Evaluation of the Severe Domestic Squalor Project: Evaluation Plan

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Abbreviations

DADHC	NSW Department of Ageing, Disability and Home Care
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

1 Introduction

This evaluation plan has been developed for Catholic Healthcare. The document outlines the questions that are to be addressed in the evaluation of the Domestic Squalor Program, and the methods used to address these questions. The Chief Investigator and primary researcher for this project is Dr Shannon McDermott, SPRC Research Associate; she will manage the project, collect data, conduct the analysis, and write all of the reports. Dr Kristy Muir, Senior Research Fellow and Evaluations Manager, will provide expert advice on the research design, analysis, and report writing.

1.1 Background

In 2002-2003, concerns were raised by representatives from NSW Department of Ageing, Disability and Home Care (DADHC), the NSW Department of Housing, local councils, community health nurses, and other organisations which provide support to older people in their homes, about an increasing number of people who were believed to be living in squalor in the eastern suburbs of Sydney. At the time, few services were actively involved in supporting these people; services that did exist were provided on an ad hoc basis (McDermott et al., 2009). Highlighting service providers' growing frustration with the lack of coordinated response to these situations, over 50 people from various community organisations met in Sydney in 2005 to develop guidelines to manage those living in severe domestic squalor (Snowdon et al., 2007). The meetings resulted in the development of guidelines for field staff to assist people living in squalor (Partnership Against Homelessness, 2007).

In 2008, Catholic Healthcare Ltd. received one-off funding from the NSW Department of Ageing, Disability and Home Care to provide assistance for people living in situations of domestic squalor in Sydney. The project serves a large region, including the local government areas of: Ashfield, Botany Bay, Hornsby, Hunter's Hill, Ku-ring-gai, Lane Cove, Leichhardt, Manly, Marrickville, Mosman, North Sydney, Pittwater, Randwick, Ryde, Sydney, Warringah, Waverly, Willoughby, and Woollahra.

1.2 Project Outputs and Objectives

This Project has three primary objectives. First, the Project aims to facilitate assessment and support for people who are living in squalor. The assessment and support functions can include buying in cleaning resources, assistance with living skills, counselling, and other social support services to help clients to maintain their living environments. Second, the Project will implement the guidelines for field staff to assist people living in squalor. In order to prevent relapses into squalid conditions and to foster sustainable solutions, the project will develop partnerships with existing community agencies to coordinate responses to each situation.

The third and final aim of the Domestic Squalor Project is to educate the community and gatekeepers (such as postal workers and meals on wheels) about how to respond when they come across situations of squalor. The Project operates an advisory service through a 1800 squalor hotline, which acts as a single point of access to staff and the general public to make enquires and referrals for people who are living in situations of severe domestic squalor. Project staff will prioritise people whose behaviour represents the greatest risk of harm to themselves, their carers, and/or the community.

The project is expected by DADHC to meet the following outputs during its operation from 1 June 2008 until 30 June 2009:

- 6,317 hours of domestic assistance and ongoing support to clients;
- 1,094 hours of case management;
- 157 clients; and
- 30 training events for groups of 8-20 people.

1.3 Service Delivery Framework

The Domestic Squalor Program operates by employing one person to act as the single point of contact for professionals in Sydney who are concerned about a person living in severe domestic squalor. This person is dedicated to designing and coordinating responses to those who are referred to the project; this worker will together with other agencies that currently provide homelessness and squalor services to people in the Sydney region. In addition, a second person will be hired to provide the ongoing support needed for clients who require it. The project will be guided by a steering committee which is composed of professionals from various community organisations that are faced with situations of squalor.

1.4 Research Aims

This research has four main aims. It will identify:

- Learning outcomes from the service model implemented by Catholic Healthcare for working with situations of domestic squalor;
- Sustainable solutions in situations of squalor and the processes by which these solutions were reached;
- Lessons regarding effective community education about domestic squalor; and
- Good practice case studies of working with people who live in severe domestic squalor.

1.5 Key Evaluation Questions

The key evaluation questions have been adapted to fit the aims and objectives that have been outlined above, however, they will be further refined in consultation with Catholic Healthcare and the Project's steering committee. The key questions that will be answered by this evaluation will relate to the model, community education, and outcomes for clients of the Domestic Squalor Program:

Model:

> What elements of the model adapted by Catholic Healthcare are effective/not so effective in developing service coordination in situations of domestic squalor?
>
> To what extent has the facilitation provided by Catholic Healthcare assisted sustainable solutions in situations of squalor?

Community education:

> What training events were held?
>
> To what extent were these training systems effective in increasing knowledge and understanding of domestic squalor?

Individual clients:

What are the characteristics of individuals who were referred and accepted to the Domestic Squalor Project?

What outcomes were experienced for clients involved in this Project?

The ways in which this evaluation will address each of these questions is discussed in the next section.

2 Methodology

2.1 Meeting the Aims and Objectives

This research will answer the evaluation questions using both qualitative and quantitative methods. The following table specifies the research methods that will be used to address each of the research aims.

Table 2.1: Research Aims, Objectives and Methods

Aims	Objectives	Research methods
Outline the learning outcomes from the service model implemented by SDS	Identify key elements of the model	Interviews with key stakeholders, analysis of documentation (where available)
	Identify factors that facilitate and hinder success of model and how the model can be strengthened	Interviews with key stakeholders,; analysis of documentation (where available)
	Identify definition of sustainable solutions in situations of squalor	Interviews with key stakeholders; brief literature review
	Factors that contribute to or hinder sustainable solutions in situations of squalor	Interviews with key stakeholders; brief literature review
	Assess project cost against project outcomes	Analysis of cost data provided by SDS in relation to client outcomes
Lessons regarding effective community education about domestic squalor	Analyse number and content of training sessions	Project data
	Analyse effectiveness of training sessions	Project data; post training online survey
Determine preliminary outcomes for clients of the project	Identify client characteristics	Project data
	Outcomes for clients	Project data
Good practice case studies of working with people who live in severe domestic squalor.	Client satisfaction	Interviews with five clients; observation
	Client outcomes	Project data
	Stakeholder experiences	Interviews with 12 project staff and stakeholders

2.2 Conceptual Framework

The research will involve interviews with key stakeholders, interviews with a small number of clients served by the Domestic Squalor Program, and analysis of outcomes data. The information collected will be based on a program theory approach, which identifies the:

- Inputs, including the human, organisational, and community resources invested in a program, so it can perform its planned activities;

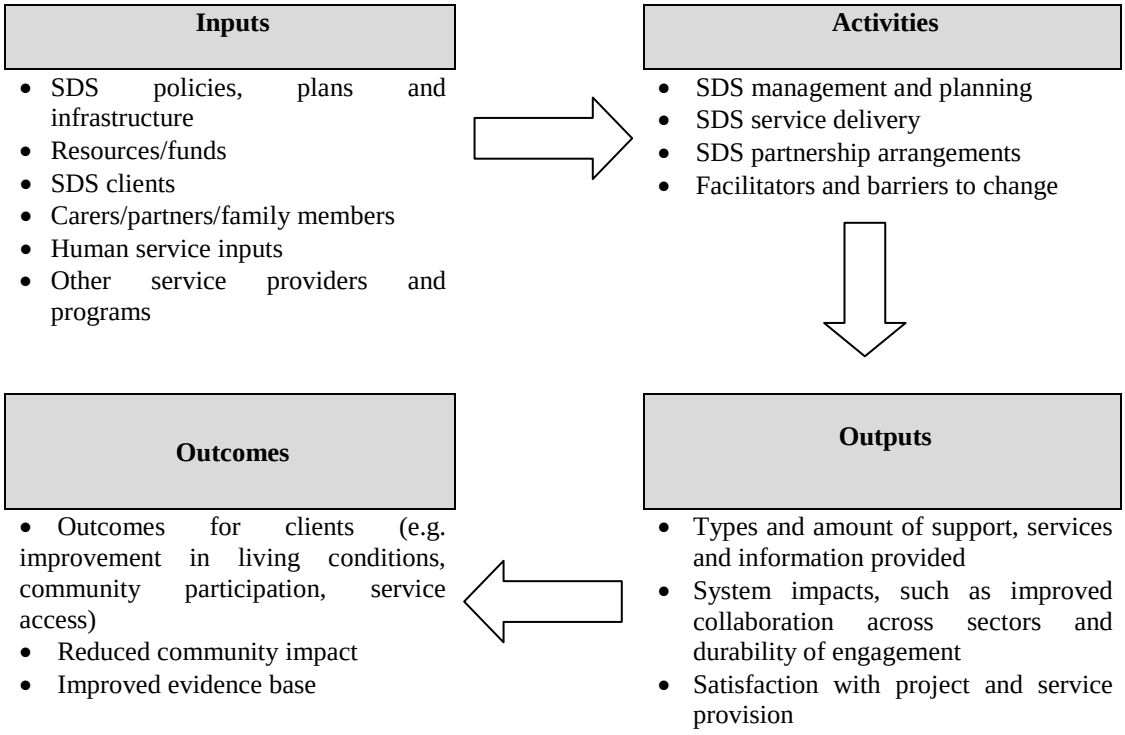
- Activities, or what the program does with the inputs, including the processes, events and actions;

- Outputs of program activities, such as the volume of the work accomplished, the number of people reached; and

- Outcomes which includes the benefits or changes in the target population (Royce et al., 2006).

The way in which program theory is related to SDS is indicated in Figure 3.2:

Figure 2.1: Conceptual Approach for Evaluating the Domestic Squalor Project



Logic models are used to identify the intended relationships between resources, activities, outputs and outcomes and to measure the occurrence of each element (Savaya and Waysman, 2005). The elements of this model can be compared to data to determine whether what happens in practice is comparable to the intentions of the program. It is also useful to understand the interactions between service provision, the individuals and other sources of support.

2.3 Research Methods

Phase one

The first phase of this research will involve a brief review of the literature, which will provide a conceptual overview of squalor and the challenges that arise in these situations. In this stage, ethics approval for the research will be sought by the UNSW Human Research Ethics Committee, and the instruments to be used in the next phases of the research will be developed.

Phase two

After the data collection instruments are finalised in phase one, staff of the Domestic Squalor Program will be asked to collect data from the clients at baseline and at exit and enter the data into an devised excel spreadsheet; this will be analysed in phase three of the research. The data will draw from and complement existing case management tools and include a supplementary set of validated instruments on health and wellbeing. The data collected from clients will include outcomes on living conditions, quality of life, physical and mental health, Personal Wellbeing Index, participation in domestic activities, Life Skills Inventory, and service use. In April 2009, Domestic Squalor Project staff will be asked to provide a case study description of all Domestic Squalor Project clients, along with client information contained in the excel data base. All Domestic Squalor Project data will be fully de-identified.

If there are extra resources available for the evaluation, this phase will also involve a pre/post survey which will be implemented to test the changes in knowledge for people who have taken part in the training sessions run by the Domestic Squalor Program. In addition, financial data of the program will be collected in order to examine the relationship between the financial inputs and the outcomes of the program. There are not enough resources available to do a formal cost effectiveness evaluation of this pilot project. The financial data would be compared to the outcomes as outlined in Table 3.3.

Table 2.2: Measures of Effectiveness

Outcome	Comparison groups	Explanation
Change in living conditions	At baseline and on exit, SDS clients who leave the project	Change in the living conditions rating scale on entry into the project and on exit
Physical and mental health	At baseline and on exit, SDS clients who leave the project	Change in health status during project involvement
Employment, education, community participation	At baseline and on exit, SDS clients who leave the project	Change in participation compared to baseline
Social relationships	At baseline and on exit, SDS clients who leave the project	Change in relationships compared to baseline
Regular service access	At baseline and on exit, SDS clients who leave the project, Population norm	Number of clients who have regular access to services

Phase three

In April 2009, 12-15 stakeholders will be interviewed. This sample includes workers responsible for service delivery; service providers in other government and non-government organisations; and informal carers and family if applicable. People will be recruited to take part in this research via a phone call or email inviting their participation. Subject to their role in the Project, stakeholders will be asked to address their experience of project implementation, governance, accountability and sustainability. They will also be asked about their experience of service coordination, outcomes for clients, barriers to outcomes and any

vision they may have for the future of the Project. Stakeholders will also be asked to provide any relevant policies and documentation about the Project

In addition to the stakeholders, 8-10 Domestic Squalor Project clients from early intakes will be interviewed to analyse participants' perceptions of the project and any changes that the project facilitated in their lives over time. The interviews will use an oral history approach and will cover such topics as social isolation, confidence, community participation, wellbeing, service use, and quality of care. The clients will be selected for a diversity of their characteristics, experiences, and locations across the Sydney region; participants will receive a $30 voucher for their participation.

Clients will initially be invited by a trusted person to take part in this research. The trusted person might be a friend, carer or, in the absence of any social networks, a formal carer. The particular trusted person at the time of the research will depend on the personal circumstances of the participant. We will ensure that clients participating in the evaluation will have access to clear, accessible information and the voluntary consent to participate (with continuous opportunities to withdraw).

The following table outlines which data will be collected and when:

Table 2.3: Samples and Data Collection Timing

Task	Measurement	Approximate number
Clients – interviews	June 08	8-10
Other stakeholders – interviews	June 08	12-15
Clients – case files and outcomes	Collected at baseline and on exit (or six months into program)	100
Financial data and other policies*	July 08	50
Pre/post training surveys*	Collected as training occurs	30

*Will be collected depending on budget

3 Management

Dr Shannon McDermott, Research Associate at the SPRC, will manage the project with specialist advice from Dr Kristy Muir, Senior Research Fellow at the SPRC. The deliverables and timetable are as follows.

3.1 Deliverables

The project has two primary deliverables: a draft report and final report. Three short progress reports will also be produced throughout the project to keep Catholic Healthcare informed of the progress being made in the evaluation. The following reports will be submitted:

- A Phase One update on the project plan, literature review, and ethics application
- A Phase Two update on the instruments and data collection framework.
- A Phase Three update on the interviews with stakeholders and clients.
- A draft report, which will include:
    - An executive summary
    - Brief literature review
    - Methodology
    - Analysis of client outcome data
    - Analysis of qualitative fieldwork
    - (If budget allows) Analysis of community education and financial data
- A one page summary of the key findings written for a wider audience and to promote discussion.
- An edited final report incorporating feedback from Catholic Healthcare and the Steering Committee.

3.2 Evaluation Timetable

The Domestic Squalor Project received funding from 1 June 2008 until 31 June 2009. The evaluation will aim to complete a draft report of the evaluation findings by the end of June 2009 and the final report completed by the end of July 2009.

Table 3.1: Evaluation Timeframe

Task	Month
Sign contract	Sep 08
Ethics approval – UNSW	Oct 08
Literature review	Oct 08
Finalise evaluation design and instruments	Oct 08
Present evaluation plan to steering committee	Oct 08
Phase one update	**Dec 08**
Baseline fieldwork – conducted by Catholic Healthcare	Ongoing
Phase two update	**Feb 09**
Revise database	May 09
Enter baseline information	May 09
CH to give SPRC contact list for orgs involved with training	May 09
SPRC to develop training evaluation questionnaire	May 09
SPRC to analyse baseline information	June 09
Interviews with program participants and stakeholders	June 09
CH to submit financial data to SPRC for comment	June 09
Conduct survey of training modules	June 09
Analysis of baseline administrative data	**End of June 09**
Give completed deidentified database to SPRC for analysis	End of July 2009
CH to submit complete set of financial data to SPRC for analysis	End of July 2009
Analysis of all data	August 2009
Draft report	September 2009
Draft final report to Catholic Healthcare	**September 2009**
Final report and presentation	**October 2009**

3.3 Requirements of Catholic Healthcare

The budget for this project is small, so certain inputs are required from Catholic Healthcare in order to meet the aims of this evaluation. These requirements are:

- Collect and enter the client outcome data into an agreed upon excel spreadsheet;
- Meet timeframes on data collection as laid out in this evaluation plan;
- Give feedback on project updates within five days of receipt;
- Give feedback on the draft report within three weeks of receipt; and
- Assist with the identification and recruitment of clients and stakeholders to be interviewed.

3.4 Communication with Clients and Key Stakeholders

The benefits of an evaluation design stage are the opportunities to engage early with and provide feedback to stakeholders in the project and evaluation. The purposes of this

engagement are to: improve the evaluators' understanding of the project and their evaluation needs; discuss evaluation design considerations; communicate progress in the evaluation design; and establish working relationships with the stakeholders to effectively implement the work plan. To communicate effectively, a single member of the evaluation team will be the primary point of contact for project stakeholders.

Communication with project stakeholders will be maximised through the following methods (within the constraints of the design period and budget): visit the Project; attend collective meetings; contact by telephone and email; distribute components of the draft evaluation design for feedback as authorised by Catholic Healthcare; and advise on integrating evaluation processes into project management. Techniques developed to promote participation include: becoming visible to the agencies; fostering trust and an understanding of the purpose of the evaluation; designing effective data collection instruments; and providing feedback to stakeholders to inform future planning and monitoring after the completion of the evaluation.

The SPRC will communicate with people using the project in order to recognise their contribution to the evaluation and to maintain good relations with people who have contributed insights from their experience. Thus, whenever research involves direct interaction with clients, the evaluators ensure that their input is acknowledged, both in the research itself and in feedback provided to them. Our commitment to ethical practice is described in our Quality Assurance and Ethics and the SPRC Indigenous Research Protocol.

The third aspect of the communication plan relates to researchers, policy makers and the public. The purposes of communication with these groups are: to encourage engagement with the participants in the project; and to broaden engagement with researchers and policy makers in similar programs. In cooperation and agreement with Catholic Healthcare, information will be disseminated to researchers, policy makers and the public. We suggest using media such as: the SPRC newsletters (printed and electronic); SPRC, Catholic Healthcare and other websites; 1800 telephone number through the SPRC; and the distribution networks of the project stakeholders. With the prior agreement of Catholic Healthcare, opportunities for presenting the evaluation at seminars, conferences and peer-reviewed academic publication will be pursued.

3.5 Ethical and Equity Considerations

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. Potential participants will be supplied with clear information statements about the ways in which the information collected will be kept private and confidential. Participants will also be required to sign consent forms before they can become involved in the research. The researchers will ensure that all participants give informed consent to participate in the evaluation. To this end, all consent forms and other information about the evaluation are written in simple English and are culturally appropriate.

In addition, the researchers will be sensitive to participants' needs and requirements relating to gender, cultural issues, disability and sexuality. We anticipate that family members and support and housing service staff will also flag any issues of concern. The literacy and linguistic needs of participants from a Non-English speaking or Aboriginal and Torres Strait Islander background will be accommodated through the provision of translators and

interpreters as required. Where literacy is an issue, all forms can be delivered through sound recordings in English or in the appropriate community language. Fieldworkers from support organisations, trusted persons or peers will be engaged when necessary. The team includes researchers who have extensive experience in developing and conducting effective consultation processes with people who have cognitive impairments.

At each step of the research process confidentiality will be assured. All data collected will be de-identified and stored in a secure location at the SPRC.

3.6 Quality Considerations

The SPRC is supported by high quality infrastructure that contributes to the conduct of the evaluation. The project will draw on existing evaluation instruments where they are available. Where new instruments are required, the SPRC will adopt outcomes and process measures consistent with national and international methods. The methods will be developed in consultation with Catholic Healthcare. Timely agreement is necessary to enable the evaluation to proceed..

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 will guarantee that the evaluation 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.

Within the SPRC, a senior manager and two research support staff are allocated responsibility for information management systems. Their capacity is supplemented with UNSW support. Standards of quality data management described above are implemented to ensure data are stored in a secure, confidential and non-identifiable manner, as required by UNSW codes and ethics requirements.

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