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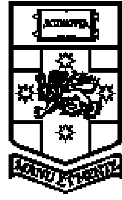

RESIDENT SUPPORT PROGRAM EVALUATION PLAN

FOR DISABILITY SERVICES QUEENSLAND

SPRC Report 10/04

University of New South Wales Research Consortium
Social Policy Research Centre
Disability Studies and Research Institute
University of Queensland

January 2004

For a full list of SPRC Publications see, www.sprc.unsw.edu.au or contact:
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ISSN 1446 4179

ISBN 0 7334 2160 1

September 2004

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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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BHOMA	Boarding Houses Owners and Managers Association
CLP	Community Linking Projects
CSTDA	Commonwealth States and Territories Disability Agreement
DSQ	Disability Services Queensland
DSS	Disability Support Services
HACC	Home and Community Care
KSW	Key Support Workers
NMDS	National Minimum Data Set
ONI	Ongoing Needs Identification
QH	Queensland Health
RSP	Resident Support Program
SAPA	Supported Accommodation Proprietors Association
UNSW	University of New South Wales

1 Introduction

This plan outlines the methodology for the evaluation of the Resident Support Program (RSP) in Queensland in 2004.

The evaluation will research the process of implementation of this program, the services provided to residents by the contracted support providers, residents perceptions of the appropriateness of these services and impact on their quality of life, health and wellbeing, and the impact on residential facility operators and staff and other human services providers and Departments. The evaluation will also review the cost effectiveness of the program to make recommendations to inform future resource allocation.

The longitudinal aspect of the evaluation enables a research partnership between the researchers and the program stakeholders. The researchers will work closely with the program, progressively providing research findings to inform improvements in the development and management of the program, while also transferring data for evaluation. The researchers will also work closely with stakeholders including those within DSQ, other state government departments, providers, operators and residents.

RSP is part of the larger residential services reform strategy. The design and conduct of the evaluation takes account of the complexities of these larger contextual changes. Sensitivity to the potential effects of reform on access to support and accommodation for residents, economic impact on funders and providers and the cost shifting impact on other services will be acknowledged as the context of the evaluation.

Section 2 of this plan provides a brief background to the program to be evaluated. Section 3 describes the evaluation framework. Section 4 details the data collection methods. Section 5 presents the cost effectiveness evaluation process and Section 6 summarises the evaluation by presenting the research timetable.

2 Background

The Resident Support Program (RSP) is a joint Disability Services Queensland (DSQ) and Queensland Health (QH) funded initiative. Its aim is to provide external support services for residents living in the private residential services sector to improve their quality of life and their access to health and well-being services in the community, as well as improving coordination of services for residents who are clients common to DSQ and QH.

The RSP is being implemented and evaluated in identified hostels (as the priority), boarding houses and aged rental accommodation facilities that are to be regulated by the *Residential Services (Accreditation) Act 2002*. The RSP is being implemented in five locations, using two different approaches. Within the *individual approach* residents from a range of premises are identified for services (Brisbane, Ipswich and Toowoomba). Within the *premises approach* premises are identified and eligible residents in these receive services (Townsville and Gold Coast). The evaluation will include assessing the efficacy and impacts of the two models.

2.1 RSP Program Types

There are three components to the RSP:

- Community Linking Projects (funded by DSQ);
- Disability Support Services (funded by DSQ); and
- Key Support Workers (funded by QH through the Home and Community Care (HACC) program)

Residents who are eligible for DSQ and HACC funded services and who are involved in the RSP should have access to all of these service components according to their individual needs and choice and the availability of services within the resources provided.

Community Linking Projects

DSQ funds organisations to provide Community Linking Projects (CLPs). These projects aim to support socially isolated residents to participate in local community activities in order to develop or rebuild sustainable relationships, for example by linking individuals into recreational, social, educational, and where appropriate, vocational opportunities. The objectives of these activities are to:

- Improve the quality of life for residents.
- Support the development of resident’s skills to participate in the community.
- Enhance opportunities for residents to participate in community activities eg. by working with organisations, services or clubs to facilitate sustainable links between those agencies and residents.
- Improve residents’ access to and decision making for supports, resources, services and advocacy to meet their needs.

The evaluation will also assess the impacts of the expenditure of CLP Enhancement funding. This is available to provide short-term assistance to local organisations,

where appropriate, to support sustainable relationships and networks between residents and the members of the organisation.

Disability Support Services

DSQ funds organisations to provide Disability Support Services to residents within their place of accommodation. Personal care may encompass supervision with bathing/showering and personal hygiene, and assistance with toileting and continence management, dressing and eating. The objectives of these services are to:

- Improve the quality of life for individual residents by providing personal care to residents living in the private residential services sector by an external service provider.
- Enhance opportunities for residents to increase their level of personal care skills by providing training and supervision in basic hygiene.
- Assist residents' participation in community activities by providing personal care and promoting self-help skills.
- Promote community inclusion for residents by working in collaboration with other service providers (i.e. Community Linking Project and HACC Key Support Worker) to enhance residents' personal presentation.

HACC Key Support Worker

Queensland Health funds, through the HACC Program, organisations to provide Key Support Worker services to residents involved in the Resident Support Program. The primary role of the Key Support Worker is to assist and support residents to access primary health care services (eg. General Practitioners, integrated mental health services, oral health services) and a range of non-health related services including other HACC funded services.

The objectives of this service are to:

- Improve the quality of life for residents involved in the project.
- Increase residents' access to health and well being services.
- Improve health outcomes for residents through the facilitation of early identification, assessment and management of health and health related problems;
- Facilitate greater independence, privacy and confidentiality for residents regarding their health and support needs.

The Key Support Workers do not directly provide clinical or personal care services to residents.

2.2 Inter-agency Protocols

Resident Support Program service providers in each project area are developing inter-agency protocols in consultation with DSQ Regional Officers and HACC Area Managers to determine:

- Which agency/agencies will take primary responsibility for assessing the eligibility of individual residents and assessing the individual support needs of residents being supported;
- How referrals will be made between the various Resident Support Program service providers;
- How to ensure effective service coordination between the various Resident Support Program service providers; and
- Processes for resolving any areas of contention that may arise between the various Resident Support Program service providers in relation to the provision of services to individual residents.

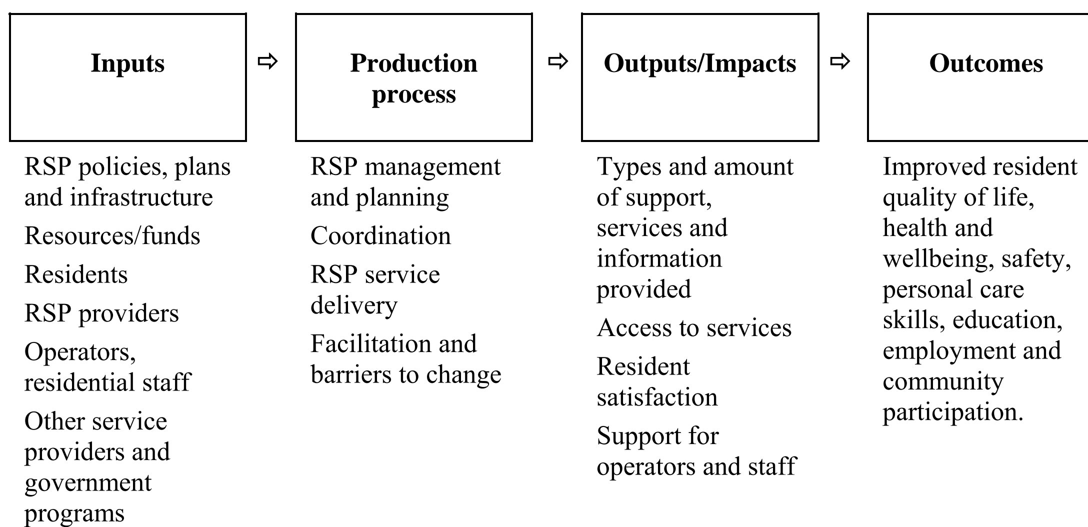
The evaluation will address implementation and coordination issues from all stakeholder perspectives.

3 Evaluation Framework

This section details the proposed methodology to be used during the evaluation, including process evaluation, outcomes measurement and cost effectiveness components. Research will be conducted both across the entire program and at selected case study sites in each of the five implementation locations. The evaluation framework will be structured on a comparison of quantitative and qualitative longitudinal measures of process and outcomes for the two models of support.

3.1 Outline and Approach

The production of welfare model will be the conceptual basis for the evaluation.



The approach distinguishes four distinct but closely linked stages in the process of human service delivery: inputs, the production process, outputs and outcomes. In attempting to understand the complex interaction of government, individuals and providers, over time, the approach is particularly valuable because it helps draw attention to the way in which policy is implemented and how this leads to services being delivered, the consequences of which are eventually expressed in terms of outcomes for residents, communities, providers and government.

Applying this approach to the evaluation of RSP, the scheme draws attention to the importance of focussing not just on the outcomes of the program, but on the prior stages in the process of resourcing and providing supportive services to those residents who will benefit most.

The second approach utilised in the development of the research design is based on the ethnographic tradition of social research, applied to the study of contemporary complex societies. Sometimes termed ‘administrative anthropology’, the approach uses methods such as participant observation, in-depth interviews and the analysis of documentary evidence, to obtain and analyse data on the evolution of administrative and organisational processes involved in the RSP.

A participatory methodology will be adopted. Stakeholders to be engaged in the research will include: residents, RSP provider staff and managers, residential facility owner/operators and staff, DSQ, QH, other government and non-government

providing services to a similar constituency (e.g. HACC services, Mental Health Services, employment support providers), trustees and guardians, resident family members and carers, advocates and peak advocacy organisations. A sample of stakeholders has been consulted in the development of this evaluation plan. Stakeholders will be further consulted and engaged during the processes of data collection and analysis.

3.2 Disclosure Protocol

In the event that residents disclose to the researchers that they have been subject to abuse, neglect or other possibly criminal actions by others, the researchers are ethically required to take action. The confidentiality, wishes of the resident and impaired capacity must be balanced with this requirement – the resident's control in the process should not be usurped. As these situations will be complex, the disclosure protocol must be flexible.

A modified version of the RSP complaints procedures will guide the researcher in taking action. The protocol will be modified in consultation with DSQ. These are:

Issue	Resource
• Conduct of a service provider (owner/manager) of a residential service	→ Residential Services Accreditation Branch, Office of Fair Trading (07) 32393363.
• Concerns about the building, eg building safety standards, hygiene, kitchen	→ Local Council.
• Concerns about a client's residential service agreement and other disputes between a resident and the service provider (owner/manager)	→ Residential Tenancies Authority: 1300 366 311, Website: http://www.rta.qld.gov.au/ → Tenants Union of Queensland for tenancy advice and to help residents to advocate for themselves (07) 3257 1108.
• Concerns about fire safety	→ Queensland Fire and Rescue Service
• Concerns about the rights of a resident	→ Independent individual advocacy groups, and if required, the Queensland Police Service
• Concerns about the rights and interests of a resident with impaired capacity	→ Adult Guardian can investigate allegations about physical or financial abuse or neglect and can also make representations as guardian 1300 653 187 → Community Visitor Program provides visitors to regularly visit premises and meet with residents to identify and help resolve residents' inquiries and complaints (07) 3406 7711 or 1300 302 711
• Concerns about discrimination involving a resident	→ Anti-Discrimination Commission Queensland 1300 130 680
• Concerns about the delivery of health-related services, including medication	→ Health Rights Commission (07) 3234 0272 or 1800 077 308
• Concerns about financial matters of a resident with impaired capacity	→ Public Trustee of Queensland (07) 3213 9288 or 1800 175 546
• Concerns about the closure of a premise	→ Department of Housing (07) 3836 0155
• Concerns about the delivery of Disability Services Queensland funded services	→ Disability Services Queensland Complaints Section (07) 3224 8888 or 1800 177 120

It is expected that the researchers will also inform the Senior Program Officer, Community and Service Support Team, Disability Services Queensland, in a non-identifying manner to protect the confidentiality of the resident.

4 Methodology and Instruments

4.1 Data Sources

The following methods, sampling framework and selection processes be employed. Instruments for each of these methods are attached in Appendix A.

Longitudinal study of residents

We aim to recruit 30 residents who have entered the RSP between December 2003 and January 2004 to approximate a baseline measure of people using the support, divided between the RSP locations (Table 4.1). If the number required for the region is not obtained by the method above, other participants would be included depending on their suitability (e.g. a resident with good recall who has commenced assistance earlier may be suitable). In each region the residents chosen will be using KSW (at least one), CLP (at least one) or DSS (at least one).

Table 4.1: Resident Sampling Framework by Region

Region	Residents for the longitudinal study	Number of premises residents drawn from
Brisbane North	4	Up to 4
Brisbane South	4	Up to 4
Ipswich	6	Up to 6
Toowoomba	6	Up to 6
Gold Coast	5	1
Townsville	5	2
Total	30	Up to 23

Residents will be recruited through RSP service provider managers. The managers will be asked to approach each of the last residents who entered the program for selection until the above criteria are met (most recent entry, all support types represented and up to the number required for the region). A flow-chart and recruitment protocol for the resident selection process is detailed in Section 4.2.

Residents recruited by February 2004 will be interviewed on three occasions over the period of the evaluation (February, June and October 2004). It may be necessary to recruit replacement residents in June and October if there is high exit from the program in a particular location (eg if the KSW only has short-term contact with a resident).

Indepth interviews will vary in structure and approach, with adjustment to the level of cognitive ability of participants. Planned approaches include narrative telling and pictorial relationship mapping.

Qualitative data will be quantified employing an adapted version of the Lifestyle Satisfaction Scale (Heal and Chadsey-Rusch, 1986). This will enable both qualitative and quantitative comparisons of resident's lifestyle satisfaction at the beginning and end of the evaluation period, and also inform the cost effectiveness analysis (Section 5).

The four health self-assessment questions from the ABS National Health Survey will be included in the longitudinal interview tool. This will allow quantification of changes in health status self-identification over the period of the evaluation, as well as comparison with population norms.

Resident focus groups

We will conduct at least one focus group of the people from the above resident sample. In the locations with a premises approach, the focus group might include other residents who are not in the longitudinal interview sample. This focus group will allow an analysis of residents' discourse concerning the RSP.

RSP service providers

A worker from each RSP service provider will be interviewed by telephone towards the end of the evaluation period. A manager from each RSP service provider will be interviewed at the midpoint of the evaluation.

Focus group interviews at the Local Coordination Group meetings or RSP Team meetings, with all RSP workers will be conducted at the beginning of the evaluation. Researcher observation will occur at these meetings in the middle and end of the evaluation if the meetings coincide with the fieldwork visits.

Premises owners or managers and staff

Premises owners and managers will be canvassed for inclusion in the evaluation process through a telephone interview. Ideally they will be the owner or manager of the premises where people in the longitudinal study are resident. Staff will also be canvassed at these same locations for a face-to-face interview. An indicative distribution of the premises operators and staff is as follows.

Table 4.2: Premises Owners, Managers and Staff Sampling Framework by Region

Region	Premises owners or managers	Premises staff
Brisbane North	1	1
Brisbane South	1	1
Ipswich	1	1
Toowoomba	1	1
Gold Coast	2	2
Townsville	2	2
Total	8	8

Staff, owner and manager interviews will be conducted at the midpoint of the evaluation.

Other providers assisting similar clients

Up to ten representatives of associated services in the regions (at least one in each region) who assist the same client constituency – eg. disability services, health and

mental health services, HACC services and allied health) will be selected and interviewed by telephone about system impacts at the midpoint of the evaluation.

Other methods

- At least one focus group of family members, carers or informal guardians canvassed through the residents in the longitudinal study, will be conducted at the mid-point of the evaluation.
- Up to five representatives of peak and regional advocacy organisations will be interviewed by telephone at the midpoint of the evaluation.
- Representatives of SAPA and BHOMA will be interviewed by telephone at the midpoint of the evaluation.
- Interviews will be conducted with representatives of the Office of Adult Guardian, Community Visitor Program Team and the Public Trustee towards the end of the evaluation.
- One-off interviews with state office DSQ and Health managers will be conducted at the beginning of the evaluation.
- Joint interviews with the DSQ and Health managers in each region will be conducted at the beginning and end of the evaluation.
- Observation of premises.
- The collection or transfer of quantitative data from all residential services accessing the RSP will be coordinated through DSQ and Health (CSTDA and HACC Minimum Data Set unit records).
- UNSW, DSQ, QH and the researchers will publicise opportunities for written, electronic and telephone responses from any interested person about the effectiveness of RSP to be made to UNSW.

4.2 Resident Recruitment Instructions

Instructions to the RSP providers for recruiting residents are attached below. This process will be conducted in January 2004. All providers in one region will be asked to coordinate their recruitment and pass the preliminary recruitment information to the researcher on the form attached after the instructions.

Researcher	Ph contact	Region
Sally Robinson	0410 484 405	Brisbane North and South
Lesley Chenoweth	07 3365 1252	Ipswich
David Abelló	02 9385 7831	Toowoomba, Gold Coast, Townsville

Resident Recruitment Guidelines

1. As a Resident Support Program provider in this region you are asked to coordinate recruitment of residents with the other providers for the longitudinal evaluation. Recruitment is in January 2004. Interviews will start in February.
2. Please see the table below for the number of residents to be selected in your region and the number of premises from which they are to be drawn.

Region	Residents for the longitudinal study	Number of premises residents drawn from
Brisbane North	4	Up to 4
Brisbane South	4	Up to 4
Ipswich	6	Up to 6
Toowoomba	6	Up to 6
Gold Coast	5	2
Townsville	5	2
Total	30	up to 24

3. Please shortlist RSP clients from the people who most recently joined RSP. We prefer that the clients selected should have started receiving assistance between December 2003 and January 2004. This might not be possible. If there are not enough clients willing to participate in the research from this group then consider those who have started earlier.
4. Within the clients selected each of the service types should be represented (CLP, DSS, KSW).
5. If throughput in the program is higher and contact with participants over a short time frame is likely, some additional recruitment may have to be done in June and October 2004.
6. **We are asking you to gain permission from the client to give the researcher their contact details.** We are not asking for you to gain client consent - the evaluators will discuss the Information Statement with participants at the beginning of their first interview and if they are still willing to participate they will then be asked to complete the consent form.
7. The Information Statement for Research Participants is attached to these instructions. You may like to use this as a basis for discussions with residents about their recruitment to the research.
8. Involvement in the project will mean the resident will meet the researcher three times, in February, June and October 2004.
9. The interviews will vary in structure and approach, with adjustment to the cognitive ability of participants.
10. Residents' costs associated with the research will be met by the evaluators. Residents will also receive a small payment of a $30 voucher for each interview, in recognition of time spent.
11. If the resident agrees for a researcher to meet them, please give us the following information about each person recruited.

Preliminary Recruitment Information about RSP Clients who Agree to Meet a Researcher

I. Name and contact details of RSP provider:

II. Name, contact details and premises of resident:

III. Name and contact details of the contact person through whom a research appointment with the resident can be made:

IV. In your opinion how will the resident be able to give consent to participating in the research (has capacity or has an alternative person with authority to give consent; and form of communication)?

V. Does the resident have any special requests about meeting the researcher? eg have a friend or trusted person attend too, meet somewhere other than at the premises?

VI. The researchers have prepared a range of approaches in the use of the longitudinal resident interview schedule to give access to the process for residents, whatever their disability? Do you have any comments that will help the evaluators in adjusting their approach to this resident in particular?

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PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

Evaluation of the Resident Support Program

Disability Services Queensland and the Queensland Department of Health have been trying out a new way to support people with disability who are living in privately owned boarding houses and hostels. This trial has been going on in some parts of Queensland. It is called the Resident Support Program.

We are researchers from a University of New South Wales partnership, managed by the Social Policy Research Centre, with the Disability Studies and Research Institute. We have been asked by Disability Services Queensland to find out whether the Resident Support Program is working.

We would like you to be involved in our research. We want to understand your experience of getting help from a Resident Support Program worker and whether you are happy with that.

If you decide to take part, we need you to sign this form to say that you agree to be involved in an interview. Later this year, we will also ask you again if you would like to talk with us two more times. The interviews will be about an hour long, at most.

We will ask you if we can take notes during the interview and tape-record what you say so that our records of what you say are more accurate.

What you tell us will be private and confidential, except as required by law. Altogether we are hoping to talk to about thirty people. We will write about what everyone has said, and report about it to Disability Services Queensland. You will not be identified individually in anything we write about the research.

We do not promise that you will receive any benefits from this study.

If you agree to participate you will receive a $30 voucher for each interview.

If you have any worries or complaints at any time in the study, you can contact the Ethics Secretariat, University of NSW, Sydney 2052; phone 02 9385 4234; fax 02 9385 6648; email ethics.sec@unsw.edu.au, quoting this reference number: HREC No.

If you agree to be part of this project, please sign the consent form that is attached. Signing the form does not mean that you have to stay, or that you have to answer all the questions we ask if you do not want to. You are free at any time to refuse to answer any question or to stop being part of the study. A withdrawal form is also attached for you to keep.

Your decision whether or not to participate will not effect any services that you or your family member receive, or change your future relations with the University of New South Wales.

If you have any questions, please ask us. If you have any other questions later, we will be happy to answer them (David Abelló, ph 02 9385 7831, Karen Fisher ph 02 9385 7813 or Sally Robinson, ph 02 9319 6622). We thank you for your help with this research.

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PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

Evaluation of the Resident Support Program

You are making a decision whether you will participate. If you sign, you are showing that you have read the information provided above, and you have decided to participate.

Your signature	Signature of witness
Please PRINT your name	Please PRINT name
Date	Nature of Witness

Signature of researcher

Name

--

REVOCATION OF CONSENT

Evaluation of the Resident Support Program

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any access to services or my relationship with the University of New South Wales.

Your signature

Please PRINT your name

Date

The section for Revocation of Consent should be forwarded to Karen Fisher, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052.

5 Cost Effectiveness Analysis

The cost effectiveness analysis will include descriptive program data and an outcome evaluation. The purpose of evaluating the finances is to describe the scope of the program in quantitative terms and to assess whether the operation of RSP is cost effective in terms of benefits to residents.

This part of the evaluation will address the research question:

> Is the Resident Support Program cost effective in terms of access to other services, quality of life, health and wellbeing and goal attainment of residents and satisfaction with RSP?

Comparison will be made between the cost effectiveness for residents in the premises and individual approaches and between the program types.

5.1 Method

The cost effectiveness analysis relates the cost of the program to the outcomes achieved. Cost effectiveness analysis provides information about the value added from RSP. Whereas cost-benefit analysis requires dollar figures to be placed on all components of the analysis (costs and benefits), cost effectiveness analysis allows the assessment of the benefits of the program in physical and social terms (e.g. quality of life gained) and is therefore more appropriate for the purposes of human service program evaluation (Schmaedick, 1993). The underlying principle of cost effectiveness is that for the given budget, DSQ wishes to maximise benefits conferred (or for a given goal DSQ wishes to minimise the cost of achieving it).

Descriptive program data

Quantitative data relating to the program will be used to describe the scope of the program in terms of:

- the number and characteristics of the service providers, premises and residents using the services; and
- the number, frequency, duration and characteristics of assessment and units of service provided.

This data will be applied in the cost effectiveness analysis to derive the cost of RSP services described below.

Costs

The analysis will apply a subset of the financial data, ongoing administrative and service costs of RSP services. For the purposes of the cost effectiveness analysis, costs will only include the financial costs of managing RSP, the costs of assessment and arranging services and the costs of the services themselves. It will exclude the following costs:

- one-off costs of establishment and evaluation because these are not comparable to the operational systems in DSQ, QH, HACC and other health and community service systems;

- costs incurred by other agencies, such as Regional Office costs not allocated to the RSP budget; and RSP provider costs not reimbursed by the contract price;
- indirect costs to residents, premises or other stakeholders; and
- non-financial costs, such as time, stress and impact on other services.

Costs are likely to be taken at the dollar value at the time of measurement because the analysis is a relative comparison of simultaneous service provision over a short evaluation period.

Benefits

Changes in resident outcomes will be derived by comparing qualitative responses in interviews at the baseline, middle and end of the evaluation period for the longitudinal sample of residents. These are resident outcome measures where we can expect to measure change as a result of receiving RSP (lifestyle satisfaction, health, goal attainment, access to other appropriate care and satisfaction with RSP).

The interview instrument has been designed to include standardised questions that can be quantified and compared longitudinally for change over the period of the evaluation for the purpose of inclusion in the cost effectiveness analysis.

Comparative analysis

Three groups of residents will be compared in the cost effectiveness analysis:

- all residents receiving RSP services (January to October 2004);
- residents receiving each of the three types of RSP services: KSW, CLP and DSS; and
- residents in the two program approaches: premises and individual approaches.

Comparison data to residents not accessing RSP will not be available to the cost effectiveness analysis. However, comparison on two of the benefits, which will be measured with standardised questions, health and wellbeing and life satisfaction, will be available for general comparison in the remainder of the evaluation.

The results are likely to be presented in the following format.

Table 5.1: Measures of Cost Effectiveness of the Resident Support Program

	All residents in RSP	KSW, CLP, DSS comparison	Premises, individual approach comparison
Average marginal cost per recipient			
Cost/change in life satisfaction			
Cost/change in health and well-being			
Cost/goals attained			
Cost/access to other appropriate services			
Cost/satisfaction with RSP			

5.2 Quantitative Data

Central to the cost effectiveness analysis is the collection of financial and service data. The evaluation will require clear costs of the processes involved in setting up, managing and implementing RSP. This will depend in part on the information systems and databases that capture both the administrative processes and the provision of services to residents. The financial analysis will rely on the data provided by the service providers to DSQ to document service inputs and outputs. The quantitative analysis will be constrained to the data that is available.

At the time of designing the Evaluation Plan, the availability of data has not been confirmed. Possible sources are the Commonwealth State and Territory Disability Agreement National Minimum Data Set (hereafter NMDS) collection (DSQ) and HACC MDS data (QH). Ongoing Needs Identification (ONI) data were also considered.

CSTDA NMDS

The NMDS is expected to be the best data source on the consumption of (DSQ administered) RSP services. The NMDS provides data on all service users in each reporting period, including data on the volume of service receipt, and on the characteristics of users. The 2003-04 period is the relevant period for the present evaluation. However, there are two issues that need to be resolved if this data is to be used.

First, it is unclear whether the required data will available to UNSW researchers. DSQ has advised that the 2003-04 data will not be available in its preliminary form until October or November 2004. However, the NMDS data is now collected quarterly, so UNSW will request that special arrangements be made for the transfer of some (possibly just for one three-month period) of this data to UNSW for analysis.

The second issue is the identification of RSP services in the NMDS. These are not explicitly identifiable using the standard NMDS definitions. However, DSQ advises that some RSP service providers have requested that they report their MDS data in a way where such identification is possible.[1] It is not clear how many providers are reporting in such a way, but this could be ascertained by cross-checking the list of relevant providers with the data that they have provided. Given that there is only a small number of RSP providers, it may be feasible to ask all of them to report in this way for the purposes of the evaluation.

HACC MDS

The HACC MDS data facilitates the identification of (HACC) RSP-funded outlets, service occurrences and service recipients. Queensland Health is willing to provide the UNSW with these data for the last two quarters. Corresponding data for subsequent quarters will be provided after it is collected.

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[1] Data on providers is organised on the basis of 'outlets'. One outlet corresponds to a given service type provided in a given organisation in a given location. However, this may not facilitate identification of providers of RSP funded services. For example, some outlets may be providing a community linkage program service that is only partially funded through RSP. In such cases, some providers have chosen to report this as two service 'outlets', rather than one.

ONI

The ONI (Ongoing Needs Identification) is an ongoing assessment tool used by Queensland Health. ONI data (if it is available) will not identify the services that customers use, but only their characteristics. In any case, the characteristics of users are included in the CSTDA NMDS and presumably also the HACC MDS. For RSP customers, the initial ONI assessment is accompanied by a supplementary questionnaire designed to contribute to DSQ's CSTDA NMDS collection. This supplementary data will thus be a component of the NMDS data set. It seems that ONI data will not add to NMDS data for the present evaluation.

At a minimum, we assume DSQ and QH collect financial data and service provision for contract management purposes. Apparently at least some of the Local Coordination Groups have developed reporting formats for regular data sharing with other RSP stakeholders. It may be possible to adapt this data process for the purpose of the cost effectiveness analysis. We will continue to explore these three and any other possible quantitative data sources for suitability for the analysis.

6 Research Timetable

Fieldwork will be conducted between February and November 2004. Site visits will be conducted in February, June and October.

Table 6.1: Fieldwork Plan for 2004 by Method

RSP evaluation method	**Evaluation period**											
	J	F	M	A	M	J	J	A	S	O	N	D
Recruit residents, arrange fieldwork	x											
Longitudinal study of residents (x 30)		x				x				x		
Resident focus group (x 3)						x						
RSP service provider managers (x 12)							x					
RSP service provider staff (x 16)										x		
Premises owners or managers (x 8)							x					
Premises staff (x 8)		x								x		
Family carers etc focus group (x 1)							x					
Advocacy group consultations (x 5)							x					
Industry group consultations (x 2)							x					
Guardianship providers (x 2)										x		
Departmental staff (state office) interviews (x 2)		x										
Departmental staff (regions) joint interviews (x 5)		x								x		
Focus group regional RSP coordination group (x5)		x										
Observation regional RSP coordination groups (x 5)		x				x				x		
Observation of premises (x 30)		x				x				x		
Associated providers interview (x 10)							x					

The overall research timetable is overleaf.

Table 6.2: Timeframe for Resident Support Program Evaluation

	2004 Jan	**Feb**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**2005 Jan**	**Feb**	**Mar**	**April**	**May**
Evaluation plan																	
Finalise plan																	
Plan due																	
Fieldwork																	
Arrange fieldwork	x				x			x									
Fieldwork		x	x	x	x	x	x	x	x	x							
Site visits		x	x			x	x		x	x							
Analysis		x	x	x	x	x	x	x	x	x	x						
Other data																	
Arrange quantitative data transfer and analyse		arrange			test				final	x							
Collect process documents and analyse					initial				final	x							
Progress reports				Report 1				Report 2				Report 3					
Final report																	
Prepare final report framework									x								
Synthesise previous reports												x					
Draft report														Draft			
Final report															Final		
Presentation																x	
Reference group meeting	x				x				x								

Appendix A Instruments

Longitudinal resident study – interview schedule

Notes:

- Method will be adapted to individual participants. The options range from administered questionnaire, less directive narrative building approaches to pictorial mapping. The most likely method for each person will be suggested by the RSP provider who recruits the resident (Recruitment Protocol see 4.2), as an initial guide for the researcher.
- Each interview commences with introductions, explanation of the information statements and gaining consent.
- Key questions relating to the Lifestyle Satisfaction Scale are highlighted.

I am here to talk to you about [name of RSP worker]. I am interested to know how (working with her/him) might improve parts of your daily life.

I will ask you some questions about where you live, what you do during your day and where you get health care.

Is there anything you want to tell me or ask me first?

DOMAIN - Residential context

1. How did you get to be in this housing? How long have you been here? Where were you living before? Did you like it better there or here?
2. How do you like living here?
3. Is there somewhere else you would rather live, where would that be?
4. How much are you paying to live here? How do you pay that money? Do you think you get your money's worth?
5. Do you like your room? Do you have privacy here? Do you have somewhere to be alone if you want?
6. Do you like living with the other people who live here? Are any of them your friends? Are there things about the people living here that you don't like?
7. How do you feel about the staff who work here? Do they do anything to help you? What do they do? Are you happy with that?
8. Do you like the food here? Would you like to have different food from what is served? Can you think of a place to live where the food would be better? Where would that be?
9. Is there anything about living here that you don't like? Is there anything about the place that you wish was different? What would make it better?
10. Are there any rules here? Do you like that/these rules?
11. If you wanted to complain about something that's going on here or about the place, how would you do that?

[Q12-17 If receiving DSS]

12. Do you know [DSS worker *name]*?
13. How is [DSS worker *name]* helping you? How did you first meet them? How often do you see them? Do you like them? Are you happy with the help they give you?
14. Have they helped you to see anyone else (eg HACC, doctor, allied health)?
15. Would you like them to change what they are doing (eg stop, more)?
16. Is there anything else you would like them to do that they are not doing now?
17. Can we talk to [the DSS worker- *name*] about the help they are giving you?

DOMAIN – Family and friends

18. Do you have any family? Who are they?
19. Where do they live?
20. Do you see them? Do you talk to them on the phone? How often?
21. Do you like them? Do they like you?
22. If you see them what sorts of things do you do together?
23. Do they help you? Do you help them?
24. (If family is distant or not in contact) Would you like to see more of them?
25. Who are your friends?
26. Do you get to see them often enough?
27. What sorts of things do you do together?
28. Do you wish you had more friends?
29. Can you think of a place to live where you would have more friends? Where would that be?

DOMAIN – Community participation

30. What do you do during your day? (eg stay home, go out (where?), time with friends, time alone, work)
31. Do you do different things on the weekend than on weekdays?
32. Is there anything you would rather do during your day?
33. Do you like this neighbourhood? Would you prefer to live in a different neighbourhood? Where would that be?
34. How do you get around (means of transport)? What's the public transport like around here?
35. Do you travel on your own?
36. Does someone help you to get around?
37. Do you have any interests or hobbies, sports that you like to do? Do you get the opportunity to do them?

[Q38-43 If receiving CLP]

38. Do you know [CLP worker *name]*?
39. How is [CLP worker *name]* helping you? How did you first meet them? How often do you see them? Do you like them? Are you happy with the help they give you?
40. Have they helped you to see anyone else (eg HACC, health, education, employment)?
41. Would you like them change what they are doing (eg stop, more)?
42. Is there anything else you would like them to do that they are not doing now?
43. Can we talk to [the CLP worker- *name*] about the help they are giving you in linking with the community?
44. Are you involved in any social activities, groups or clubs? What kind? What do you do together? Do you have friends there?
45. Are there any social activities that you would like to get involved in?
46. Do you get out and about on your own?
47. Are you happy with what you do in your free time? Would you like to do more? Do you wish you could enjoy your time more?
48. How do you like the shops and shopping centres around here?
49. Are you doing any paid or voluntary work at the moment? In the past? Hope to in the future?
50. What work is that? Where do you work?
51. How much do you get paid?
52. How many hours do you work?
53. How did you get that job?
54. Are you happy with your work? Workplace? Work colleagues?
55. Does someone help you to do that job? (ie business service trainer, open employment support worker)
56. [If not working] Do you wish you had a job? What kind of work would you like to do?
57. Do you wish someone would help you get a job and train you to do it?
58. Are you doing any courses or study? Have you done any in the past? What courses? What do/did you get out of the course?
59. Do you enjoy it? How are the teachers and fellow students?
60. Are you planning to do any courses in the future? Are there any courses you would like to do?
61. Did someone there help you individually to do the course? (e.g. TAFE Disability Support worker, TAFE counsellor)
62. Are you getting a Centrelink payment? Which one? How much do you get? (If received by another party) Who gets it? How much do they give to you?

63. Have you ever seen the Centrelink Social Worker or Disability Support Officer? What kind of help did you want from them? Did someone else help you to arrange to see them?

64. A lot of the things we've talked about are services, like what's provided for you here and in the community – Do you like all these services?

DOMAIN - Health care context

65. Do you have a health care worker or doctor (eg GP, psychiatrist, specialist etc)?

66. How often do you see them? About what? What kind of treatments are they providing you with? Are you happy with them? Do you like them?

67. Do you have a mental health care case manager? Do you have a care plan? Were you involved in the planning your care? Was anyone else involved on your behalf? Do you attend a rehabilitation facility or vocational training facility?

68. Are you having any treatment at the present time? What sort of treatment are you having (medication, cognitive behavioural therapy, counselling)? How do you get your medication? Are you happy with your current treatment? Would you want to be more involved than you are in discussions about your treatment and care?

69. Have you been in hospital in the last year?

70. Are there any other people who are looking after your health (family member, guardian, partner, friend, advocate)?

71. If you were becoming unwell, who would you call/ where would you go for help?

[Q72-73 If receiving KSW]

72. [If receiving KSW] Do you know [KSW worker *name]*?

73. How is [KSW worker *name]* helping you? How did you first meet them? How often do you see them? Do you like them? Are you happy with the help they give you?

74. Have they helped you to see anyone else (eg HACC, doctor, allied health)?

75. Would you like them change what they are doing (eg stop, more)?

76. Is there anything else you would like them to do that they are not doing now?

77. Can we talk to [KSW worker- *name*] about the help they are giving you about your health care?

78. The next question is about how you feel overall. How do you feel about your life as a whole, taking into account what has happened in the last year, and what you expect to happen in the future? Please tell me the number that most corresponds to how you feel:

    1. Great
    2. Pretty good
    3. Okay
    4. So-so
    5. Not that good
    6. Bad
    7. Terrible

79. I would now like to ask you some questions about your own health. In general, would you say that your health is excellent, very good, good, fair or poor?
    1. Excellent
    2. Very good
    3. Good
    4. Okay
    5. Bad
80. Compared to one year ago, how would you rate your health in general now? Would you say it was much better, somewhat better, about the same, somewhat worse or much worse (than a year ago)?
    1. Much better
    2. A bit better
    3. About the same
    4. A bit worse
    5. A lot worse
81. Do you consider yourself to be acceptable weight (just right), underweight (too thin) or overweight (too plump)?
    1. Acceptable weight (just right)
    2. Underweight (too thin)
    3. Overweight (too plump)
82. Is there anything in your life that you hope would change by the next time I see you (in 3 months)?
83. Is there anything else you would like to tell me about people who help you?
84. Is there anything else you would like to tell me or ask me about?

Alternative contact and follow-up

85. Could you give me an alternative contact address and phone number in case I need to contact you (ie a family member, close friend who doesn't live with you)? Is it okay for me to explain why I want to get in touch with you?
86. If you were to leave here and move somewhere else in the next year, would it be okay to get in touch with you?

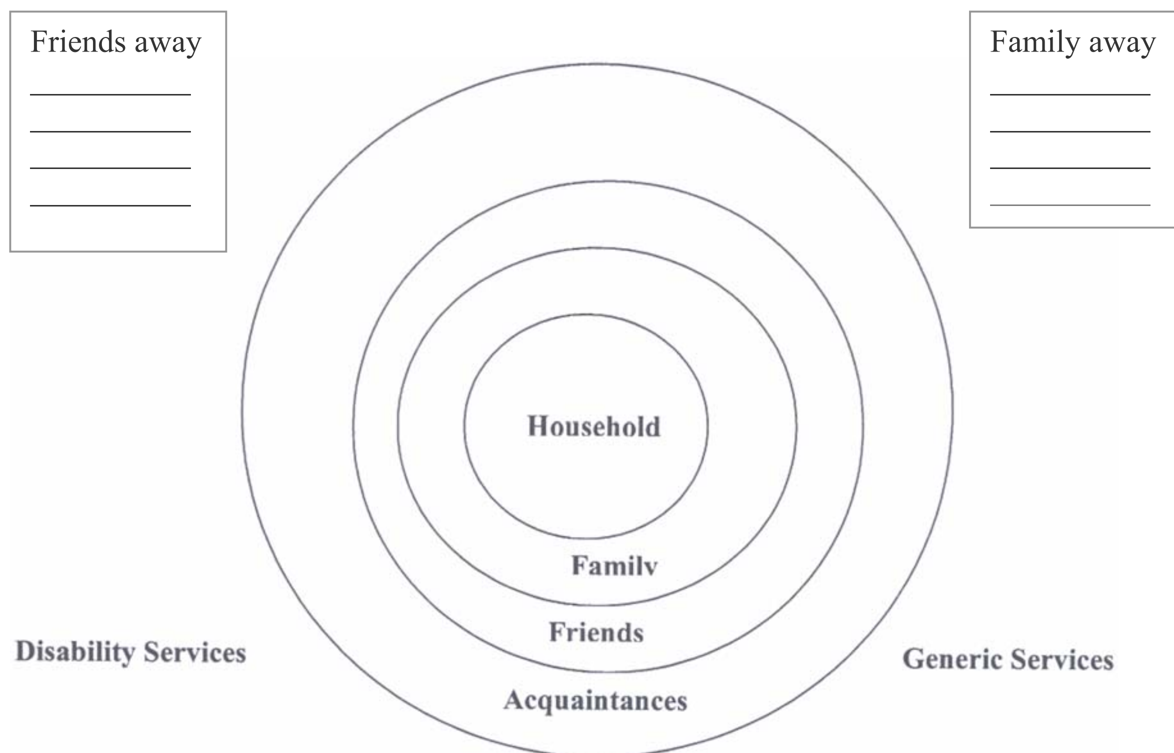
Thank you. I will talk with you again in winter to see how you are getting on.

Indepth interviews – additional method adjustment resources

Social Network Maps

This is an adapted version of the tool developed by Tracy & Whittaker (1990). The maps may be developed using large sheets of drawing paper and coloured felt pens, or on A4 pages using pens as appropriate. The resident is located in the middle of the map and a series of concentric circles indicating family, friends and services then drawn. The basic framework for the map is indicated below. Names of persons are placed in the corresponding circle. Family members or friends living away are recorded off the circle map.

The pictorial exercise is used to facilitate discussions about the extent of social and service networks, social and service activities and the quality of relationships.



Complementary resident focus group - topic guide

1. When you first met (KSW, DSS, CLP) worker what did they say they could do for you?
2. What does (KSW, DSS, CLP) worker do for you? Are you happy with what they have done? Is there anything you would like them to do that they are not doing?
3. Is there anything you want to change this year to improve your daily life?

Resident observation themes

1. Quality of resident relationships with other residents?
2. Quality of resident relationships with RSP program workers (ie, KSW, CLP, DSS).
3. Quality of RSP program workers relationships with premises staff and impacts of this on resident experiences.
4. Quality of resident relationships with premises staff.
5. Daily routines and activities of residents.
6. Residential conditions.

CLP, DSS and KSW manager interviews – interview schedule

1. What have been your services experiences in the implementation of the RSP?
2. Do you have any comments about the administration of RSP? eg funding or service design; adequate resources to support consumers; contract management and support from DSQ/Health; other service viability issues?
3. How do you find working with the Regional Co-ordination Groups? Do you have any issues with regional co-ordination?
4. Have you been involved in the development of any protocols on the operation of your RSP? What are they? What issues have you needed to take into consideration in developing these protocols? Have they been shared across areas?
5. Are there any workforce issues (supervision of staff, quality control, training needs, OHS issues, recruitment and selection issues)?
6. How do you feel residents would express their satisfaction or dissatisfaction with the service? Would people complain if they were unhappy?
7. How do you see the consumer assessment process going? Are there any issues about resident referral and cross-referral to another RSP sub-program? Are guidelines sufficiently flexible?
8. How do you see the relationship between RSP sub-program workers and premises owners/manager or staff?
9. [For KSW providers] Are local medical, psychiatric and other community health and wellbeing providers, including HACC services, responding to the needs of residents?
10. [For DSS providers] Are local disability support and community services responding to the needs of residents?
11. [For CLP providers] Are local cultural, sporting, entertainment and leisure providers responding to the needs of residents? Are CLP enhancement funds being used? Are they adequate to build sustainable access for residents to these providers' services? Will residents still be able to use services after enhancement funds cease.
12. What complaints mechanisms are available to your consumers? How do you feel residents would express their satisfaction or dissatisfaction with the service? Would people complain if they were unhappy? Have any residents used the complaints process? How has your agency responded? Can you give an example please?
13. Do you think the RSP has sufficient scope to address the support needs of residents?
14. RSP interventions are of a short-term nature, while much of the other kinds of support are ongoing. What is the efficacy of these interventions? Are residents increasing their competencies through this approach?
15. How do you see the future of the program?

CLP provider staff interviews – interview schedule

1. What process do you go through when you meet a resident for the first time?

2. Do you have any comments about the resident assessment and sub-program cross-referral processes?

3. What processes do you go through in planning and providing support to residents? Have there been any issues for you in this process?

4. What are the benefits of the CLP for residents? Are there downsides? Can you give examples of these?

5. How do you account to your management in the use of your time with residents, the kinds of support which are planned and the quality of that work?

6. How do you encourage residents to ask for the service to change or express their satisfaction or dissatisfaction with the service? Can you give an example please?

7. How is your relationship with premises owners/managers or staff? How have you managed any issues in this relationship?

8. Are local cultural, sporting, entertainment and leisure providers responding to the needs of residents? How? Are CLP enhancement funds being used? Are they adequate to build sustainable access for residents to these providers' services?

9. Are local disability services (disability employment services, training and education services etc.) responding to the needs of residents? How?

10. How do you see the immediate neighbourhood and community interacting with residents? What impacts is the RSP having on this?

11. Do you expect residents to stay on the program or are your service plans ongoing? Please give examples.

12. Have you had any residents stop using your service? Please describe positive and negative examples.

13. How do you see the future of the program

KSW provider staff interviews – interview schedule

1. What process do you go through when you meet a resident for the first time?

2. Do you have any comments about the resident assessment and sub-program cross-referral processes?

3. What processes do you go through in planning and providing support to residents? Have there been any issues for you in this process?

4. What are the benefits of the KSW for residents? Are there downsides? Can you give examples of these?

5. How do you account to your management in the use of your time with residents, the kinds of support which are planned and the quality of that work?

6. How do you encourage residents to ask for the service to change or express their satisfaction or dissatisfaction with the service? Can you give an example please?

7. How is your relationship with premises owners/managers or staff? How have you managed any issues in this relationship?

8. Are your consumers in appropriate housing? Have housing authorities responded to the housing needs of residents? How?

9. Are local medical, psychiatric and other community health and wellbeing providers, including HACC services, responding to the needs of residents? How?

10. Are local disability services (disability employment services, training and education services etc.) responding to the needs of residents? How?

11. How do you see the immediate neighbourhood and community interacting with residents? What impacts is the RSP having on this?

14. Do you expect residents to stay on the program or are your service plans ongoing? Please give examples.

15. Have you had any residents stop using your service? Please describe positive and negative examples.

16. How do you see the future of the program?

DSS provider staff interviews – interview schedule

1. What process do you go through when you meet a resident for the first time?

2. Do you have any comments about the resident assessment and sub-program cross-referral processes?

3. What processes do you go through in planning and providing support to residents? Have there been any issues for you in this process?

4. What are the benefits of the DSS for residents? Are there downsides? Can you give examples of these?

5. How do you account to your management in the use of your time with residents, the kinds of support which are planned and the quality of that work?

6. How do you encourage residents to ask for the service to change or express their satisfaction or dissatisfaction with the service? Can you give an example please?

7. How is your relationship with premises owners/managers or staff? How have you managed any issues in this relationship?

8. Are local cultural, sporting, entertainment and leisure providers responding to the needs of residents? How? In what ways are your disability support services assisting residents to improve self-care and through this, social participation?

9. Are local disability services (disability employment services, training and education services etc.) responding to the needs of residents? How?

10. How do you see the immediate neighbourhood and community interacting with residents? What impacts is the RSP having on this?

11. Do you expect residents to stay on the program or are your service plans ongoing? Please give examples.

12. Have you had any residents stop using your service? Please describe positive and negative examples.

13. How do you see the future of the program?

Focus group with RSP provider support workers – topic guide

1. What have been the barriers or difficulties in implementing the RSP in this region?
2. How is the RSP benefitting residents?
3. How are hostel and boarding house operators responding to the RSP?
4. How is the local community responding to the RSP?
5. How are other service providers responding to the RSP?

Residential premises owners or managers – interview schedule

1. What has been your experience in the implementation of the RSP?
2. Are there any co-ordination issues between RSP providers and you or your staff?
3. Are your residents benefiting from the RSP? In what ways? Are they getting out of the house more often and doing things? Are they better able to care for themselves? Do you think there have been any improvements in their primary health care (seeing GPs or specialists)?
4. What are the impacts of the RSP on your operations? Has it changed the way things work in your residence? Is it substituting for work done by your own staff? Is it creating additional work for staff?
5. Is the RSP impacting on your financial viability (positively or negatively)? In what ways?
6. How do you see the RSP in relation to general sector reforms? Is the RSP helpful in responding to sector reforms?
7. Do you have any other issues or concerns about the RSP?
8. How do you see the future of the program?

Residential Services Staff – interview schedule

1. What has been your experience in the implementation of the RSP?
2. Do you think residents are benefiting from the RSP? In what ways? Are they getting out of the house more often and doing things? Are they better able to care for themselves? Do you think there have been any improvements in their primary health care (seeing GPs or specialists)?
3. Are RSP agency workers doing things with residents that replace anything you did yourself? Have they created additional work for you? In what way?
4. Are there any co-ordination issues between you and the RSP providers? Do RSP providers have any difficulties in accessing the residents they are supporting?
5. Do you have any other issues or concerns about the RSP?
6. How do you see the future of the program?

Residential setting observation – themes

1. What is the standard of accommodation available to resident: e.g. size of own space, cleanliness, privacy?
2. What amenity is provided by the premises owner/manager (washing and cooking facilities, food)?
3. What is the amenity of the immediate neighbourhood (e.g. parks, neighbourliness, safety)?
4. What is the proximity to transport, retail, entertainment, disability services, labour market etc?
5. Do the daily activities and trajectories of residents reflect this amenity (ie – do they take advantage of what's available)?

Family, carers or guardians focus group – topic guide

1. Were you aware that your son/daughter/relative/friend was receiving assistance through the RSP?
2. How has the RSP impacted on your son/daughter/relative/friend? Are they getting out more? Having more interests and friendships? Are they better able to care for themselves? Has there access to health care improved? Are there any other benefits or disadvantages?
3. Are there any improvements you would suggest to the situation in which your son/daughter/relative/friend is living?

Advocacy groups consultations themes

1. What kind of issues come out of your individual or systemic advocacy in relation to people with disability living in private sector supported accommodation? (generally, including current sector wide reforms)
2. Do you think the RSP is having a negative or positive effect in improving the situation of people with a disability living in private sector supported accommodation?
3. Do you have any other concerns about the RSP impact on people with a disability in Queensland?
4. What would you prefer to see for the future of RSP?

Industry group consultation themes

1. What are the impacts of the RSP on your members? What issues have they raised with you? (coordination with RSP providers, DSQ and Housing, financial viability of members)
2. Do you have any other issues or concerns about the RSP?
3. Do you think the RSP has sufficient scope to address the support needs of residents?
4. How do you see the RSP in relation to general sector reforms? Is the RSP helpful in responding to sector reforms?

5. Do you think the RSP has sufficient scope to address the support needs of residents?
6. What would you prefer to see for the future of RSP?

Regional departmental staff joint interview schedule

1. Have there been any difficulties in implementing the RSP in this region? What are they?
2. Has interdepartmental coordination worked in this region? How? How not?
3. Has coordination with RSP providers worked in this region? How? How not?
4. Have there been any issues in managing the RSP providers at a local level (tendering, contract management, information systems, finances, agency reporting to the Departments)?
5. Have you been involved in the development of any protocols on the operation of your RSP? What are they? What issues have you needed to take into consideration in developing these protocols? Have they been shared across areas?
6. How are the sector-wide reforms impacting on the implementation of the RSP in this region?
7. How are relationships with private sector supported accommodation industry in this region? How would your characterise their support for or commitment to the RSP?
8. How are relationships with the disability advocacy sector in this region? Do they have issues of local concern?
9. How do you see the benefits and outcomes for residents so far? Please give examples. How do you measure outcomes and quality?
10. How do you see the future of the program?

Regional coordination groups participant observation themes

1. Processes at work in the group (meeting procedures, leadership, information systems, work planning, problem solving, interpersonal relationships etc)
2. Efficiency, effectiveness and equitability of these processes.
3. Integration effects within and between agencies represented (ie how working closely together effects the culture of agencies).

Associated disability support, health and mental health services, allied health and HACC provider interview schedule

1. Were you aware of the reforms going on in the private sector supported accommodation industry? Were you aware of the RSP?
2. Have you had any contact or referral from RSP workers or direct contact from residents with the support of RSP workers?
3. How would you characterise your relationships with RSP workers?

4. How would you characterise your relationships with the owners/managers and staff of private sector boarding houses?
5. If you are supporting someone who lives in a private sector boarding house and is receiving RSP support, how is that support integrated with your own? Is there service coordination and case management?
6. Do you see the RSP as having a positive effect on the residents who are receiving that support? Please give examples
7. What would you prefer to see for the future of RSP?

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