Pergamon

PII: S0149-7189(96)00047-X

Evaluation and Program Planning, Vol. 20, No. 2, pp. 163–172, 1997

Printed in Great Britain
0149-7189/97 $17.00+0.00

PLANNING MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH: PART I—A VALUE-BASED APPROACH

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ABSTRACT

The main purpose of the paper is to introduce a value-based approach to planning in mental health and human services. Based on the values of self-determination, collaboration and democratic participation, *and* distributive justice, *we present a sequential planning framework that allows stakeholders to consider the following six facets of a service-oriented organization:* (*a*) values, (*b*) needs, (*c*) vision, (*d*) resources, (*e*) mission, *and* (*f*) service. *Following an explanation of the rationale and need for such framework, we describe in a case study how we implemented this approach in helping a children's mental health agency conduct a mandate review. We describe how we attempted to enact the values mentioned above during the* pre-entry, entry, work, and separation *phases of the consultative process. The case study concludes with a 30 month follow-up report. Finally, we discuss the benefits and challenges encountered in applying this framework, and encourage evaluators and program planners to make explicit and share with others the values, assumptions, and premises that guide their work.* © 1997 Elsevier Science Ltd

INTRODUCTION

This paper has two main objectives. The first one is to introduce a value-based framework for planning community mental health services for children and youth. The second objective is to provide a case illustration of this framework in action. The values and processes utilized in a mandate review of a Children's Mental Health Center (CMHC) will be presented. In our opinion, this paper can contribute to the literature by offering a value-based planning framework that can be employed not only in mental health services but in other human and social service agencies as well. Our conceptualization of values and means to actualize them may be profitably used by a variety of organizations in planning and restructuring.

Numerous reasons account for the need of CMHCs to restructure or engage in strategic planning. Creating more efficient programs to better serve the community, accommodating innovative therapeutic and preventive technologies, and financial restraints are some of them (Austin, 1984). In the research we describe, monetary constraints prompted a CMHC to do some anticipatory planning. In light of increased demands for service, and reduced human and financial resources, the agency we consulted with decided to undertake a mandate review to plan efficiently for the difficult reality it was facing. The central question driving the planning process was *how should the center redefine its mission in light of its values, community needs, ever increasing demands, and reduced resources*? Typical of the recession of the early 90s, this question is now being asked in many health and social service organizations across North America.

Many useful approaches to program planning in the health and social services can be found in the literature (e.g., Austin, 1984; Bernanke & Parham, 1978; Gold-

We wish to thank the workers of the Sertoma Child and Youth Centre in Point Edward, Ontario (formerly, the Sarnia Lambton Centre for Children and Youth in Sarnia, Ontario), for allowing us the opportunity to help with the mandate review process described in this article. Most of the Centre's workers and board members participated in the mandate review and helped carry out a difficult but collaborative process. Our appreciation is also extended to all the community members who participated in the planning process. We thank the Executive Director, David Wright, for providing us recently with a 30 month follow-up report.

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smith, Bell, & Warheit, 1992; Julian & Lyons, 1992; McGeown, 1993). While this body of knowledge is rich in a technological sense, it is not as well developed in an axiological sense. That is, the literature contains detailed prescriptions of how to conduct effective evaluations and program planning, but, with noticeable exceptions (Sheinfeld, 1978; Sieber, 1993), it does not pay the same amount of attention to issues related to moral values. This phenomenon is not unique to the planning literature but is one that pervades many social science disciplines (Fox & Prilleltensky, 1997; Prilleltensky, 1994; Sabia & Wallulis, 1983).

Based on the belief that *why* and *for what purpose* types of questions should precede *how* types of questions (Bermant, Kelman, & Warwick, 1978; Kimmel, 1988; Punch, 1986), we strove to create a framework that would be explicitly sensitive to the values of all the stakeholders involved (Rappaport, 1994). Although other models of planning may implicitly address value questions, we consider it too important an issue not to make it an explicit priority of the planning or restructuring process. For instance, none of the planning models reviewed by Julian and Lyons (1992), including their own, explicitly address workers' and clients' values to be upheld in new or refashioned programs. While other recent studies (Bailey, Buysse, Smith, & Elam, 1992; DeVillaer, 1990; Vosburgh, Kelley, & Strasser, 1990), seem to tacitly invoke values such as democratic participation and respect for the self-determination of clients, they fall short of articulating a planning agenda that includes distinct reference to the values that should guide a program. The situation is not much different in the area of program evaluation. In contrast to the increased and lively debate concerning epistemological values, recent reviews of emerging trends in program evaluation make only tangential reference to moral values (Chen, 1993; Fishman, 1991; Sechrest & Figueredo, 1993).

Unless direct attention is drawn to the overarching values and goals of a program, consultants and managers run the risk of taking for granted key principles of an agency's operation. In order to allow for meaningful input on the part of workers, clients, and the community at large, people should have an opportunity to question and redefine the values and goals of programs (Bailey et al., 1992; McGeown, 1993; Sheinfeld, 1978). "Centers must be guided by some underlying values regarding the quality of human life, not merely profit motives of a free market enterprise" (Drolen, 1990, p. 549). These assumptions led us to construct a value-based framework. Following a presentation of this framework, we present in a case study our efforts to actualize the value-based approach. As the main purpose of this paper is to introduce our general orientation, the empirical findings obtained during the community consultation process are detailed in a companion paper in this issue of *Evaluation and Program Planning* (see Peirson, Prilleltensky, Nelson, & Gould, 1997).

A Value-Based Planning Framework

Our philosophy as planners and consultants is congruent with the philosophy of empowerment in human, social, and health service organizations (Dimock, 1992; Dunst, Trivette, & Deal, 1988; Durkin, 1990; Lord & Hutchison, 1993; Prilleltensky, 1994; Rappaport, 1990, 1994; Whitmore, 1991). The main tenet of this philosophy is that clients or recipients of services should be able to exercise as much control as possible over their personal and social affairs. Whereas the philosophical and psychological foundations of empowerment have been reviewed elsewhere (Dunst, Trivette, & Thompson, 1990; Prilleltensky, 1994, Chapter 15), we wish to state here the three principal values of this approach, as they pertain to program planning. Following a brief review of the main values we proceed to detail the methods, processes, and conceptual framework that guide our orientation.

Values

As articulated by Prilleltensky (1994), three key values of empowerment are self-determination, distributive justice, and collaboration and democratic participation. *Self-determination*, or the capacity of individuals to choose an informed course of action for themselves, should receive considerable attention in program planning. All stakeholders need to decide for themselves what kind of center and services they want. Obvious conflicts of interest emerge as clients, front line staff and managers, among others, express differing ideals. These differences need to be worked out in such a way that the second empowerment value, *distributive justice*, will be promoted. *Distributive justice* refers to the fair and equitable allocation of burdens and resources in society. In the context of planning, it means, for example, a fair distribution of burdens or difficult jobs within an agency, or an equitable distribution of caseloads both within an agency and among various community services (Sheinfeld, 1978). *Self-determination* and *distributive justice* may be said to be intrinsic or primary values. That is, they are to be pursued for their intrinsic and innate merit.

In order to actualize the two preceding values, and resolve possible conflicts of interest that are likely to emerge in the planning process, a third value is invoked: *collaboration and democratic participation.* This value fosters a high level of participation from all stakeholder groups. A meaningful voice should be given to all involved, from those with the most power, such as board and executive directors, to those with the least amount of decision-making power, such as parents and children with psychiatric problems. This value may be conceptualized as a process value, in that its essential merit

lies in its ability to fulfil the two preceding values. Unless people collaborate there is no opportunity to advance personal and shared goals and respect differing agendas (Kelly, Azelton, Burzette, & Mock, 1994; Tyler, 1994). The practical value of participatory approaches in program evaluation recognized by Pancer (1985a,b), should apply all the same to program planning.

METHODS AND PROCESSES

We believe that the methods and processes utilized in program planning should be congruent with the values presented above. As noted earlier, in many instances the philosophy and values of a planning orientation are stated in a preamble (e.g., Goplerud, Walfish, & Apsey, 1983; Zinober, Dinkel, Landsberg, & Windle, 1980) but are not explicitly articulated in the methodology. In an effort to enact the values of *self-determination*, and *collaboration and democratic participation*, we think researchers should pay close attention to clarity in communication (Peirson & Prilleltensky, 1994; Sieber, 1993). This pedagogical concern relates to the need for everyone involved in a restructuring process to clearly understand both the content and the process of the projected planning exercise. Power to influence a process begins with a clear vision of what the process is all about. This entails an understanding of the stages involved in planning, from beginning to end. In simple terms, all stakeholder groups should be fully informed as to what the planning process is trying to accomplish, both globally and specifically. The second methodological emphasis is on ample opportunity for all stakeholders to participate in program planning and have a chance to express their opinions, thus upholding *democratic participation* and *self-determination*, respectively. But this is not enough, stakeholders need to know that their input will be listened to and, whenever possible, efforts will be made to act on their recommendations.

The value of *distributive justice* can be addressed by asking all stakeholders to consider different and more equitable ways of sharing the burden of serving the community. Staff, clients, and management should have an opportunity to reflect on the share of the work they do and express any concerns they may have. An agency may realize that its workers cannot deal with all the problems presented to them by the community. Consequently, the organization may decide to involve other service providers in a larger systemic restructuring of the services offered in a particular region. Distributive justice, then, applies not only to the fair and equitable distribution of jobs within an agency, but among agencies as well.

Conceptual Framework

As noted above, several useful approaches to program planning have been recently summarized in the literature (e.g., Julian & Lyons, 1992; McGeown, 1993; Vosburgh et al., 1990). While helpful in describing the essential components of planning for human services, these frameworks do not combine the emphasis on values with the highly participatory approach we endorse.

Table 1 depicts the six elements of our planning framework. The framework is constructed in a progressive fashion, so that the higher numbered elements incorporate the answers given to the ones presented previously in the table. For instance, in order to address the question of *resources* (item #4), we need to have a clear *vision* (#3) of the *needs* (#2) we wish to meet, which are in turn defined by the *values* (#1) of the community. The framework is constructed in such a way that answering the questions to the six elements affords an easy identification of priorities, an important requirement in planning. Next to each of the six elements of the framework there are the key intrinsic and process values enacted at each stage of the project. As can be seen from the far right column, the process value of *collaboration and democratic participation* permeates all phases of the framework, from a statement of values to the definition of new services. This value is placed there because an effort is made throughout the entire process to meaningfully involve as many stakeholders as possible. Under the column called "primary value" we see that *self-determination* is the main principle addressed while exploring values, needs, and vision. Here stakeholders are afforded an opportunity to state *what is important* and what are their personal opinions regarding central program issues. The phases dealing with resources, mission, and service concern the value of *distributive justice*, as they scrutinize closely the resources needed to carry out the mandate and any changes needed in this area. The last three elements address the key question *how do we do what is important*?

As can be seen, the planning process begins with a statement of *values* desired by service providers, recipients, and the community at large. We regard this phase as foundational in that all that follows builds on what service providers and actual and potential service recipients regard as desirable and important. In the case of mental health services for children and youth, it may be a state of complete mental health, children who are contributing members of society, youth who cooperate to maintain a peaceful community, and the like. The specific values may change from one service organization to the next, but the very act of identifying values and objectives is applicable to all organizations. We defined the second dimension of the planning process, *needs*, in terms of changes required to improve the mental health of children and youth. This definition of needs readily lends itself to translation into priorities. *Vision* refers to the most desirable state of affairs under which values and needs could be actualized. Vision takes into

TABLE 1
SEQUENTIAL PLANNING FRAMEWORK FOR VALUE-BASED APPROACH

Key elements	Definition	Specific questions to consider	Key primary value addressed	Key process value addressed
1. Values	Statement of what is desirable and important	What are center's and community's values?	Self-determination	Collaboration and democratic participation
2. Needs	Changes required in services, families and community to improve mental health of children	What changes in services and community are needed to (a) improve mental health of children in the area and (b) actualize values?	"	
3. Vision	Ideal state of affairs for clients and workers to actualize values and meet community needs	What does the center wish for its clients? What is the ideal way to meet clients' needs and foster workers' satisfaction?	"	"
4. Resources	Human, financial, and material resources available to accomplish vision	What resources do we have to accomplish the vision? Can we redistribute resources differently? Can we adopt new paradigms to foster vision?	Distributive justice	"
5. Mission	Based on the previous four considerations, this is what the center promises to do	Considering the resources available, what can the center promise to deliver?	"	"
6. Service	Actual operations of the center	Based on the resources available, what are the things we do to actualize values and vision? What new and different services do we envision?	"	"

account not only the needs of service recipients, but also of service providers. Research shows that without consulting staff on their needs, a crucial part of the planning equation is missing (Pancer, 1985b). As Pancer (1985a) noted, such an oversight may result in a crisis of non-utilization. Once the vision is conceptualized, the *resources* available to approximate it should be examined. At this stage it is crucial to break away from routine ways of thinking about resources. Informal community networks, volunteers, and sharing resources with other agencies should be considered (Sarason, 1982). Having answered the first four sets of questions, the agency is in a position to articulate its *mission*. Based on the values, needs, vision, and resources identified during the planning process, this is what the agency promises to do. The sixth and final element of the framework refers to the actual *services* and operations the organization will offer as a result of the planning exercise.

In our opinion, these six elements should inform the entire planning process. Stakeholders should be asked about their views on each of these key six components of the renewal process. The questions associated with each element in Table 1 can serve as a guide for the formulation of specific items in qualitative or quantitative research instruments. Some examples of possible open-ended questions to board members, management, and staff include: What are the *values* guiding your work in the center? What are some of the salient *needs* of the community you serve? Are there other *resources* in the community that might take over some of the roles of your agency? By adapting the questions to the particular perspectives and developmental level of the various stakeholder groups, both children and adults associated with the services may be consulted. We describe below how we tried to enact the value-based framework in the consultation research project.

CASE STUDY

As noted earlier, our team was invited by a CMHC to help in a review of its mandate. The agency, which employs approximately 50 workers, serves urban and rural communities with a combined population of about 90,000. While mental health services represent the core of the center's activities, the agency is also actively involved in providing psychoeducational and pre-

ventative services. In order to describe the development of a *democratic* and *participatory* process between ourselves and the setting, we adapted a model of consultation which included the following four stages: preentry, entry, work, and separation (Serrano-García, 1990). We attempt to show how the values of *self-determination* and *distributive justice* were promoted throughout these stages.

Pre-Entry Phase

Faced with increased demands for service, and a projected reduction in human and financial resources, the agency decided to undertake a mandate review. The purpose of the review was to propose a reorganization of services in a way that would not jeopardize the quality of services given, even though resources may be reduced. In early spring 1993, the center sent out a call for proposals to consultants interested in helping the agency with the restructuring process.

The first section of our proposal dealt with our values. At the outset of the proposal we stated our endorsement of the principles of self-determination and collaboration and democratic participation. We wrote:

> We believe in collaborating with agency staff as much as possible throughout the entire mandate review process... We believe that the participation of all stakeholders is crucial in determining the future direction of the agency. Consequently, we would like to consult with front-line staff, coordinators, managers, directors, board members, referred and non-referred children and their parents, as well as with other community agencies and grass-roots organizations.

Making our values and orientation very explicit, early in the process, was the first step in trying to follow a value-based approach. Our proposal included Table 1, which outlined clearly the intention to start the mandate review by asking value-related questions. The proposal had some built-in mechanisms to assure that the process would in fact be participatory. Some of these features included focus groups with the stakeholders mentioned above, the creation of an advisory committee, and a feedback and planning day where the entire agency would have a chance to comment on the consultation content and process.

Entry Phase

Following acceptance of our proposal, our team of four members, two women and two men, was invited for an interview with a large group of representatives from the steering committee overseeing the mandate review. The value of self-determination was the first one to be played out in our initial discussions with the agency. We had stated in our proposal that we strongly endorse a prevention orientation to children's mental health. The agency was concerned that their predominant therapeutic approach would be undermined by our preventive philosophy. Hence, they worried that we would curtail their control and ability to decide what kind of services would be delivered in the future. This concern was addressed by sharing with the stakeholders that even though we espouse a preventive orientation, we would not suppress the voice of those who favored direct treatment.

The value of participation was addressed by consulting with the stakeholder representatives on the composition of the advisory committee. People at the meeting with the steering committee were asked to suggest names of individuals who would be representative of the major stakeholder groups, including staff, management, board, other agencies, clients and members of the community at large. Issues of representation were discussed, being mindful of the fact that a very large advisory group may not be very functional, but at the same time trying to give a meaningful voice to those who are most affected by the operations of the center.

Following negotiations regarding participation in the advisory committee, terms of reference were drawn and a Mandate Review Advisory Committee (MRAC) was created. The MRAC included representatives from the center's staff, management, board, parent-consumers, service providers from other agencies, members of the community at large, and the consulting team. One of our roles was to facilitate the committee's work. In line with the agency's philosophy, the research adhered to the following principles: accountability and responsiveness to the community; collaboration with consumers; collaboration with other service providers; and effective, democratic, and consensus-driven decision-making processes.

WORK PHASE

The mandate review process took place between April and September 1993. We describe here the procedures used to collect and interpret the data, and how the methods employed served to advance the central values of our model.

Process

We shared our vision of the project with the MRAC and asked committee members for their input and help in carrying out the mandate review. They indicated to us that they could be instrumental in modifying the questionnaires that would be prepared by the consultants and that they would play a role in organizing the focus groups. To create the questionnaire, the consulting team utilized a number of resources, including provincial and regional studies documenting the mental health needs of children. The MRAC then reviewed a draft of the questionnaire and recommended several

changes. The committee also proceeded to organize the focus groups.

By its very nature, a *democratic* consulting process invites differences of opinion. Over time we noticed that although some center staff were really enthusiastic about our presence, others were cautious. They wondered whether or not we really would voice their concerns in the mandate review or only the concerns of management. Although we initially addressed the concern of some clinicians that we would undermine the treatment aspect of the center and promote instead a prevention agenda, some clinicians continued to be wary of us. Differences of opinion were also present in the process of designing research tools. The refinement of the questionnaires was an arduous and lengthy process. We negotiated with MRAC on a variety of issues, from selection of participants to the aesthetic presentation of the survey. As consultants, we made an effort to listen to the MRAC and tried to resolve conflicts to arrive at mutually acceptable compromises.

Participants

In order to reflect our value of *democratic participation* we involved a number of groups who had a stake in the outcome of the mandate review. Approximately 1700 questionnaires were distributed. The precise number cannot be ascertained because we encouraged schools and other agencies to photocopy the questionnaire if they wanted to give it to more workers. In fact, we know that some schools reproduced the questionnaire and circulated it widely among staff. In total, we obtained 467 questionnaires back, representing a response rate of 27%. In addition, 90 people attended 12 different focus groups. Some of these individuals would have also answered questionnaires, but we cannot determine how many because the questionnaires were anonymous.

The questionnaires were answered by: (a) youth involved with the center (currently served and wait listed) ($n = 27$), (b) non-referred youth ($n = 71$), (c) non-referred parents ($n = 18$), (d) parents of clients and waiting list clients ($n = 110$), (e) center workers and board members ($n = 28$), (f) school personnel ($n = 112$), (g) other service providers in the community (staff at other community agencies, physicians, and members of service clubs supporting the center, $n = 99$), (h) as well as by two unidentified respondents for a total of 467 participants. Focus group participants included (a) client youth ($n = 8$), (b) client parents ($n = 31$), and (c) center staff and board members ($n = 51$), for a total of 90 participants.

Methods of Data Collection

The questionnaire and focus groups were developed with the three values in our central model: *self-determination*, *distributive justice*, and *collaboration and democratic participation*. Three questionnaires were distributed to various individuals and groups in the county. Two of the three questionnaires were designed for distribution to adults, and the third one for youth.

The first of the adult questionnaires was distributed to center personnel, service providers, and clients' parents. In this questionnaire we tried to address the value of *collaboration and democratic participation*. The main exercise asked all respondents to prioritize the mental health needs of children and youth in addition to family and community needs. The second questionnaire for adults was sent to service providers and center personnel and it involved preparing a budget for the center's operations. This budget exercise incorporated dimensions of each of the three values. *Collaboration and democratic participation* and *self-determination* were expressed in that various, often unheard stakeholder groups were given the same opportunity as center administrators to develop a budget for the center. *Distributive justice* was demonstrated when workers were given the opportunity to re-allocate resources more equitably among the center's teams, units, and programs.

The questionnaire for youth invited them to complete several exercises. By giving voice to an important, but often neglected group, we tried to enact the values of *collaboration and democratic participation* and *self-determination*. Rural as well as urban youth were invited to participate. The two main exercises asked teens to communicate what they believed to be the most serious problems affecting youth, and to suggest how to best respond to the difficulties identified.

The purpose of the focus group exercise was to utilize *democratic participation* to inquire into the community's preferred course of action for the future, thus enacting the value of *self-determination*. During the focus groups, all participants were asked to express their values related to children's mental health. For example, parents of children and youth who were served by the center were asked, "What values and priorities would you like to see promoted by the center; Are the center's values congruent with yours; and, Should the center change some of its values?" Center staff and board members were asked to comment on the values that guided their work as well as what values they would like to see fostered. Center personnel were asked to consider a number of issues organized under the headings *values* and *vision*, *needs*, *resources*, and *mission*. The teen discussion focussed on three main issues: (a) the needs of children and youth, (b) the problems experienced by children and youth, and (c) possible strategies for preventing problems. The value of *democratic participation* was also incorporated by our efforts to consult with adults who may have been illiterate by including them in focus groups.

SEPARATION PHASE

Following the data gathering and analyses, the consultants reported the results to the advisory group. The MRAC then designed a feedback and planning day for the entire agency. During this planning day, the staff were presented with the findings of the mandate review. They were then given the opportunity to create and recommend new service delivery models. This exercise had the dual purpose of giving people at the agency (a) control over the interpretation of the data, and (b) an opportunity to collaborate with others in establishing future directions for the organization. As consultants, we too made recommendations, but our models were not intended to supersede or neutralize other frameworks. Undoubtedly, we were invested in our model, and had good reasons to believe that our suggestions would be beneficial to the agency and the community at large, but we were also mindful of the fact that people had to feel ownership over the new mandate, and that ultimately it is their agency, and not ours. By asking everyone to contribute to the process of setting priorities, we were once again trying to promote *collaboration and democratic participation.*

The recommendations that emerged during the planning day by the various groups were combined with the data previously gathered and were presented in the final report. This ensured that people's voices went on the official record of the mandate review. The consultants attempted to make the report user-friendly and relevant to the center in order to increase utilization. The consultants and the director of the agency agreed that the terms of the contract were met upon presentation and submission of the final report to the board.

Follow-Up

Follow-up occurred in two forms. The senior author was asked to consult with a branch of the agency 24 months after completion of the review process. During this consultation he learned about some of the changes that had taken place since the mandate review had been completed. The second type of follow-up took place six months later, at the 30-month mark, when we contacted the Executive Director of the agency for his views on the impact of the mandate review. In a letter to us he wrote:

> Over time, it has become quite clear that the process of the review was as important as its product. The involvement of a broad base of stakeholders in the design and steering of the process ensured not only its integrity, but widespread acceptance of its products. Among the professional community there is a new recognition of the role of the Center, and of the pressures we face.

His words give us some confidence that the value-based approach we used was quite effective. Several important recommendations emerging from the review process have already been implemented. These include a new organizational structure with clinical and community service branches, a more accessible intake process, a renewed financial commitment to preventive services, and a more responsive and expedient system of addressing clients' immediate needs. These changes reflect the Center's commitment to listening to the voices of the various stakeholder groups. These changes help to actualize the values of *self-determination* and *collaboration and democratic participation.* Innovations pertaining to *distributive justice* have to do with sharing with other agencies responsibility for children's mental health. This sharing, being currently negotiated, would facilitate a more equitable distribution of duties and resources among the various agencies serving children.

DISCUSSION

The purpose of this paper was to introduce a value-based framework for evaluation and planning and to provide a case example of how such a framework can be used. We believe that evaluators and planners must first consider the values, assumptions, and premises on which they base their work, thus addressing *why* and *for what purpose* questions. The use of various evaluation and planning techniques, which address *how* questions, should follow and derive from the values which underlie them. Our empowerment approach acknowledges that power is unequally distributed within social systems and seeks to increase the power of those who are the most marginalized in a system (Rappaport, 1994).

The underlying process value of the empowerment approach is *collaboration and democratic participation*, and the vehicle to actualize this value is a participatory approach to evaluation. Rappaport (1990), Serrano-García (1990), and Whitmore (1991) have outlined collaborative and participatory approaches to the evaluation process. The essence of this participatory approach is that power is shared between the consultants/evaluators and the host setting. In contrast, external professional consultants/evaluators often assume the role of expert in more traditional approaches, thereby increasing the dependency of those in the setting (Trickett & Birman, 1989).

In this particular case study, stakeholders from the host organization and the community actively participated in all phases of the mandate review. Concretely, this value was actualized through the formation of a Mandate Review Advisory Committee (MRAC). The MRAC steered the entire review process, from the formulation of questions to methodological choices to recommendations. When the process is collaborative, the likelihood is increased that the final

products will be "owned" by the setting (Peirson & Prilleltensky, 1994; Weissberg & Elias, 1993). The value of *self-determination* asserts that people know best what their needs are and that they should have the power to determine how best to meet these needs. In the evaluation literature, the technique of stakeholder involvement is the means by which this value of *self-determination* can be realized (Pancer, 1985a,b). Moreover, the ideology of empowerment underscores the importance of amplifying the voices of those people with the least power in the setting (Lord & Hutchison, 1993; Lord, Schnarr, & Hutchison, 1987; Rappaport, 1990, 1994). Thus, rather than just include the perspectives of the program management and staff, we made efforts to find out what was important to other community agencies, parents, and youth.

Including the views of other community agencies and youth proved to be quite important. While the various groups of adults (center staff, parents, school personnel) tended to see many of the needs and priorities in a similar way, there were some differences. Moreover, the youth (both youth in treatment and non-referred youth) held different views than those of the adults. While these findings are presented in detail in a companion paper (Peirson et al., 1997), one example illustrates the importance of including different stakeholders in the planning process. School personnel and youth placed greater emphasis on the need for prevention and changes in the schools and community. In particular, the number one need identified by youth was employment. There are two important implications of these findings. First, these findings demonstrate the importance of involving diverse stakeholders to actualize the values of *self-determination* and *democratic participation*. Second, the needs identified by school personnel and youth called for a reallocation of resources from treatment to prevention. Thus, stakeholder involvement is important for the value of *distributive justice*, which focuses on planning changes and reallocating resources based on the needs assessment.

Another important point regarding our value-based approach to planning concerns the relationship between the host setting and the consultants. Working from an explicit value base can lead to conflict, especially if there are value differences between the setting and the consultants. Overall, the setting was quite supportive of our approach. However, the process was not without conflict. In particular, some participants challenged our strong emphasis on prevention. What was important for the process of our work was that while we placed a high value on prevention, we did not attempt to foist this bias upon the setting. For example, during the feedback session, we invited the participants to create their own visions for change. While we presented our ideas for change, which had a prevention emphasis, ours was not presented as the "right" vision, but rather as one of many options. Ultimately, decisions about changes rested with the setting, not with us.

Labonté (1993) has noted that some degree of conflict is inevitable when using an empowerment approach to community planning. Our experiences are consistent with this observation. We believe that one of the benefits of being explicit about one's values is that conflict can be brought out into the open, talked about, and potentially resolved. In contrast, consultants operating from a more technical, expert approach often claim to be value-neutral. This view denies the inherently value-laden and political nature of evaluation and program planning (Guba & Lincoln, 1989; Patton, 1986) and can serve to cloud any conflict that arises.

The follow-up information gathered by the senior author in his recent visits to the Center, as well as the update provided by the Executive Director show that the collaborative value-based process was maintained after the consultants left the site. The renewed collaboration among different agencies supports this observation. Based on the updates received, we have reason to believe that the approach presented in the introduction and applied in the case study has moral as well as practical value.

CONCLUSION

In conclusion, we have argued for the need for a value-based approach to program planning and evaluation, and we have illustrated how such an approach can be operationalized. The value-based approach that we present rests on a philosophy of empowerment (Prilleltensky, 1994; Rappaport, 1994), which recognizes that many human service organizations serve people who are in some way marginalized or disempowered. Rather than viewing marginalized people as clients who need service, an empowerment approach emphasizes the need for citizens to determine how they wish to live (*self-determination*), to participate with others in decisions that affect their lives (*collaboration and democratic participation*), and to have adequate resources (*distributive justice*) (Lord & Hutchison, 1993; Prilleltensky, 1994). Existing methods of program planning and evaluation tend to lack an explicit value base and thus run the risk of creating social programs that do "more of the same," without creating any real change in the lives of marginalized people. The framework that we have outlined and illustrated is one option that we believe has the potential for creating change. The 30 month follow up report shows that we were successful in promoting significant changes through a collaborative process. We encourage evaluators and program planners to pay greater attention to the values that guide their work and how those values are related to their methods and findings.

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