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THE UNIVERSITY OF ADELAIDE AUSTRALIA

EVALUATION OF THE DEMONSTRATION DAY RESPITE PILOT IN RESIDENTIAL AGED CARE FACILITIES INITIATIVE

ACCOMPANYING REPORT 2: EVALUATION FRAMEWORK

REPORT PREPARED FOR:

THE DEPARTMENT OF HEALTH AND AGEING

RESPITE FOR CARERS SECTION, OFFICE FOR AN AGEING AUSTRALIA, AGEING AND AGED CARE DIVISION

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CONTENTS

(AISR) *Evaluation of the Demonstration Sites for Day Respite in Residential Care Facilities Initiative, Accompanying Report 2, Evaluation Framework*

1

1 BACKGROUND AND CONTEXT

The *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative was announced as part of the 2007-2008 Federal Budget. The Initiative is funded and implemented under the *National Respite for Carers Program* (NRCP). Thirty providers have been selected across Australia to deliver day respite in aged care facilities.

The Australian Institute for Social Research (AISR) at The University of Adelaide has been selected by the Department of Health and Ageing to provide the evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative. The team led by the Australian Institute for Social Research has the following members:

Dr Kate Barnett (Project Manager), Deputy Executive Director, AISR

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The evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* (DDR) Initiative commenced in February 2009 and will be completed by November 2010**.** During this period the intention is to develop, implement, collect and analyse both performance (monitoring) data and outcome and impact (evaluative) data to provide an assessment of the efficiency, effectiveness and appropriateness of the Initiative. The evaluation approach includes the facilitation of a national workshop in 2009 with DDR providers and the Department to:

➢ Introduce and gain input from providers regarding the proposed monitoring and evaluation framework; and

➢ Provide the opportunity for the evaluators and participating providers to get to know each other and begin to build a working relationship to support the evaluation.

An important feature of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative is the development and implementation of a **Monitoring and Evaluation Framework** for the Initiative in order to establish the *Efficiency, Effectiveness,* and *Appropriateness* of the operation of day respite in residential aged care facilities.

This document presents that Framework which forms the foundation for the national evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative. It provides the evaluators and the participating projects with an outline of the monitoring data and the evaluation data that will be collected and analysed in order to answer the key evaluation questions (see Section 2). It also provides a model for aggregating data from a range of different sources including analysis of the literature, policy and program documentation, performance data, data collected from site visits to a selected sample, data from stakeholder interviews with a range of referral sources and data from surveys completed by a range of service providers and carers.

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2

This multi-method approach to the evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative will hopefully yield a sufficient understanding of the Initiative to provide comprehensive and useful evaluation reporting, findings and recommendations.
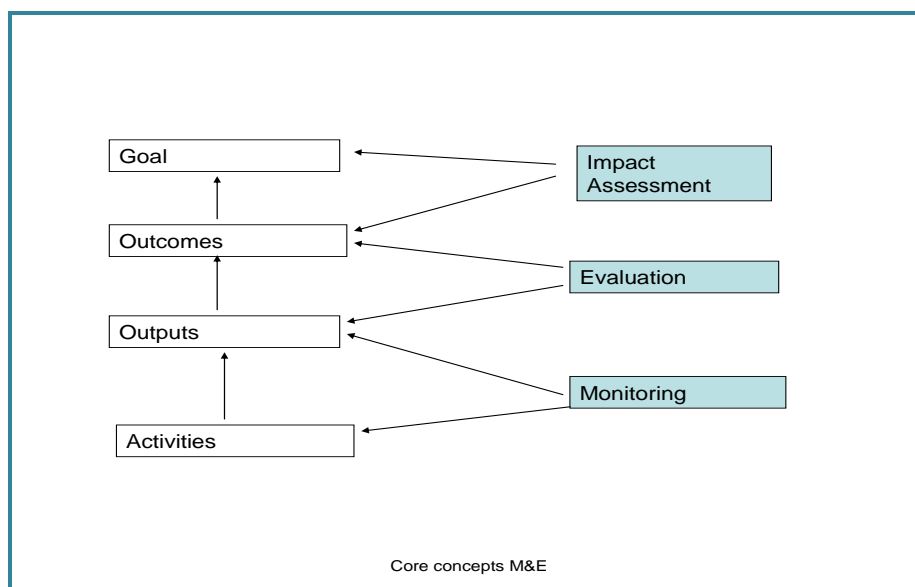
These are the domains being explored, and they are defined briefly below:

Efficiency	A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results
Effectiveness	The extent to which the program's objectives were achieved, or are expected to be achieved, taking into account their relative importance
Appropriateness	A measure of whether a program is suitable in terms of achieving its desired effect and working in its given context. Suitability may apply, for example, to whether the program is of an appropriate type or style to meet the needs of major stakeholder groups
Impact	Positive and negative, longer-term effects produced by a program, directly or indirectly, intended or unintended, particularly at a structural or systemic level
Sustainability	The continuation of a program or its benefits after initial pilot funding

In addition, other important terms used in this document include:

Outputs	The products, goods and services which result from a program
Outcomes	The likely or achieved short-term and medium-term effects of an intervention's outputs - particularly on participant behaviours, functioning and well being

Having defined the key terms above, the relationships that exist between outputs, outcomes and impacts are illustrated further below. The diagram below illustrates that the evaluation will be monitoring the outputs from the Initiative (such as the numbers of care recipients and carers provided with a service over a day or week) and evaluating the outcomes (the potential benefits for the health and well being of recipients derived from the services delivered) with a focus on impact assessment of the longer term results from the Initiative (reduction of inappropriate admissions to residential aged care). The relationships between the variables are also described in greater detail in the Program Logic diagram presented in Section 3 below.

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3

Core concepts M&E

This Evaluation Framework was initially presented at the national workshop held in May 2009 in Melbourne for the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative. The national workshop provided feedback on the approach and contents of the evaluation framework and it was subsequently revised and developed on the basis of the valuable input received. The following steps and stages form part of the Evaluation approach:

Stage 1: Project Inception: Contact with the 30 sites to introduce team members and to establish baseline for monitoring data currently collected by Providers and the format it is collected in.

Stage 2: **Literature Review and Benchmarking:** Production of "Lessons Learned from the Research" Discussion Paper and Analysis of Survey administered to the 30 sites to identify data being collected by providers.

Stage 3: **Evaluation Framework**: Developed and presented to first national workshop of DoHA and Providers. Subsequently revised as a final document.

Stage 4: **Initial Data Collection and Analysis:** collection of monitoring data showing the profile of carers and care recipients, profile of service provision and financial activity by each site, and collectively for the program as a whole.

Stage 5: **Ongoing Data Collection and Analysis:** including collection and analysis of evaluative data from stakeholder interviews and site visits to a sample of 13 sites from the total of 30 sites. These visits will provide the field work for a series of 13 case studies, designed to provide rich qualitative information to complement the quantitative data collected. Additionally data collected and analysed from a survey administered in 2009 to all 30 sites and involving four separate surveys – one for Service Directors/CEOs, one for Care Coordinators/Managers, one for Respite Care Workers, and one for Carers.

Stage 6 Analysis and Findings: at a service level and program level bringing together findings from the 30 services.

Stage 7 Reporting: Final Reporting will be structured to give specific attention to -

➢ The appropriateness, effectiveness and efficiency of day respite in residential aged care facilities; and

➢ Appropriate options for future funding of this type of respite.

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4

The evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative is to investigate and report on the following 9 factors:

1) The **efficiency, effectiveness and appropriateness** of funding day respite services in residential aged care facilities.

2) The **demand** for day respite in residential aged care facilities.

3) The **benefits** to the carer and care recipient of accessing day respite in residential aged care facilities, including the extent to which this model of respite care supports home-based care, the caring relationship and the well-being of the carer and the care recipient.

4) The **impact** of accessing day respite on the care recipient's entry to permanent residential care, including the extent to which the receipt of day respite delays or else facilitates entry into full-time residential care.

5) The effects of providing day respite on the **operations** of residential aged care facilities in providing care to full time residents.

6) The **costs** of delivering day respite in residential aged care facilities, taking into account relevant variables including: locality, level of care provided, needs of care recipients, and the size of the facility etc.

7) Any **unintended effects** of the Initiative, including adverse consequences for the carer or care recipient.

8) Appropriate levels of **user fees** for day respite in residential facilities.

9) Appropriate **options for future funding** of this type of respite, such as a day respite subsidy and/or grant funding.

In order to address the above evaluation objectives, the project needs to collect monitoring data and evaluation data. The differences between the two kinds of data are briefly summarised below:
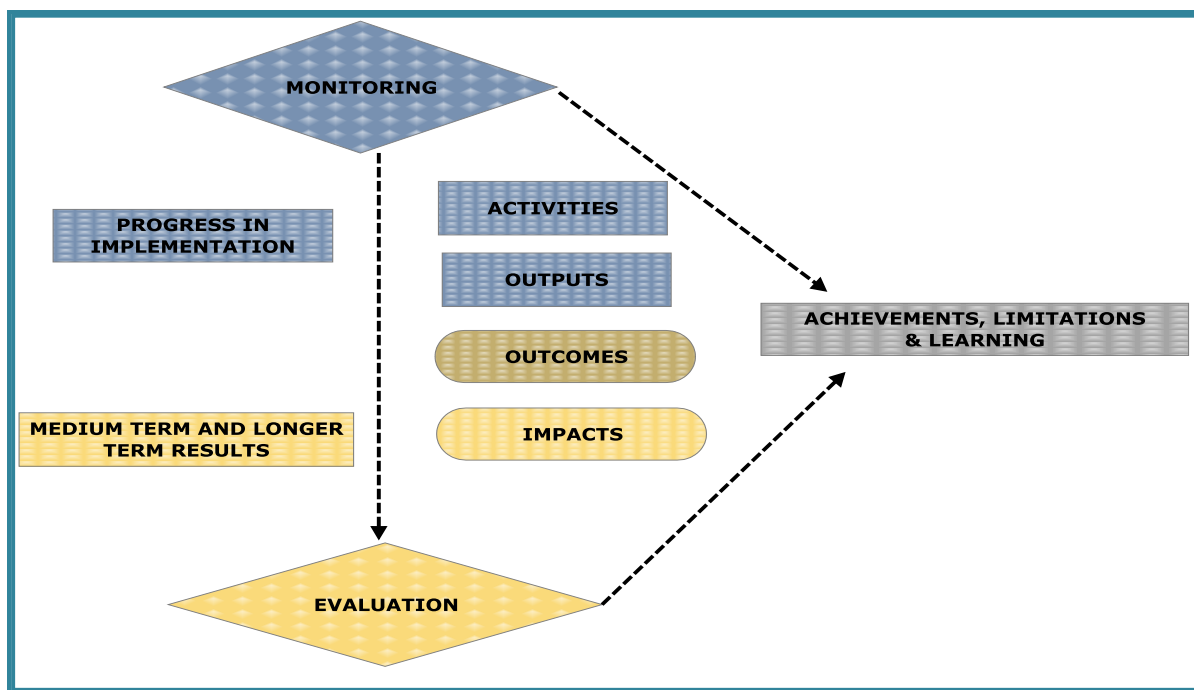

Monitoring

The continuous and systematic collection and analysis of performance data that is able to provide an indication as to the extent of progress against stated goals and objectives. Monitoring focuses on processes (activities and outputs) but also monitors outcomes and impacts as guided by the accompanying Evaluation Plan.

Evaluation

Planned and periodic assessment of program results in key areas (efficiency, effectiveness and appropriateness). The evaluation will build on the monitoring data by identifying the level of short to medium-term outcomes and longer term impacts achieved; the intended and unintended effects of these achievements; and approaches that worked well and those that did not work as well; identifying the reasons for success or failure and learning from both. The evaluation process will also provide a level of judgment as to the overall value of the Initiative as a whole.

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Diagram 1: The Relationship between Monitoring and Evaluation Functions

3   INTRODUCTION TO THE MONITORING AND EVALUATION FRAMEWORK

The Monitoring and Evaluation Framework presented in the tables below (in landscape format) provides a method for collecting both monitoring and evaluation data for the purpose of identification of program results to inform future program development and to assist with the identification of the learnings from these results.

The Monitoring and Evaluation Framework is not intended to be used as a method for monitoring activities or outputs that are required as part of contract management responsibilities. The indicators that have been included in the Monitoring and Evaluation Framework are thus not intended to act as specific targets for funding purposes. The Monitoring and Evaluation Framework's primary focus is to establish what is working, what is not working as well, under what circumstances, within what context and with which target groups.

The Monitoring and Evaluation Framework will attempt to analyse and undertake interpretations of the data that have been collected in a way that is sensitive to both the differing contexts and the different service models that are currently funded and in operation.

We encourage you to make contact with your consultant as a resource should you have any difficulties with use of the Monitoring and Evaluation Framework. Specific data collection tools that are to be used as part of the Monitoring and Evaluation Framework will follow shortly.

3.1   THE MONITORING AND EVALUATION FRAMEWORK

In order to develop a Monitoring and Evaluation Framework a Program Logic is required to understand the intent of the Program. This is illustrated below.

Inputs
Policy Initiative
Funding
Staffing
Built Form
Allied services and resources

Outputs
Production of effective information – timely, co-ordinated, culturally appropriate
Development of referral and care recipient management protocols and procedures
Assessment and Care Planning processes developed in consultation with carer and designed with a dual focus on the needs of carers and care recipients
Design and implementation of sound activities program that reflects individual need and interests.
Recruitment and retention of consistent trained staff particularly for people with dementia.
Delivery of responsive care on a reliable but also flexible basis

Outcomes
Maintenance or improvement of carer and care recipient health, well-being and quality of life.
Improvement in the ability to continue in the caring role.
Reduction of carer stress in both the short and longer term.
Improvement in the caring relationship, and with other relationships.
Maintenance of cultural beliefs and practices.
A positive experience for the care recipient.
Positive social participation achieved for the care recipient.
Ability of the carer to balance caregiving with other parts of their life.
Linkage to other required services and supports.

Impacts
Prevention of inappropriate or premature admission to residential facilities.
Facilitation of appropriate admission to residential facilities
Reduced pressure on other services including acute care and emergency services, resulting in cost savings to government.

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Efficiency			
What have been the **costs** of delivering day respite in residential aged care facilities?	✓ Costs per care recipient per hour, per day or per week ✓ Costs compared with other NRCP funded respite services ✓ Financial benefits are achieved from the integration with residential facility	⇨ Analysis of each site's financial data (SARs and FARs) ⇨ Demographic data profiling needs and requirements of care recipients ⇨ Costs per care recipient per hour including transport	Interviews with Service Managers and Care Directors in sample: • Costs of delivering day respite • Financial benefits of combining residential care and respite care • Impact of partial occupancy due to 'no shows' • Triangulation of costs with demographic profiles of care recipients • Policies re fees versus donations Site Data Analysis
What have been the levels of **user fees** for day respite in residential facilities and how efficiently and appropriately have these been applied?	✓ Fee rates have contributed to costs of service delivery ✓ Carers satisfied with fee rates set ✓ Appropriate means testing processes in place for fees	⇨ Levels of fees charged – data in FARs ⇨ Proportion of clients who pay fees or make donations ⇨ Level of donations made in lieu of fees ⇨ Numbers paying full fees ⇨ Sources of fees (eg packages)	Interviews with Service Managers and Care Directors in sample: • Contribution of fees to operational costs • Policies re Fees versus donations • Polices re Means Testing • Means testing formal or negotiated Surveys with the four key stakeholder groups – Service Managers, Care Directors, Care Workers and Carers: • Views of fee rates/donations • View of policies of fees versus donations • Means testing formal or negotiated • Satisfaction with fee rates set or donations made

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Effectiveness			
What have been the levels of **demand** for day respite in residential aged care facilities?	✓ High percentage take up of places funded by care recipients ✓ Level of demand met ✓ No over-supply of places ✓ Waiting lists	⇨ Sources for referral ⇨ Priority level for entry ⇨ Numbers of places available per day/per week ⇨ Number of days/hours of respite care available per day/ per week ⇨ Numbers of cancellations per day/per week ⇨ Numbers of care recipients ⇨ Numbers of carers ⇨ Numbers on waiting lists ⇨ Specialist focus ⇨ Inclusion/Exclusion criteria ⇨ Elapsed time between date of entry and exit	Review of service policies and guidelines Interviews with Service Managers and Care Directors in sample: • Demand levels and patterns • Reasons for cancellations of bookings • Explanations for low demand where this has been the case • Strategies for promotion of service Surveys with three key stakeholder groups – Service Managers, Care Directors, Care Workers: • Demand Site data Analysis SAR Analysis
What have been the **unintended effects** of the Initiative, including any adverse consequences for carer/recipient?	✓ Positive unintended effects identified ✓ Negative unintended consequences identified		Interviews with Service Managers and Care Directors in sample: • Unintended effects Surveys with the four key stakeholder groups – Service Managers, Care Directors, Care Workers and Carers: • Unintended effects

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Effectiveness continued			
What have been the **benefits** to carer and care recipients accessing day respite in residential aged care facilities?	✓ High level of access to day respite ✓ Responsiveness from referral to acceptance on program ✓ High level of support provided ✓ Carer satisfaction ✓ Positive benefits for carer and care recipient health and well being ✓ Internal quality indicators met ✓ Use and positive results of internal complaint processes ✓ Use of community supports and resources	⇨ Days and Hours of operation and availability ⇨ Numbers of hours and days of care provided ⇨ Availability of transport ⇨ Type of transport used ⇨ Time from referral to acceptance ⇨ No of assessments completed ⇨ No of Care Plans developed ⇨ No of Care Plans reviewed, and at what intervals ⇨ Services provided (eg health monitoring, improving hygiene) ⇨ Program of activities provided ⇨ Support services accessed (allied health services and other services)	Interviews with Service Managers and Care Directors in sample: • Flexibility and adaptability of service • Transport • Support provided • Programming • Match of activities provided to client preferences • Referrals made/ services used • Carer recipient and carer responses • Quality measures • Quality of care plans developed • Internal complaints mechanisms used Surveys with the four key stakeholder groups – Service Managers, Care Directors, Care Workers and Carers: • Flexibility and adaptability of service • Responsiveness • Transport • Support provided and referrals made • Carer recipient and carer responses to service • Performance against quality indicators • Quality of care plans developed • Complaints mechanisms Site Data Analysis

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Appropriateness			
To what extent has the **model** of respite care supported home-based care, the caring relationship and the well-being of the carer and the care recipient?	✓ Maintenance of home based care arrangements where appropriate ✓ Diverse range of care recipients and carers serviced ✓ Needs of care recipients met ✓ Carer satisfaction ✓ Needs of carer met ✓ Internal quality indicators met ✓ Numbers of complaints ✓ Successful resolution of complaints	⇨ Exit of care recipients out of home based care to other settings ⇨ Demographic characteristics of care recipients (age, gender, DOB, marital status, culture and language, postcode, health status, level of care) ⇨ Demographic characteristics of carer (age, gender, marital status, culture and language, postcode, number of persons caring for who have been assessed to receive day respite, relationship to care recipient, working or non working)	Interviews with Service Managers and Care Directors in sample: • Carer characteristics • Care recipient characteristics and pathways • Carer satisfaction • Quality indicators • Complaints • Changes in program model made over time Surveys with the four key stakeholder groups – Service Managers, Care Directors, Care Workers and Carers: • Reasons for use of respite (carer) • Reasons for not accessing earlier (carer) • Carer and care recipient characteristics and pathways • Extent to which needs of care recipients and carers have been met • Quality indicators • Complaints processes • Changes in program model made over time Case Studies

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Appropriateness continued			
What have been the effects of providing day respite on the **operations** of residential aged care facilities in providing care to full time residents?	✓ Large percentage of staff shared between respite and residential care ✓ Efficiencies made in sharing of staffing and resources ✓ Benefits for residential staff ✓ Positive effects on full time residents of respite care program ✓ Positive impact of activities provided through respite care program for residents ✓ Vertical integration and internal referral	⇨ Numbers of staff and how used - Management - Direct Care - Therapists - Other ⇨ Range of service options available to DDR care recipients and existing full time residents	Interviews with Service Managers and Care Directors in sample: • staff and resource utilisation and effect on full time residents • Uptake of activities by residents • Effectiveness of service options provided • Degree of vertical integration and internal referral Surveys with the three key stakeholder groups – Service Managers, Care Directors, Care Workers: • staff and resource utilisation and effect on full time residents of respite program • Effect of activities provided on residents • Effectiveness of service options provided Interviews with residential care personnel: • Vertical integration and internal referral • Uptake of activities by residents • Staff and resource utilisation and effect on full time residents • Benefits for residential staff

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Impact			
What has been the **impact** of accessing day respite on the care recipient's entry to permanent residential care, including the extent to which the receipt of day respite either delays or facilitates appropriate entry into full-time residential care? What has been the **impact** of accessing day respite on the care recipient's use of residential respite, including the extent to which the receipt of day respite either discourages or facilitates use of residential respite?	✓ Rate of movement into full time residential care less than the norm ✓ Carers report positive familiarisation with RACFs where this in an appropriate transition ✓ Carers hold positive views about reasons for entry into full time residential care ✓ Decrease in demand for residential respite	⇨ Date of entry to service ⇨ Date of exit from service ⇨ Reason for Exit ⇨ Exit destination ⇨ Whether entry into residential aged care is to low care or to high care	Interviews with Service Managers and Care Directors in sample: • reasons for exit • Use made of residential respite for the care recipient • Day respite providing a positive/more appropriate transition to Residential Aged Care Site Data Analysis Surveys with the four key stakeholder groups – Service Managers, Care Directors, Care Workers and Carers: • reasons for and satisfaction with exit from respite and entry into full time residential care • Appropriateness of admission to residential aged care if occurred or intended • Use made of residential respite for the care recipient

Focus	Performance Indicators	Data Sources from Monitoring	Data Sources from Evaluation 13 Site Visits, Surveys, Key Stakeholder Interviews
Sustainability			
What are the appropriate **options for future funding** of this type of respite?	✓ Funding options and possibilities identified ✓ Income and expenditure, current & projected identified	⇨ SAR and FAR and other income information	Structured interviews with Service Managers and Care Directors in sample Comparison with community based day respite models Program/Policy Scan to identify alternative funding models and sources Site Data Analysis

3.2   SUMMARY OF DATA COLLECTION STRATEGIES TO BE USED

Monitoring	Evaluation
o Service Activity Report (SARs) data collected and analysed	o Four Surveys: Service Managers, Care Directors, Care workers and Carers at two intervals (2009 and 2010)
o Financial Activity Report (FARs) data collected and analysed	o Site visits and structured interviews undertaken to 12 selected sites (during second half 2009) leading to development of 'case studies'
	o Site Data Collection, 2009 and 2010

The majority of Demonstration Day Respite providers indicated an interest in acting as a 'case study' site for the evaluation. In order to review an adequate 'mix' of services in terms of location (rural/metro, different States), capacity (small and large programs) and specialty ('generic' and 'specialist'), the following sites are proposed for site visits which will incorporate on-site data collection via interviews with key stakeholders and review of service records.

Sample Sites to be Visited

State/ Territory	Organisation	Metro (7)	Regional (5)	CLD (3)
Vic	Stepping Out, Jewish Care Victoria, Melbourne	√		√
	Caring Cafe, Inner East CHS, Richmond	√		
	Homestead Day Stay Respite, Lyndoch, Warrnambool		√	
NT	Frontier Services, Rocky Ridge Katherine		√	√
Qld	Garden City Retirement Home Respite Service, Alzheimer's Assoc of Qld, Brisbane	√		
	Bribie Island Retirement Village, Churches of Christ		√	
Tas	Bisdee House, Glenview Home Inc, Hobart	√		
SA	Ross Robertson Day Respite Centre, ECH Inc, Victor Harbor		√	
	Time Out, Southern Cross Care, Myrtle Bank	√		
WA	Morrison Lodge City of Swan Aged Persons Trust Inc, Midland	√		
NSW	ANHF Dementia Respite for Carers of SE Asian Communities, Burwood	√		√
	Cooinda Day Respite Catholic Care, Singleton		√	

4   MONITORING AND EVALUATION DATA COLLECTION

Monitoring Data	
Structure of Service	• Number of places per day/week available • Days and Hours of operation and Availability (weekday/weekend) • Numbers of hours of care provided – per day/per week • Transport – one way/both ways provided and type of transport used • Specialist focus – CLD/dementia • Staffing profile and functions
Intake	• Numbers of care recipients/ carers being serviced • Numbers on waiting lists • Elapsed time from referral to acceptance on program • Exclusions for eligibility • Key referral sources to service • Demographic characteristics of care recipients: (age, gender, DOB, marital status, culture and language, postcode, health status, level of care, special needs) • Demographic characteristics of carers: (age, gender, marital status, culture and language, postcode, number of persons caring for who have been assessed to receive day respite, relationship to care recipient, working or not working)
Assessment	• Assessment processes and assessments completed • Priority levels for entry • Care plans developed • Reviews of care plans per client • Evaluations of care provided
Service Delivery	• Period of service provided: Elapsed time date of entry and exit • Program of activities provided • Services provided (eg health monitoring, hygiene etc) • Numbers of cancellations per day/per week • Referrals made to support services (eg allied health) • Use of residential respite for the care recipient
Exit	• Length of service provision for care recipient • Reasons for exit and exit destination • Entry into residential aged care - low care or high care
Financial	• Fees charged • Sources of fees (eg packages) • Numbers making donations in lieu of fees • Proportion of clients paying fees/donations, paying full fees • Analysis of financial data to establish costs of delivery per site • Cost of delivery according to demographic characteristics of care recipients

Current Monitoring Data Collected

Field- Care Recipients	Providers (N=30)	Field- Carers	Providers (N=30)
Source of referral to the service	28	Age at initial assessment (or date of birth)	22
Date of initial assessment for the service	30	Gender	29
Age at initial assessment (or date of birth)	30	Marital status	22
Gender	29	Cultural background (eg country of birth)	27
Marital status	27	Language spoken at home	25
Cultural background (eg country of birth)	30	Indigenous status	21
Language spoken at home	29	Postcode of residence	29
Indigenous status	27	No of persons for whom they are the primary carers (including own children aged <18 living at home)	19
Postcode of residence	29	No of persons for whom they are the primary carer and who have been assessed to receive the day respite service	21
Health status (eg dementia +/- challenging behaviour; disability; palliative care)	30	Relationship to care recipient(s)	29
Level of care required (eg high care needed for persons with incontinence, challenging behaviours)	29		
Assessed priority level for entry to this service	21		
Date of exit from the service	27		
Reason for exit from the service	28		
Exit destination	27		
Field: Services Provided			
Service type	21	Whether transport provided on that date	21
Date of service	23	Date of first care plan	25
Number of hours of care provided on that date	21	Dates of review of care plan (or monthly, quarterly)	24

Evaluation Data	
Site Visits (13)	- History and context for pilot program - Changes in program model made over time - Need and unmet need - Demand for service - Explanations for low demand where this has been the case - Reasons for cancellations of bookings made - Promotional strategies used/effective - Flexibility and adaptability of service - Transport provided - Support provided to care recipient - Support provided to carer - Effectiveness of service options provided - Referrals made for support - Programming and activities - Match of activities provided to client preferences - Feedback from care recipients and carers on quality of service delivery and care planning - Internal Quality measures and performance - Internal complaints mechanisms - Costs of delivery of service - Policies re: charging of fees, contribution to operational costs and policies re: means testing - Means testing formal or negotiated - Contribution of fees to operational costs - Policies re fees versus donations - Financial benefits of combining residential care and respite care - Degree of vertical integration and internal referral - Benefits for residential staff of model - Triangulation of costs with demographic profile of care recipients - Impact of partial occupancy due to 'no shows' - Options for future ongoing funding - Impact on residential facility financially - Impact of respite program on residents - Impact and uptake of activities provided on residents - Use of residential respite for the care recipient - Average length of stay in respite program - Reasons for exit - Destinations following exit - Day respite providing a positive/more appropriate transition to Residential Aged Care

Evaluation Data	
Key Stakeholder Interviews eg **ACAT, CRC, Care Link, Advocacy groups, Local government, state government, NRCP, DoHA**	• Demand for service • Need and unmet need • Explanations for low demand where this has been the case • Referral pathways – into service and from service • Timeliness from referral to acceptance • Views on service model • Changes in program model made over time • Views on fees and policies re: fees versus donations • Views on quality of service provision • View on quality of care planning process • Views on flexibility and adaptability of service • Views on support provided to care recipients and carers • Any unintended effects • Exit destinations and reasons for exit • Views on appropriateness of admission to residential aged care where this has occurred • Impact on use of residential respite • Options for future ongoing funding
Surveys – Service Personnel	• Demand for service • Need and unmet need • Views on fee rates set/voluntary contributions made • View on policies re fees versus donations • Means testing formal or negotiated • Perceived benefits for care recipient • Views on quality of service • Effectiveness of service options provided • Views on quality of care plans developed • Perceived benefits for carer • Any unintended effects • Impact of respite program on resource utilisation • Effect on full time residents • Use of activities by residents • Use of residential respite for the care recipient • Referrals made for additional support • Reasons for care recipient exit • Destination following exit • Performance against quality indicators • Internal complaints mechanisms
Surveys- Carers	• Reasons for use of respite • Reasons for not accessing day respite earlier (if appropriate) • Views on quality of service provision • Views on effectiveness of service options provided • View of quality of care planning processes • Internal complaints mechanisms • Views on service model • Perceived benefits for care recipient • Perceived benefits for carer • Referrals made for additional support

	• Satisfaction with fee rates set
	• Satisfaction with donations made in lieu of fees
	• Any unintended effects
	• Effect on use of residential respite for the care recipient
	• Appropriateness of admission to residential care if this has occurred or is intended
	• Has day respite assisted with the familiarisation process of residential aged care?

The evaluation team will develop a number of tools for monitoring and evaluation purposes. These will take into account existing monitoring timeframes and content to avoid duplication wherever possible. The chart below summarises these and their associated timeframe.

Tools to be developed	When	For Application
Monitoring Formats for all Providers	Following national workshop	6 monthly intervals: July- Dec 2009 Jan-June 2010
Program and Questions for Site Visits- selected sample of 12	Following national workshop	June- December 2009
Surveys for Care Managers, Care Respite Providers and Carers from all Providers	Prior to implementation	2009 2010
Key Stakeholders to be interviewed and interview questions- sample of Providers and more general	Prior to implementation	2009 2010
Site Data Collection tool to monitor service activity	Following national workshop	2009 2010

Informed Consent to Participate: Carer Survey Participants

THE UNIVERSITY
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EVALUATION OF DEMONSTRATION DAY RESPITE IN RESIDENTIAL AGED CARE FACILITIES

Information for Survey Participants

The *Demonstration Day Respite in Residential Aged Care Facilities Initiative* is a pilot testing the provision of day respite for older people in residential settings. The Initiative is being funded by the Commonwealth Government as part of the National Respite for Carers Program.

The evaluation is seeking feedback from care recipients, carers, care respite providers and care managers, and this survey of carers is part of that evaluation.

The findings of all surveys are **confidential** and will only be seen by the evaluation team at The University of Adelaide. When our report is written we will combine all of those findings so that no individual can be identified.

For this reason, you do not need to give your name when you fill out the survey form.

We expect that the survey will only take <u>10 - 15 minutes</u> of your time.

When you have completed your survey form, please place it in the <u>reply paid envelope</u> attached to it. There is no need to place a postage stamp on the envelope, the cost is already covered.

Thank you very much for agreeing to participate in the survey. It is extremely important that the evaluators hear the opinions of people using the service so that we can recommend any changes needed, and recommend that the good features of the program be continued.

If you would like any further information about the evaluation, please contact Dr Kate Barnett who is the Manager of the Evaluation, on (08) 8303 3636 or by email kate.barnett@adelaide.edu.au

Informed Consent to Participate: Carer Survey Participants

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

CONSENT FORM FOR SURVEY PARTICIPANTS IN A RESEARCH PROJECT

1.   I, …………………………………………………………   (*name*)

    consent to take part in the research project entitled: ***Evaluation of the   Demonstration Day Respite in Residential Aged Care Facilities Initiative***

2.   I acknowledge that I have read the attached Information Sheet entitled: ***Information for Survey Participants***

3.   I have had the project, so far as it affects me, fully explained to my satisfaction by the Day Respite staff. My consent is given freely.

4.   Although I understand that the purpose of this research project is to improve the quality of respite care services, it has also been explained that my involvement may not be of any benefit to me.

5.   I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

6.   I understand that I am under no obligation to participate in this survey and I am free to withdraw from the survey at any time and that this will not affect the management of my health, now or in the future.

7.   I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet, and the sheet providing contact details for the evaluators and for making any complaints about the evaluation.

    …………………………………………………………………………………………

    (signature)   *(date)*

WITNESS

    I have described to   …………………………………………………..   *(name of subject)*

    the nature of the research to be carried out. In my opinion she/he understood the explanation.

    Status in Project**:**

Name: ………………………………………………………………………………….

    …………………………………………………………………………………………...

    (signature)   *(date)*

Informed Consent to Participate: Carer Survey Participants