Quality Strengthening, Monitoring and Evaluation and their Role In A Broader, Multi-Component Quality Enhancement Strategy

Michael Kendrick consults, writes and is active on matters of quality, values and leadership in many countries. He has a passionate interest in the provision of quality services to people with disabilities. Michael, who is Canadian but now lives in the USA, has been a regular visitor to Queensland over many years. With over 25 years of experience, he is well known for his work on Leadership, Quality, Advocacy, Safeguards and the promotion of community living for people with disabilities. **www.kendrickconsulting.org**

When one steps back from the quality of the results obtained in a given service user's life, one can see that many good things might be possible for that person, but that it would mean the combining of the independent efforts of many individuals and interveners in order for such beneficial results to be obtained. Yet, we are often tempted to simplify this complexity by our attempts to reduce quality to a singular active ingredient. This is understandable, as more complex formulations require a great deal more mindful care and attention than do 'shoot from the hip' panaceas for quality. In this regard, it is the cumulative result of various valid factors, acting together, under good direction that creates the most likelihood that a quality result will prevail.

Many things can help a person achieve 'the good life'. These would typically be distributed across all domains of a person's life, much as his or her needs and wants arise in highly particular ways from each domain of his or her life. Consequently, there might be many catalysts that, if activated and pursued, could help a person better satisfy their needs and wants. It is also true that many, if not most, of these active ingredients of quality could be recognised and combined in ways that make it more likely that good quality results will prevail in a given person's life. Naturally, these must be authentically relevant to what a person actually needs and wants, but assuming they are, then quality becomes probabilistically more likely.

Many quality assurance (QA) systems presume that quality already exists in our existing models, and so the task needs to be solely one of preserving or improving quality. Consequently, QA measures are added to the mix of existing service models on the premise that the model is already sound and that it simply needs enhancing. This may be mistaken, as many models of service do not significantly add to the quality of people's lives or their support and may even be holding them back. Recognising that this might be so, then quality enhancement, quality improvement, and quality assurance might better be rethought of as the specific means by which services can be modified to become more relevant and beneficial. This may even require that something of quality be created to replace, or at least contrast with, service models that are out-dated or ineffectual.

Quality can be strengthened if the person's quality of life is seen as the foremost guide to what remains to be done. Quality assurance cannot be tested as to its relevance in some general sense, but must repeatedly prove itself on a person-by-person basis in order to establish its credibility. Systems that only do this on a generalised basis are categorically suspect, since they fail to be tested one life at a time and instead impose an "across the board", generalised and standardised methodology as a substitute for engaging in the highly specific issues of a given person's life and needs. If, on the other hand, the quality enhancement measure is predicated on learning about success with quality by examining the lessons that each person's life present as to what has actually been successful, then, we could genuinely claim that quality was being named and evaluated based on the actual facts and outcomes in people's lives.

The process of strengthening quality must include processes of evaluation and monitoring; these are not the same, though they are often combined. Monitoring is a process of maintaining surveillance on key aspects of quality while evaluation involves analysing and interpreting what has been observed through monitoring. In this regard,

monitoring and evaluation are processes undertaken alongside service development with the intention of appraising the extent to which quality is present in a given service. Monitoring and evaluation can point to the need for changes in service models, practices and the theories upon which they are based, but they are not a substitute for competent service delivery, nor do they assure quality. They can only detect and analyse where and why quality may be at issue. This does not mean that evaluation and monitoring are not helpful, but rather that they are not, in themselves, capable of assuring quality, unless they are subsequently combined with feasible measures to improve service practice and models.

Evaluation and monitoring can be done in many different ways and with quite different results and impact. Many methods can be employed to monitor what is happening with individuals and systems; for instance, a given individual may be monitored solely and independently by a single staff person, or simultaneously by staff occupying different roles. These are both distinct forms of monitoring carried out by paid staff, yet they can co-exist and be helpful. In fact, the cumulative benefit to the person is greater than that of any single component, and demonstrates that each component of monitoring can add something special to the mix, while still being harnessed into a bigger effort of quality improvement.

Not all quality improvement measures are fundamental to assuring that people's needs are actually effectively met, and simply calling something a 'quality improvement' measure does not actually make it so. Rather, the real test will be whether the measure actually helps people get what they actually need and want. For instance, having detailed, documented protocols or policies for handling various developments that may arise in a person's life are often relied upon as evidence that the matter will be handled well. This is predicated on the belief that if something exists on paper it exists in reality. However, something can only be meaningful if it is done properly at the time when it is actually needed. Failed protocols cannot be equated with actual quality outcomes, since they are ineffectual in reality, though they exist on paper. What will actually work in practice is the true source of quality, and this cannot be known except by cross-checking what is hoped for with what actually was beneficial to a given person's life. It is only then, for instance, that one might have the evidence to conclude that it was more important to assist people to develop relationships with other people who have the personal qualities of 'person-centred*ness*' than it was to have a formal person-centred plan. Yet, many systems may actually place greater emphasis on formal plans than they do on 'person-centred*ness*'.

There is danger in relying exclusively on minimal standards of quality interventions. Many service systems, in the hope of assuring at least a minimal 'base' level of quality of service often opt for various 'single path' methodologies for quality enhancement. Some of the common forms of these are seen in the reliance on accreditation, licensing, registration, professional credentialing and so forth. When a system places exclusive reliance on such measures, they become a kind of 'silver bullet' for quality due to the fact that they are the only show in town. Yet, this is contradictory to the fact that any number of measures might enhance quality in a person's life, if they are properly mobilised. By narrowing service providers to have to rely solely on minimal quality standards mechanisms, factors that could go well beyond minimal thresholds in generating quality are ignored, despite the fact that they are capable of actually elevating quality well above minimal levels. These more powerful quality enhancement measures normally could include; selecting the right people, generating service models that actually fit with people's needs, the presence of values-based leadership, exposure to high quality solutions to needs and so forth.

Often QA systems are used as a means of 'scandal proofing', or as protection from complaints that the system did not do what it should have. There may be much to be gained by being able to say that all of the staff had been properly trained and the agency duly accredited and licensed at times when a potentially scandalous failure occurs in a service, particularly one that generates a lot of unfavourable publicity. While such measures do provide a tangible amount of immunisation from attacks on one's competence and credibility, they rarely ultimately work to protect the authorities from the political consequences of scandals. So, as a form of 'scandal proofing', such measures are of limited use.

A much better defence is to be able to demonstrate that the system had gone well beyond minimal standards efforts for quality improvement to the combined use and mobilisation of literally dozen of other catalysts for quality. This approach also reveals that the system is not approaching quality defensively, with bureaucratic window-dressing measures, but has an active, multi-faceted, pro-active, optimal quality strengthening program at work in every single provider organisation. The sheer diversity of methods being utilised in partnership with providers gives great weight to the fact that the attempt at strengthening quality goes well beyond bureaucratic minimalism. This does not make any eventual tragedy or scandal disappear from the scene, but it does counter any eventual criticism with the sheer depth and breadth of the quality improvement efforts.

Since many interventions can, at least in theory, feasibly help generate improved quality, it is important that the system's authorities appreciate this, as its policies can act to either diminish or enhance the provider's capacities to harness the right catalysts for quality. Rather than forcing providers to place inordinate amounts of energy and capital into a set of minimal standards, 'single track' methodologies, whose record of generating quality may be historically quite unimpressive, it is clearly worthwhile to be open to strategies of quality improvement that enable providers to be able to experiment with many promising quality enhancement methods, many of which share a bias towards optimal quality rather than achieving just the barely adequate. This may make the difference between whether they can effectively use 'high yield' versus 'low yield' strategies in terms of quality.

This can be achieved by simply shifting the regulatory emphasis from prescribing a singular means of quality improvement to emphasising the nature of desired quality, and allowing providers to self-select the use of approaches to quality that show persuasive evidence of measurably impacting on quality. Further, if the better use of these is allowed and expected to evolve over time, providers may gradually become multi-faceted in their capacities to constructively influence quality. In any case, providers would still be compelled to make active and credible investments in quality improvement each year. The difference would be the flexibility that would allow them to be both creative and possibly innovative in marshalling an annual or multi-year quality improvement plan.

Many factors can be combined to increase the likely generation of quality, providing that each of these factors is intrinsically valid. For instance, measures such as exposure of people to examples of high quality could easily be combined with mentoring or consulting with experienced high quality practitioners. In addition, values-based training, partnering with service users and families, strict *post hoc* analyses of why specific aspects of service are poor, and fastidious recruitment of the 'right' people can also be added to these initial quality improvement measures to generate increased likelihood that the service will be both 'person centred' and effective. Though none of these factors relies on minimal standards, their combined impact on quality would undoubtedly produce higher levels of quality. The reason for this is that the provider can select, evaluate and combine quality strengthening measures, on an ongoing basis, that are most convincing to them rather than concentrating scarce resources on minimally-useful measures that are largely oriented to assuring, not that quality is strengthened, but rather that people get the bare minimum.

The well-being of the service user is of crucial and fundamental importance in terms of service quality and the system must be able to know what precisely is happening to people (monitoring), and must be able to assess why this is so (evaluation). These are naturally linked, since monitoring allows a system to generate the information that would alert it to quality issues that may be present. The evaluation of these indicators is a genuine analytical problem. Since, 'the data do not interpret themselves', information is not always self-evident in terms of how it should be interpreted. Consequently, evaluation is always a weighing of the facts as to what they mean.

A single system may conceivably use a variety of monitoring methods simultaneously, all of which may have a measure of validity and effectiveness notwithstanding also having a great number of limitations. For instance, most systems rely on monitoring the well-being of a given person by staff, sometimes, by multiple staff. This may involve people as diverse as case managers, supervisors, key workers, service coordinators, internal evaluators, licensers,

clerical and administrative workers, consultants, funding officials, accountants, clinical professionals and many others who work for either the funding body or service provider. The quality question may well be whether they actually recognise their monitoring duties and execute these as anticipated.

Monitoring can also come from people who may be at the periphery of the 'paid' service system, but who are perhaps more free to act on the basis of what they learn about the situations in people's lives. This could include board members, families, friends, advocates, neighbours, employers, and possibly many others, including journalists, unrelated professionals from other systems, academics, politicians and so on. The key question is whether the system is active in strengthening and effectively using these forms of monitoring by people who do not work for them.

In some instances, systems have invested in types of monitoring that are built around a partnership between the system, and parties outside the system, that might have an interest in monitoring services in regards to the well-being of the persons served. This has included efforts to have 'friendly visitors' to residential settings and institutions, and special monitoring training being made available to agency board members, advisory board members, and others in such roles. It has included special evaluation or monitoring of projects and systems by teams made up exclusively of families, service users or advocates, for example, to evaluate or monitor services. It has also included special projects to have independent citizen boards oversee management of the complaints and investigation processes to avoid the appearance of 'the police policing itself'.

Many worrisome matters of quality are more readily identified when people are educated to see them for what they are. Consequently, efforts at educating people about quality are helpful in enabling them to do better in their quality monitoring capacities and roles because they better understand what quality is, and thus will be more assured in their actions based upon their appraisal of quality issues. Secondly, when people are clear that they do indeed have a duty to monitor, and agree with this premise, then the chances of them being better able to monitor effectively increases. This might be thought of as 'role-consciousness' or perhaps 'role entrenchment'.

Thirdly, when people know what they are supposed to do with what they learn, particularly by triggering the system's attention and action, they become *de facto* allies of the system in monitoring, i.e. the system's 'eyes and ears'. Fourthly, when people are supported in their monitoring role, their original orientation to quality will persevere rather than diminish and their capacities to act more meaningfully will increase. Fifthly, when systems act on what they learn rather than suppressing information that is critical of practice, other people are invited to step forward as they are less likely to believe that such actions are futile. Lastly, when monitoring of this kind is praised, recognised and highlighted it creates a greater societal sense of transparency and puts people on notice that quality is under scrutiny.

However, when monitoring and evaluation are embedded in conflicts of interest they are notorious for their lack of credibility, because they lack independence, impartiality and transparency. Typically, these are instances of the system investigating itself, and thus the monitoring and evaluation that is done is prone to take a view that is more consistent with the system's agenda. Often the practitioners involved have career or other interests that could be adversely affected by acting too independently. Consequently, many systems recognise the value of independent monitoring and evaluation by selectively externalising many monitoring and review functions, even if they maintain some internal capacities in this regard. The principle of independent evaluation applies to the evaluation of the system itself, and many systems recognise that there are occasions when this type of evaluation is necessary to establish a credible appraisal of events and results. This principle can also apply to provider partners of the system in that they may also be required to submit to independent review of their performance and quality on a regular cycle.

What has been suggested here is that quality strengthening in systems may be greatly helped along by seeing the precise role that quality making and strengthening plays, and how this can be monitored and evaluated. It also makes the argument that it is advantageous for systems not to bet all their money on a single strand of either quality

making or evaluation and monitoring, when the combined use of a variety of these may be possible. Lastly, it suggests that not all of the inspiration, creativity and concern for quality will, or should, come from the system and its officials, and that it is possible for the system to work collaboratively on quality rather than to see itself as the sole safeguard on quality. Naturally, these insights have to be reconciled with the reality that quality may not always be all that important a factor to many parties both inside and outside of the system, but such considerations need not invalidate anything offered here.

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