

- staff turnover rates
- injury records
- absenteeism and unscheduled leave
- staff surveys
- proportion of workers:
  - o employed part-time/full-time
  - o employed on casual, fixed-term or continuous contracts
  - o employed by an agency for short-term/emergency relief work.

Subjective data (commonly called qualitative data) is information that reflects an individual's or group's view, belief, attitude or experience. For example:

- interviews and focus groups
- data from exit interviews or feedback/suggestion forms.

Each type of data offers useful information and insight, and has its own advantages limitations, risks and challenges (see Strengths and weaknesses of data sources).

For example:

- actual turnover may be low due to a limited labour market, but many workers may wish to leave the organisation, and may do so when the labour market improves
- views and experiences may differ for:
  - o workers directly or indirectly involved in the small scale change
  - o workers not involved in the small scale change
  - o supervisors and managers
  - o clients and their families.

An **efficient** evaluation will use existing data and also collect new data:

- Existing data sources include previous staff surveys, exit interview data, HR data.
- New data sources include interviews and focus groups with small scale change participants, surveys of small scale change participants.

An **effective** evaluation will collect data at different time points (i.e. before, during and after implementation) but also from different sources.

How do I analyse and report on evaluation data?

Careful thought needs to be given to the types of evaluation data that is collected to make sure you have good quality information to work with and you (or your organisation) have the skills to analyse and interpret the data accurately. Different data sources have different strengths and weaknesses and it is important for you to think about these when you're collecting data as part of your evaluation.

The evaluation findings should be presented in a way that can be communicated easily and persuasively to stakeholders. For example: in the Quality Jobs Quality Care project, organisational reports were provided following collection and analysis of interview data at the start, mid-point and at the end of implementation. The purpose of the reports varied depending on the time point:

- Baseline reports informed the design of a small scale change.
- Mid-point progress was reported and recommendations made on what could be strengthened or improved.
- The final report outlined progress and gave recommendations which informed continuation or expansion of the change.

Evaluating small scale change worksheets

There are three types of evaluation that will help you to get the most value out of a small scale change for improved job quality. A tailored approach to evaluation is recommended so that it is aligned with the design of the change project and based on available time and resources.

Use Evaluate Tool 1 to reflect on and document your outcome evaluation.

Consider each aim of the small scale change, starting with what was produced (outputs), followed by the outcomes that resulted from these outputs. If you completed an outcome evaluation plan refer back to the documented aims and measures. Include all outcomes – even those that were not expected or planned – as they can provide useful information for future activities.

Use Evaluate Tool 2 to reflect on and document your findings from the process evaluation.

This includes identifying design and implementation aspects that were done well, areas for further improvement and any unexpected information, outcomes or other happenings. If you completed the design worksheet refer back to the documented planned work (activities and resources).

Use Evaluate Tool 3 to reflect on the workplace intervention as a whole.

Take a 'big picture' perspective, and consider the whole project from beginning to end from different angles or perspectives. Include intentions and expectations into the future – the impact of the workplace intervention includes how it changes future activities inside and outside of your organisation. If you completed the design worksheet refer back to the documented design as a guide.

You can use these tools to consult with workers and other stakeholders and use the completed tools as a comprehensive report of the small scale change, to give feedback to stakeholders and inform future plans.

Additional resources

Planning and Evaluation Wizard (PEW)

A user friendly guide and set of resources for project and program evaluation. Useful for those less familiar with evaluation, including tools and worksheets. Example provided from public health programs.

Does your project make a difference?

A useful guide to project evaluation with real-life examples. Designed for natural resources projects, however information and resources can be applied to projects in any area including aged care.

Evaluation toolbox

A comprehensive set of tools, resources and information on evaluation. Originally designed for programs to change household behaviours. Contains tools and resources that apply to all evaluation programs. Highly recommended.

Pell Institute Evaluation Toolkit

Better evaluation

A sophisticated website containing a wide range of tools and resources aimed at experienced evaluation professionals, with some resources for individuals new to evaluation.

Strengths and weaknesses of data sources

Organisational data

Examples: HR records, labour force data and Work, health and safety (WHS) data

ADVANTAGES/BENEFITS	RISKS/CHALLENGES
Independent of personal views/experience	Quality of data depends on quality of organisational data collection systems (e.g. data may be incomplete)
Efficient (does not require collection of new data)	Data may not be collected and stored in a way that is easy/ready to analyse
Provides information that can be easily compared across different points in time	Analysis and interpretation may require expert skills and knowledge (i.e. experienced researchers or HR practitioners)
Can provide accurate and objective data related to particular events or outcomes (actual rates of turnover or injury)	May only show the 'big picture', hence lack the detail required for accurate evaluation of a particular small scale change Sharing data across the organisation may risk breaching confidentiality of staff records (check organisational policy and relevant laws/regulation)

Survey data

Examples: survey of small scale change participants; annual organisational survey.

ADVANTAGES/BENEFITS	RISKS/CHALLENGES
Time and cost efficient	Requires sufficient numbers and good representation of different parts of the organisation to be reliable
Validated survey items (ie ones from other surveys) can be used (increases accuracy)	Survey response rates are often low
Provides quantitative data that can be tracked and compared over time	Quality of data depends on quality of survey items and representativeness of survey sample (requires expert knowledge)
Potential to access large numbers of individuals	Often cannot be used to identify issues for small or particular groups
Efficient method to collect qualitative data (eg invite comments at survey end)	Important information may be missed or overlooked if a topic is not included in the survey Qualitative data is likely to be limited in depth and scope (ie short written responses) Expert knowledge often needed to design an accurate survey and analyse data properly

Focus group and interview data

Examples: focus groups with small scale change participants, face-to-face or phone interviews with supervisors/managers.

ADVANTAGES/BENEFITS	RISKS/CHALLENGES
Access to in-depth data, rich in detail and placed within a specific context	Requires significant time and resources to collect data
Enables understanding of an individuals' or groups' views and experiences	Quality data collection and analysis requires expert knowledge
Can be empowering for participants to have their views heard	Care is needed to ensure that focus groups or interviews capture the full diversity of views, knowledge and experience that typically exist in organisations
Potential to uncover unexpected information, insights or observations	Can be difficult to compare data over time, or to track changes over time
Potential to identify possible solutions to the issues raised	Workers may be reluctant to talk openly about issues or problems if managers, supervisors or powerful othershare present (or can access interview/focus group records that identify individual participants)

Bibliography

Coyne, K & Cox, P 2008, Splash & ripple: Using outcomes to design & manage community activities, PLAN:NET Ltd, Vancouver.

Davidson, E 2005 Evaluation Methodology Basics. The nuts and bolts of sound evaluation, SAGE, Thousand Oaks.

Department of Environment and Conservation (NSW) 2004, Does your project make a difference? NSW Department of Environment and Conservation, Sydney.

Case study:
Care worker autonomy

A scoping process that engaged workers and managers around community care worker job quality identified the shifting boundaries of care worker autonomy as a priority issue. This case study describes the first steps of a small-scale change process that explored this issue.

Engage

Focus groups were held with care workers and managers in a regional aged care community service. The focus groups explored the assumptions, norms, policies and practices that impacted on the job quality of community care workers.

Both care workers and managers reported that CDC had a significant impact on the frontline role of the community care worker. Prominent in the discussion was its likely effects on the nature and extent of care worker autonomy.

Care workers described tensions between maintaining a positive care relationship with the client and what they perceived to be some unhelpful limits to their discretionary decision-making. Some workers thought that organisational policies and practices did not always allow them to respond in a timely and flexible way to a clients' expressed needs or preferences. Care workers who had long term care relationships with clients observed that some policies and practices did not fully recognise the importance of this relationship. Some of these policies included placing restrictions on workers contacting clients in hospital and/or their ability to advise clients in advance about planned leave. They said that this reduced both care workers' and clients' experience of being valued and empowered.

Managers had a somewhat different perspective, observing that some care workers overstepped the professional boundaries of the care relationship. They described how important it was for care workers to abide by organisational policies and practices, such as not contacting clients independently. Managers varied in their approach to the extent and nature of care worker autonomy under CDC. Some managers stated that they should be informed if clients requested any changes, no matter how small, to the care plan. They believed some workers could be vulnerable to clients taking advantage of them if they agreed to modify care plan activities without permission.

Prioritise

A report was provided to senior managers when the focus groups were completed and this was followed by a meeting of regional community care managers and the Quality Jobs Quality Care research team. Managers acknowledged the challenge of supporting the autonomy of care workers in the environment and identified the need for more education of care workers in consumer-directed care. Care worker autonomy was agreed as a potential area for small scale change.

Design

A worksheet was developed that outlined the aim of a small scale change to explore the potential for greater discretionary capability of care workers in their jobs, and a process outlined for designing, implementing and evaluating a small scale change. The worksheet outlines key elements of the planned small-scale change which could be useful for other organisations that are dealing with this critical issue of shifting boundaries in worker autonomy.

Aim

To examine the capacity and support that care workers require in response to expanded client choice and control in CDC and the potential for the greater discretionary capability of care workers in their jobs.

Planned activities

A workshop with a small group of care workers and coordinators led by an independent facilitator (Stage 1).

The workshop would educate participants on consumer directed care, explore what policies and practices related to care worker autonomy could be modified for a small scale change, and what would be required for this change to be effective (e.g. guidelines, communication with key staff, timelines, and accountability processes). Senior managers would consider recommendations from the workshop and agree to an implementation and evaluation plan for small scale change (planned activities Stage 2).

There were anticipated benefits for the job quality of care workers from this process. It would:

- Acknowledge the emerging critical frontline nature of the community care worker.
- Increase care worker knowledge, skills and understanding of their role in consumer directed care.
- Promote the value and autonomy of individual care workers.
- Enhance relationship-building and learning between participating care workers and with coordinators.
- Recognise the importance of the care relationship.
- Facilitate flexible and timely responses to modify care plans.
- Enhance the understanding of the client in relation to modifying care plans, through up to date information held by the care worker.

There were also anticipated benefits for clients receiving consumer-directed care services.

Implement

An implementation plan would have been developed from the planned activities, with the potential for one care worker to be the champion/lead for change.

Evaluate

As with other small scale change, the plan would have included mid and post implementation evaluation, the collection of any relevant organisational data, and organisational reports to provide feedback on progress and opportunities for sustainability.

What we learnt

The organisation did not proceed beyond the design phase because of other organisational resource demands. However, the organisation began developing a broader long-term strategy to support consumer-directed care education and frontline practices for care workers some months later. Information from the scoping study on how to engage staff and their priority frontline care issues is being used in this process.

Next steps

Congratulations! You've worked your way through the six steps to creating small scale change and more importantly improved job quality and care quality in your organisation.

What's next? This toolkit is designed for ongoing use, so you can choose another job quality issue to tackle in your organisation and work through the appropriate steps or dive in and out to work on refining or scaling up your small scale change.