

THE UNIVERSITY OF
NEW SOUTH WALES



**ATTENDANT CARE DIRECT
FUNDING PILOT PROJECT:
EVALUATION PLAN**

SPRC Report 3/07

Social Policy Research Centre
Disability Studies and Research Institute
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The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors

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1 Background

The Department of Ageing, Disability and Home Care (DADHC) is piloting a direct funding project in conjunction with the Attendant Care Program (ACP). The direct funding pilot aims to complement the objectives of the ACP, which provides support to individuals with physical disabilities with a range of tasks and activities to allow them to live and participate in their communities. ACP is funded under the Commonwealth State/Territory Disability Agreement (CSTDA) and administered by DADHC.

The pilot project is providing funds directly to a limited number of current ACP clients for the direct purchase of personal care services. This is intended to provide clients with greater control over the choice and management of the support they receive as well as to promote more flexible and responsive services for clients.

ACP direct funding is aimed at people with physical disabilities with high personal support needs, who have the capacity to directly manage administration of funding. Individuals in receipt of direct funding are responsible for all legal, financial and accountability requirements as well as potentially taking on employer responsibilities for attendant carers including recruitment, training and support; and financial management including wages, superannuation and insurance.

The pilot project builds on the development of similar programs in Australia and internationally and related research on the significance of client control for social inclusion and independence (Spandler 2004; Lord & Hutchinson 2003; Witcher et al 2000). In Western Australia and Queensland direct funding is an element of local area coordination of services provided to individuals with disabilities and their families. Direct funding has also been developed as elements of disability support services in ACT and Victoria. Many other countries have also developed direct funding programmes including England, Scotland, Canada and Sweden (Heggie 2005; Yoshida et al 2004).

The Department has commissioned the Social Policy Research Centre (SPRC) and Disability Studies and Research Institute (DSaRI) to evaluate the pilot and explore outcomes for stakeholders in order to identify considerations for future funding options. Stakeholders of the pilot include the Government, ACP clients, paid carers and providers of disability support services and disability support groups. Considerations in the review include client outcomes, quality of care, costs, management and risks (Jacobsen 1997; Spandler 2004; Maglajlic et al 2000; Carmichael & Brown 2002). These considerations relate to the perspectives of each of the participant groups. More details are described in Section 2.

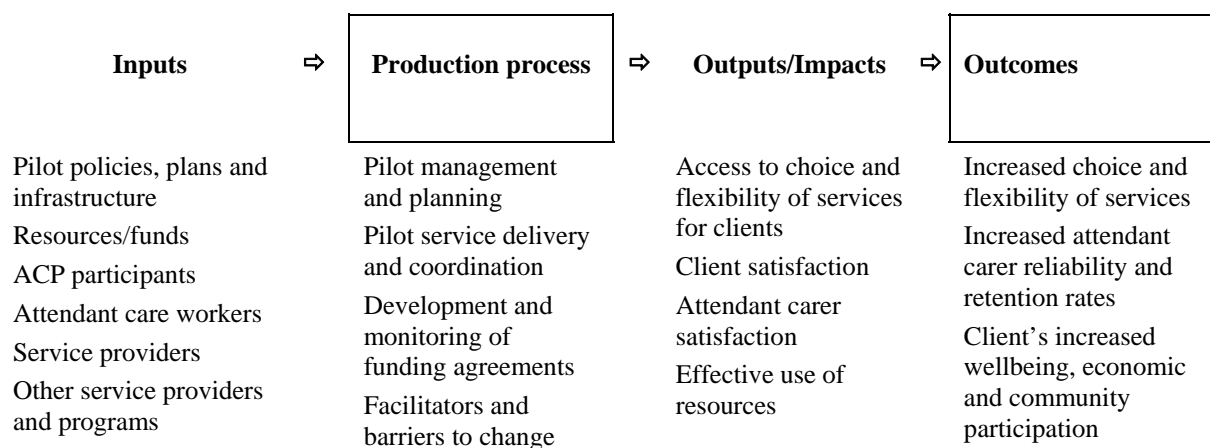
Two contextual issues for the project relate to control and funding. The first issue is the commitment to preference for client control, participation and focus in service delivery, reflected in the Disability Services Standards (Hughes 2006; Spandler 2004; Pearson 2000; NCOSS 2006). The second contextual issue is the shortage of funds for attendant care (PDC 2006). This poses difficult policy and service delivery challenges about access, priorities and maximizing efficiency.

2 Methodology

2.1 Evaluation framework

The evaluation incorporates both a process and outcomes evaluation. As well as exploring stakeholders' views and experiences of the implementation of the project the evaluation also explores outcomes for participants and the pilot project as a whole. The operational basis for the evaluation is a program theory approach (Figure 2.1).

Figure 2.1: Evaluation Conceptual Approach



This approach distinguishes four distinct but closely linked stages in the process of human service delivery: inputs, process, outputs and outcomes. It is particularly valuable in attempting to understand the complex interaction of individuals, communities, NGOs and government agencies over time. It helps draw attention to the ways in which the program is operationalised and implemented, how this impacts on the delivery of services, and how the consequences of these are eventually expressed in terms of outcomes. Applying this approach to the evaluation of the pilot project draws attention not only to the outcomes of the strategy, but also to resourcing, participation, planning and implementation. It provides an approach for measuring and analysing the extent to which clients are able to access appropriate and flexible support and whether that allows them to participate in the community.

Within this framework a participatory methodology is also adopted. This involves stakeholders being consulted and engaged at each stage of the evaluation including design, collection and analysis. This method gives some ownership of the evaluation to stakeholders and provides early evaluation feedback to the implementation and improvement of the program.

The evaluation uses longitudinal and comparison measures for people in the program, combining both quantitative and qualitative data analysis techniques. These methods are described in more detail below.

2.2 Key Evaluation Questions

Individual clients

- Does the direct funding pilot lead to increased clients wellbeing and enable them to maximise their participation in the community?
- Does the pilot lead to increased participant and attendant carer satisfaction levels?

Governance

- Are appropriate and effective governance arrangements in place to support the establishment and ongoing development of the pilot?

Service systems

- Does the pilot offer greater choice and flexibility of services compared to existing funding arrangements?
- Does the pilot provide a more effective and efficient use of resources compared to existing arrangements?

2.3 Methods

The evaluation uses both qualitative and quantitative methodologies to explore the process and outcomes of the pilot with stakeholders. The primary stakeholders are the clients in the pilot program as well as other ACP clients who form a comparison group against which outputs and outcomes from the pilot can be measured. Other participants include other ACP clients, DADHC, attendant carers and other service providers.

We have developed measurement tools based on instruments used in the evaluation of similar programs nationally. The purpose of this approach is to ensure validity and facilitate comparability to similar programs. This is particularly important given the small number of clients in the pilot. Client outcome fields for the pilot clients and sample of other clients in the existing ACP include personal wellbeing (confidence, esteem, physical and mental health); social networks; community and economic participation. Other instruments measure outcomes and process measures for attendant carers, government and service providers. We have applied for ethics approval from UNSW.

Literature review

A brief literature review was conducted for three purposes: to develop the measurement tools as described above; to compare to other states and countries with direct funding; and to assist in critically informing analysis of the longitudinal data.

The review involved searches of recent research; electronic databases; published material; government and provider reports; contact with international research colleagues and disability agencies; responses to unpublished material and reports from people with disabilities, service organisations and academics; and any other research that had been recently completed or is currently being undertaken.

There is a significant amount of literature available on the theoretical background to and development of policies and programs promoting individualised support and independent living through direct funding. Literature on the evaluation of these programs is, however, more limited and although helpful in providing some issues for consideration in the present research, the evaluation literature was less helpful in developing measurement tools.

Much of the evaluation literature has used qualitative methodologies to explore the process and performance of similar programmes (e.g. Witcher et al, 2000) and although this provides a good indication of some of the key issues that should be explored by the research it has not provided a basis to develop a measurement tool. Other evaluations that have used tools to measure outcomes of clients have focused on different client groups to those supported through the direct funding pilot and were therefore not necessarily appropriate for use in this evaluation (e.g. Poll et al, 2006).

Longitudinal data collection

The evaluation uses primary data collection methods with the participants in the pilot program, other clients in existing ACP arrangements and other participants, particularly from DADHC and service providers. Research instruments measure the range of outcomes and process experiences described in the design section above. This includes a short questionnaire to collect information on outcomes for clients around their health, personal wellbeing and community participation. The questions used in this questionnaire have been applied in previous research projects of the SPRC and DSaRI.

Data collection is at the beginning and end of the evaluation for the pilot client group (February 2007 and October 2007); beginning of the evaluation for the comparison sample of other clients in the existing ACP (February and March 2007); and the middle of the evaluation for other participants (April 2007).

Table 2.1: Samples

| Task | Measurement | Number |
|---|-------------------|--------|
| Pilot participants | Beginning and end | 10 |
| Comparison existing ACP clients | Beginning | 40 |
| Other participants (particularly providers and officials) | Middle | 25 |

The samples are:

- All clients in the pilot program who consent to participation (approximately 10);
- A matched sample of comparison clients in the existing ACP. Sample size is approximately 40 clients. Matching is on demographics (as available eg. age, gender, cultural and linguistic background, education, income source); support needs (eg. hours, type); disability; and location (eg. metropolitan, regional and rural); and

- A sample of other participants including government officials responsible for the pilot implementation, policy, service delivery; attendant carers; service providers; and informal carers and family if applicable (approximately 25). Disability support groups are being consulted through the Expert Advisory Group on Physical Disability.

In response to the budget constraint, we are conducting face to face fieldwork with the pilot participants and ten existing ACP clients in the Sydney and NSW north coast regions and telephone contact in the remainder of the state and with the other participants.

Interviews are individual and/or in groups depending on the participant type and the operation of the program. The methods are to be adapted to be effective and inclusive of diverse experiences such as people in Indigenous communities, women, a range of disability types, people living in culturally and linguistically diverse communities and people with print or communication impairments.

People participating in the research are to be selected through an ethical consent process. Considerations include clear, accessible information about participating in the research, voluntary consent to participate (with continuous opportunities to withdraw from the research), respect for individuals' rights and dignity, payment for participation and confidentiality.

Analysis

The analysis includes four parts: comparative analysis between the pilot and existing arrangements in terms of outcomes; process evaluation; economic analysis; and considerations for future funding options. Each is discussed below.

Outcomes are to be analysed by comparing data collected from clients in the existing ACP arrangements (as collected for this evaluation and possibly from the MDS); and normative data from similar programs and the validated instruments used in the data collection. Outcomes also include measurements about attendant carers.

The process data are to be analysed in terms of experience of clients, government officials, service providers, attendant carers and other participants. The process analysis describes the experience of these participants in the implementation of the program compared to the existing ACP.

The economic analysis examines the financial cost to government of direct care funding compared to existing arrangements. Depending on the availability of data, this could include a cost analysis or a cost effectiveness analysis based on client outcomes. We use methods consistent with existing research to enable comparisons to international and Australian research. The purpose of the analysis is to derive implications and recommendations for future funding options.

3 Reports

Report on other ACP options

- Method
- Comparison outcomes results of clients in existing arrangements
- Discussion

Draft and final reports

- Summary of findings and recommendations
- Background and method
- Findings
 - Outcomes (comparative): choice and flexibility; attendant carer reliability and retention rates; participant and attendant carer satisfaction; participant community participation and wellbeing
 - Process: quality of care, accountability requirements, effective use of resources, efficiencies in administrative and overhead costs
 - Economic (comparative): financial and other resources cost to government or service providers (cost analysis or cost effectiveness analysis)
- Discussion
 - Advantages and disadvantages of direct funding compared to existing arrangements (for each participant group)
 - Efficiencies and disadvantages in administrative and overhead costs
 - Cost variation for DADHC in measuring compliance with financial accountability and data reporting requirements
- Implications and recommendations
 - Including: client capacity; client support (financial, employment, legal, accountability); quality of care; carer employment (industrial relations, recruitment, training); cost (financial, other resources); implications for data reporting requirements, financial accountability and monitoring

4 Management

4.1 Researchers

Karen Fisher manages the project. The Disability Studies and Research Institute manages the conduct of fieldwork and contribute to project development, analysis of data and report writing.

Principle Roles of the Researchers

| | |
|---|--|
| Responsibility | Researchers |
| Chief Investigator, liaison with DADHC | Karen Fisher |
| Data collection | Sally Robinson, Carolyn Campbell McLean |
| Literature review and research support | Andrew Anderson and Kristy Muir |
| Other analysis, report preparation and presentation | Karen Fisher, Sally Robinson |

4.2 Timeframe

| Task | Output | Timeframe |
|---|--------------------------------|-----------|
| Meet with Project Manager | | Nov 2006 |
| Finalise evaluation design and development of measurement tools | | Dec |
| Present project plan | Project plan | Dec |
| First review of direct funding participants | | Feb |
| Review of ACP clients of other funding models | | Feb 2007 |
| Review with other providers and officials | | April |
| Present other ACP clients report | Report on other ACP options | July |
| Final review of direct funding participants | | Oct |
| First draft report to DADHC complete with data analysis and recommendations | Draft report | Nov |
| Meet with Project Manager to discuss draft report and options | | Nov |
| Final report, complete with data analysis and recommendations | Final report | Dec 07 |

4.3 Quality

The researchers adhere to the various research management guidelines of the University, including the UNSW Code of Conduct for the Responsible Practice of Research. The Centre is also committed to principles of equal opportunity, cultural diversity and social justice.

The SPRC pays particular attention to the quality assurance of outputs from research consultancies, ensuring quality control by measuring against rigid standards for project management, reporting and publication. Effective quality assurance mechanisms guarantee that the research and other products delivered to DADHC are of the highest standard. The accepted method for achieving quality assurance in research is through peer review. Each project undertaken by SPRC is subjected to independent review of the quality of the research and the robustness of its findings.

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