Effective Interventions Unit
Evaluation Guide 7
Using assessment data for evaluation

WHAT IS THE PURPOSE OF THIS GUIDE? This is the seventh evaluation guide in the EIU evaluation series. It examines when and how assessment data collected by drug services can be used as part of an evaluation design. We briefly outline the definitions, purposes and principles of assessment and examine how specific tools can be used in evaluation.

WHO SHOULD READ IT? Anyone involved in commissioning, planning, developing, delivering and evaluating services for drug users.

INTRODUCTION

Assessments are commonly carried out when individuals first enter a project or service, and at appropriate times during the care process. The **primary purpose** of assessment is to **collect information that will help care to be planned** according to an individual's needs. Using data collected as part of an assessment in a service or project evaluation is (and should be) **secondary** to this purpose.

However, the process of assessment often generates **a wealth of information** that could potentially be used for evaluation. This guide aims to provide some advice and explanation about using assessment information as part of **a service or project evaluation**.

The Effective Interventions Unit (EIU) is currently developing a **model of integrated care** for drug users. As part of this exercise, the EIU have consulted the drugs field in Scotland on the **definitions, principles and practice of assessment**. The findings from these consultations are used throughout this guide. For more information on integrated care for drug users please see www.drugmisuse.isdscotland.org/eiu. The EIU will also be producing a **digest of assessment tools** in autumn 2002.

WHAT IS ASSESSMENT?

The purpose of assessment is to inform decisions about treatment, care and support for users. It usually takes the form of a one-to-one interview between the worker and the client. If the assessment process is working effectively, the client should understand the goals of treatment and care, they should be referred to and receive the 'right' services, and they should know how and when progress is made.

Assessment is rarely a one-off event; rather it is **cyclical** in nature. Regular re-assessment at agreed intervals is important to gauge progress and to review care plans. This should aid continuous and informed decision-making on the treatment and care required by an individual. The EIU consultations noted that assessment should be a **therapeutic process**, with self-assessment included in the process. Some of the assessment tools currently available include a **self-assessment component.**

The consultations highlighted the importance of assessment being **person-centred**. This means tailoring assessment (and subsequent care) to the needs of the individual. While there is considerable support to develop protocols to collect and share core information on clients (particularly to avoid assessment 'fatigue'), assessment should be **flexible** enough to address a wide range of relevant issues (e.g. employment, family problems).

Assessment 'tools' are often used to help guide and structure the discussion between worker and client. These tools commonly collect information on an individual's drug use, risk behaviour, health, social and economic circumstances at **appropriate junctures**. Examples of these (and references and web-sites) are presented later in this guide.

DIFFERENT LEVELS OF ASSESSMENT

The EIU consultations emphasised the need for **different levels of assessment**. Drug users frequently come into contact with a wide range of agencies at different stages in their treatment or recovery. The first contact with a service may simply lead to a referral if a more appropriate service is available. It may be possible to capitalise on the opportunity of this first contact by conducting a **first level assessment or screening** to ensure an appropriate referral is made. The data collected at this stage is likely to be relatively basic, probably socio-demographic information, perhaps cursory information about their drug use and its likely impact on the individual's ability to access services.

Second level assessment may be used in health and social care settings when the individual has made a direct approach or has been referred by another agency. This assessment could cover more detailed information on drug use and other factors such as housing, employment, health and benefits. This assessment should allow some decisions about treatment and care to be made, or whether it is appropriate to refer an individual elsewhere.

Third level (or specialist in-depth assessment) may be appropriate when a client has been referred to a specialist agency, or has moved on from entry-level assessment. This assessment would cover in detail the nature and extent of drug use, physical and psychological health, personal and social skills, social and economic circumstances, previous treatment episodes and assets and attributes of the individual.

CAN ASSESSMENT DATA BE USED FOR EVALUATION?

Different levels of assessment will provide **different types of data** for the purposes of evaluation. For example, data from **first level assessments** may provide useful profile information on the population contacting a project or service (e.g. number of attenders, age and gender mix, area of residence). These are often called 'process' measures. For definitions of process and outcome measures please see **EIU evaluation guide 1.**

Data from the **second and third level assessment** will probably provide a **mix of process and outcome** measures. For the outcome measures to be useful, it will probably be important to repeat the use of an assessment tool at structured intervals. For example, comparing the level of drug use amongst clients at entry and at 3 month follow-up. The main problem with this approach is the **drop-out** (or 'attrition') rates. Some clients may leave the service or project before the second assessment.

However, **assessments may not provide all the information you need** to undertake an evaluation. This will depend upon the specific questions an evaluation needs to address (**EIU Evaluation Guide 2** for further discussion about the purposes of evaluation and the specific questions that evaluations commonly address). For example, assessment tools rarely collect **qualitative information** on drug users experiences of the service and they tend to **focus only on the clients** - not on their families or the staff at the service. The evaluation may need to hear their views as well.

Assessment tools (particularly those designed for specific use by a service) often include **'open questions'**. This means that there are no pre-defined answers to choose from, the questions are answered in text. This information may be very valuable and it is still possible to use it in an evaluation. Completed forms would need to be collected and analysed so that the key themes and common answers can be identified. These themes would then be used to 'code' the data. For further explanation of 'coding and analysing data' please see EIU Evaluation Guide 4.

COMMONLY USED TOOLS

There are literally hundreds of assessment tools in the substance misuse (and related) fields. However, there are a **relatively small number commonly used in Scotland**. Assessment tools that could be described as 'hybrids' or 'modifications of existing tools' are also commonly in use. Many services and projects use tools that are based on existing assessment tools, but have been adapted for local needs.

It is important to note that these tools **may not be sufficient on their own** to ensure that person-centred assessment is achieved. The tools may be used as part of a more detailed and flexible assessment process that collects all the information required to effectively plan care than responds to an individual's needs.

Most of the tools collect data on **key behaviours** including drug use, HIV risk behaviour, criminal activity, physical and psychological health and social functioning. However, these tools also commonly collect information on socio-demographics and attendance dates that may be useful in an evaluation. We will focus on three of these tools as examples in this guide. **Please note that these tools have been selected for the purpose of illustration, not because EIU consider these to be superior to other available tools.**

- Maudsley Addiction Profile (MAP)
- Christo Inventory for Substance-misuse Services (CISS)
- Rickter scale

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1) Maudsley Addiction Profile (MAP)

The **Maudsley Addiction Profile (MAP)** is a commonly used, validated tool developed at the National Addiction Centre. The MAP was developed from the interview instrument used in the National Treatment Outcome Research Study (NTORS). It covers four main areas: substance use, health risk behaviour, physical and psychological health, and personal/social functioning. The MAP takes an estimated 12 minutes to administer, so can be used routinely. A copy of the MAP can be downloaded at http://www.ntors.org.uk/map.pdf

The results generated by using MAP can be used in an evaluation. In particular, it can be used to **assess treatment outcomes**. It is often used at **entry to a service and at structured follow-up**. The variables included in MAP can be compared over time. For example, the MAP collects information on the frequency and intensity of drug use which can be compared between first assessment and follow-up assessments, both for individuals and for the population of service users as a whole (see example below).

Example Changes in drug use behaviour (community-based treatment) from NTORS

	Intake	2 year follow-up
Regular heroin use	79%	40%
Regular benzodiazepine use	21%	11%
Injecting drugs	60%	42%

* Data and outcome domains in NTORS. For further information please see www.ntors.org.uk/bulletins.htm

2) Christo Inventory for Substance Misuse Services (CISS)

The **Christo Inventory for Substance Misuse Services** (CISS) is a simple, validated, 10-item questionnaire producing **a single score** of 0 to 20 which is a general index of client problems. It has been used with both drug and alcohol services. The author notes that a worker familiar with the tool can complete it in three to five minutes.

The tool has been validated for outcome monitoring in a practice setting. Outcome measures include physical health, psychological health, drug use, HIV risk and criminal behaviour. It also measures three areas of **client-support interaction**: the use of structured support (e.g. AA / NA counselling), compliance (e.g. with treatment requirements), and working relationships (e.g. ease of interviewing). CISS was developed to find out workers' impressions of their clients in a quick, standardised and reliable way and outcome areas are scored on a three point scale of problem severity (0 = none, 1 = moderate, 2 = severe).

It can be used **to monitor client problems at intake and at structured follow-up points.** As with the MAP, CISS can be used **to establish changes** over time. For example, the CISS collects information on HIV risk behaviour that can be compared between first assessment and follow-up assessments, both for individuals and for the population of service users as a whole.

It is also possible to use CISS (and other tools) to look at the **severity of problems** among your service population (see below). This can help a service assess whether your service is seeing many clients with severe problems that require a more intensive intervention (either by changing your practice or by making appropriate referrals).

Example A survey using CHRISTO looked at the severity of problems amongst their client group.

It showed:

Low problems severity (CISS score 0-5)	16%
Average problem severity (CISS score 6-12)	67%
High problem severity (CISS score 13-20)	17%

*For further information please see http://users.breathemail.net/drgeorgechristo/

Tackling drugs in Scotland

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3) Rickter scale

The **Rickter scale** is a non-paper based tool (a colourful plastic board) that allows clients to explore their circumstances, identify priority areas for support and interventions. This tool is different from the others previously described because it is completed by the client (with the support of a worker), so it is a **form of self-assessment**. The structure enables clients to explore possibility, set goals and contribute to their own action plans. Evaluation of the Rickter scale suggests that it positively encourages interaction between the client and the worker.

A bank of questions is available including personal social development, key skills, drugs and alcohol issues, preparation for work and community safety. The tool can be **customised depending upon its intended use**. This tool has been used by projects funded by the New Futures Fund, which aims to support vulnerable groups (including recovering substance misusers) into employment, training and education.

In terms of evaluation, it can be used for **measuring progress across time, both for individuals and for groups** and it places a useful emphasis on **'distance travelled'.**

Example: comparing Rickter measures over time – average scores for service population

	At entry	**3 month follow-up**
Happiness with current situation (0 not happy; 10 very happy)	2	7
Drugs a part of your life (0 no part at all; 10 a very large part)	9	5
Happy with accommodation (0 not very happy; 10 very happy)	4	6

For further information, please see www.scotland.gov.uk/library3/education/ilsn-21.asp or www.rickterscale.com

OTHER KEY ISSUES

- **Computerising the data** – For the data from assessments to be useful for evaluation, they will need to be computerised. Most data can be stored in databases such as Access or Excel. However, this can be time-consuming. Someone within the organisation / agency may need to take responsibility for entering data regularly.

- **Analysing and interpreting the data** – You will need to organise the data and make sense of what the information is telling you. This can require specialist skills. It is sensible to identify someone in your organisation or agency who has these skills, or you may need to purchase specialist skills periodically to undertake analysis.

IN SUMMARY

- The **primary purpose** of assessment is planning care for an individual. Assessment data can be used for evaluation, but you should be clear about the **limitations** of the information, for example drop-out of clients.

- These data **may not be sufficient**. It is important to be clear about what else you may need to do for evaluation purposes (i.e. to answer the specific questions your evaluation will address). For example, qualitative interviews with wider family members to get their perspective on the operation of your service.

OTHER RESOURCES

- National Institute on Alcohol Abuse and Alcoholism – Treatment Assessment Instrument Bank at www.niaaa.nih.gov/publications/instable-text.htm
- Identifying and Supporting needs: a digest of assessment tools. Scottish Executive (2001) at

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