Complexity in Longitudinal Evaluation of Integration Programs: Participatory Approach in the Case Study of Qld Resident Support Program

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Abstract

Complex integration programs across government agencies, service types and professions present methodological difficulties for evaluation. These difficulties relate to both the program logic and the evaluation management. This paper uses the case study of the evaluation of the Resident Support Program Queensland (RSP), conducted by the Social Policy Research Centre UNSW, the Disability Studies and Research Institute (DSaRI), and the University of Queensland, 2003-05. RSP coordinates and provides support services for residents living in the private residential services sector (boarding houses) to improve their quality of life, access to services and participation in the community. The clients are common to Disability Services Queensland, Queensland Health and the nongovernment agencies providing care. The paper discusses how the evaluation design responded to the complexity in the program and the evaluation task. That complexity included: integration, coordination and prevention goals in the program management and delivery; multiple service agency participation, with conflicting service approaches; multiple expectations about the application of the evaluation process; and mixed method approaches to the evaluation (resident and resource quantitative data from the RSP providers and government agencies; and interviews with residents, RSP provider staff, regional staff, advocates and other interested stakeholders). Participatory methodology, prioritising the interests of people with disability, was used to overcome these complexities.

Introduction

This paper explores a social policy research approach that gives primacy to the voice and experience of people with disability[1] for the purpose of changing disability integration policy process and services. It addresses the question of whether this approach to research can be used in a complex policy environment that is unfamiliar with a participatory model. It applies the question to the case study of the Resident Support Program. The program coordinates and provides support services for people living in the private residential services sector (predominantly boarding houses) to improve their quality of life, access to services and participation in the community. Using this case study, it discusses the impact of this approach to research on policy process and social services. The paper draws conclusions for application of the model to policy settings where decision makers are unfamiliar with participatory policy process and research.

Voices in social policy process

Public participation is a relatively new approach to social policy process, reflecting a developments in the meaning of active citizenship. The background to the research, discussed in this section, introduces concepts of participation in social policy process, participatory methodology in policy and evaluation and application to disability policy. It argues that while some policy agencies and researchers are adopting participatory methods, the application to disability policy that affects people with cognitive disability is still rudimentary, hindering the pace of change in policy process in this sector.

Social policy process

Participation in policy process is a key to social research inquiry (Weber 1978). The literature argues that participation is both affected by policy institutions and changes the policy process (Colebatch 2002b). The literature theorises who participates in policy and why; whether they are inside or outside the formal policy process; and the effect of their participation on constructing the policy problem definition and action (Colebatch 2002b). Policy participants include people in government (executive, legislature, judiciary and officials in different functional areas and levels); people in other organisations (interest groups, business, unions, political parties and the media); and the public (eg. beneficiaries of the policy and voters) (Colebatch 1998: 30; Dolowitz & Marsh, D 1996; Corbett 1996: 30-33; Howlett & Ramesh 1995: 52).[2]

Policy in turn is a political process in which participants compete to progress their interests (Gardner & Barraclough 1992: 7-8; Colebatch 2002b; Alford & Friedland 1985; Braverman 1975; Weiss 2004; Hogan 1996). Process is therefore affected by the conflicting values of the range of policy participants. The interpretive method of research used here assumes that participation and policy process are not controlled by a context-free group of policy makers determining goals and participants. Instead, the

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[1] 'People with disability' is the term used in Australia to describe people who experience disability.

[2] Colebatch and Lamour (1993: 80) prefer identifying the mix of participants rather than labelling participants by category. Governance theory about the fluidity of the boundaries of government reinforces the artificiality of categorising participants (eg. Colebatch 2002a; Rhodes 1997b).

range of interested parties has conflicting views about what constitutes the social problem and seeks support for what they see as the most appropriate course of action (Colebatch 1998: 45).

Which participants are active in which policy depends on the nature of the issue (Colebatch 1998: 36). Acknowledging power relations, Colebatch argues that participants are not equal in their access to the policy process. In defining the problem, participants and decision makers are part of the policy process itself (Colebatch 1998: 26; Dalton 1996: 183-5).

Theories of participation help explain the conflict between interests. They include pluralism, collectivism, elitism, instrumentalist and structuralist positions such as Marxism, public choice, economic liberal, post structural and systems theories (Hill 1997: 28-56; Agger 1998). The theories differ in their approach to the effect of structure on the interest representation of competing participants.[3] The conflicting interests shape and are shaped by policy institutions (Giddens 1984; Parker 2000; Howe 1992; Dalton 1996). The power of elites, organised groups and organisations reinforces or inhibits the articulation of values in these interests. The congruence of values in policy institutions enhances but does not determine the likelihood of their success in shaping the policy process. The framework for this research takes an approach to participation that captures the dialectic relationship between participants and social policy process. It examines evaluation as an opportunity to extend the participation of people with disability who are otherwise marginalised from policy process.

Participatory method

Participatory policy management approaches take account of how formal and informal institutions mediate value conflict. They attempt to remedy the tendency of structural interests to exclude community interests (Rhodes 1997b: 56, 110; Klijn et al 1995; Alford 1975; Considine 2005). They variously derive from reflexive understandings of the policy process (Fischer 2003; Rein & Schon 1994: 166-70; Hajer & Wagenaar 2003); policy network analysis (Kirkert et al 1997; Head 2005; Kickert & Koppenjan 1997; Hudson & Lowe 2004: 144, 213-8); and reflexive management (Yeatman 1994; Uhr 1999).

Common to these approaches is an understanding of policy change as an iterative process (Rein & Schon 1994: 166-70). They imply consideration of the social, political and institutional context; a participatory framework for negotiation, compromise and cooperation; and stewardship of policy questions through policy change (Head 2005: 105; Rein & Schon 1994). In this way, policy management is, as Rein and Schon say, '… a matter of keeping in mind the institutional and individual interests of other members of the coalition, but also of creating and maintaining a level of mutual trust sufficient to sustain cooperative inquiry.' (Rein & Schon 1994: 170)

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[3] Marsh (1996) demonstrates that theories of pluralism, elitism and Marxism are converging in relation to concepts of structured privilege, role of agency, limited number of structural bases of privilege (economic, gender, political resources and knowledge), statism, contingency and primacy of politics.

Specific to the research application of participatory policy management, is the implications for evaluation methodology, summarised in constructivist evaluation methods (Lincoln & Guba 2004). This approach to evaluation assumes value conflict in policy and evaluation due to structural interests (Lincoln & Guba 2004; Barrett 2004).[4] The appraoch reinforces the need for evaluation methods that acknowledge the structural disadvantage of community interests in the value contestation in social policy process (Dryzek 1993). While evaluation does not change this disadvantage, constructivist evaluation challenges exclusionary policy institutions. Practices such as articulating changes in policy and participatory evaluation methods challenge the other formal and informal institutions that support other interests. These implications for evaluation practice are not reflected in current Australian government social policy evaluation directives.[5] As a consequence disability voice is rarely heard in analysis of complex integration policy.

Disability policy process

Only recently has government begun to apply these participatory approaches to disability policies, where the primary community interest is that of people with disability. Whereas past disability policy process has privileged participation of officials, providers and families, participatory methodology refocuses towards a disability voice. The intention of this redirection is to reflect the experience, needs and expectations of people with disability in the policy process and outcomes and the service experience.

However, many examples of disability policy process do not yet reflect this participatory approach. This research asks whether social researchers can effectively introduce the method through policy evaluation and what impact it has on policy process, outcomes and service experience. It addresses these questions through application to the case study of the Resident Support Program in Queensland, Australia.

Resident Support Program experience of a participatory approach

Having introduced the concepts of participatory policy process, this section explores the experience of applying the approach to evaluating an integration program in which the government officials had not had prior experience of this policy process. It presents results that indicate that inclusive process framed within a participatory, longitudinal and formative evaluation can contribute to positive policy changes for people with disability.

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[4]   Also the design approach of Bobrow and Dryzek (1987) and Dryzek (1993); fourth generation evaluation (Guba & Lincoln 1989; Parsons 1995: 566-8); and interpretive approaches to evaluation (Yanow 2000). Bobrow and Dryzek (1987: 211) point to the recursive process of value conflict at each policy stage.

[5]   The Australian government currently portrays evaluation as informing policy process within an instrumentally rational framework (DOFA 2003), which does not reflect the evaluation experience of the coordinated care policy process.

Description of the program

The Resident Support Program (RSP) was introduced in Queensland as a pilot from October 2003 to November 2004. It was a joint Disability Services Queensland (DSQ) and Queensland Health (Health) funded initiative that aimed to provide support services to residents with a disability living in the private residential facilities. The three service types were strategies to support residents in mainstream community and leisure activities, Community Linking Projects (CLP) (funded by DSQ); support with basic self care and presentation, Disability Support Services (DSS) (funded by DSQ); and support with health and wellbeing, Key Support Workers (KSW) (funded by QH through the HACC program). Non-government organisations were contracted to provide these services. The RSP was implemented in identified private sector supported accommodation (hostels), boarding houses and aged rental accommodation facilities that are regulated by the *Residential Services (Accreditation) Act 2002*. Residents of hostels received priority. The program operated in five pilot locations – Brisbane, Ipswich, Toowoomba, Gold Coast and Townsville.

From October 2003 to September 2004, 682 people used RSP services. The number of people using RSP services increased with the maturation of the program. Almost two-thirds (63 per cent) of people who received RSP services were male. About two-thirds were aged between approximately 33 and 65 years. Thirty-four people (5 per cent) were identified in at least one of the data sources as being Indigenous. The longitudinal study was of 36 people who had most recently begun receiving RSP assistance at the beginning of 2004. They were people experiencing psychiatric disability and multiple disability: psychiatric disability 73%; physical disability 55%; neurological and intellectual disability 42%; and multiple disability 64%. Over the twelve months, the largest service type was CLP (estimated at 18,148 hours), compared with DSS (estimated at 14,482 hours) and KSW (6424 hours, plus 1969 transport trips, explained below). The program cost between $473,557 and $546,998 per quarter.

Participatory evaluation process

The government contracted a university consortium to evaluate the pilot over 18 months. Design was from October to December 2003; fieldwork from February to November 2004; and final analysis from December 2004 to March 2005. The government agencies originally framed the RSP evaluation in a rational model of program evaluation, including economic techniques (DOF 1989a-1995). However, the evaluation design process proved to be an important period to familiarise them with the benefits of other approaches.

It was clear from the beginning of the evaluation that participatory methodology could be an approach to guide methodological choices in the context of a complex program in which policy participants had conflicting expectations of both the program and the evaluation. As described above, the RSP pilot had complex program management and delivery goals, including integration, coordination and prevention. In addition the government departments and service agency had conflicting service approaches. Multiple agencies participated in the model including two government agencies, contracted nongovernment and private providers and disability support organisations. Their service approaches ranged from principles of independence and participation, care and maintenance to business models.

In this context, the evaluation adopted a participatory, longitudinal and formative approach. The mixed methods were to measure outcomes for residents, economic outcomes and process evaluation. The data sources were longitudinal interviews with residents (36) and other stakeholders (DSQ and Health staff – central and regional, contracted providers – managers and staff, officials other relevant government agencies, advocacy groups and families); and quantitative data from services providing the RSP, coordinated through DSQ and Health for the financial minimum dataset, service description and cost effectiveness analysis.

Participatory mechanisms included formal and informal process. The research process included interviews with people with disability and other stakeholders. In addition, three formal groups – a departmental internal working party, an external steering committee and the DSQ Board of Management – participated in formulating the research design and reacting to the formative research findings. The external committee included people with disability.

Other opportunities for participation included initial key informant discussions during the design phase to frame the exploratory design discussions. People with disability contributed through interviews and communication via the internet, telephone and written materials. The evaluation process and findings and findings were publicly available on the internet and distributed to participants. They were encouraged to react to earlier results during the longitudinal process. The researchers all had experience in participatory methods with people with disability and included a researcher with disability.

Policy outcomes of RSP

What were the outcomes for people in the program and who contributed to the policy process? The lives of the residents who participated in the longitudinal resident survey at the first contact were characterised by isolation within the community, estrangement from family, detachment from the labour market, poverty and reduced mobility and a fatalism about whether their situation could ever improve. Through participating in the program, they increased their access to health, welfare and community services. CLP played a major part in improved resident satisfaction with social participation, with most people benefiting from increased social contact and the development of broader interests. Low income and physical access issues continued to militate against the success of community integration attempts for many residents. RSP providers worked with limited resources (eg. diminishing numbers of bulk-billing doctors, long waiting lists for subsidised services, disability employment services which exclude clients without stable accommodation and social support, social and leisure groups which will not accept residents).

The most significant benefits to residents were increased access to and effectiveness of health services and treatments. Residents' self-identified health and wellbeing improved substantially across the 9 months with many measures approaching population norms. KSW supported residents to access services, attend appointments and follow treatment instructions. This contributed to increased resident satisfaction with health professionals and treatments. More residents participated in education, training and voluntary activity, but not paid employment. Some residents moved to more suitable accommodation with the help of RSP workers. The cost effectiveness analysis revealed that for the relatively

low level of investment (Aus$5300 per person p.a. providing 101 hours support and 4.5 transport trips p.a.) measurable increases in accommodation stability, social and economic participation and self-assessed health had been achieved.

The process findings showed that residents were satisfied with program. Administrative arrangements evolved during the evaluation to respond to the inefficiencies from such a complex model of two government agencies, with central and regional administration, multiple providers and a small program. Future considerations were to operationalise the service principles through staff and manager training; prioritise the most vulnerable residents; and reorient the service type towards a holistic service with multiple goals, such as independent personal care, social participation, referral to mainstream and specialist services and accommodation, transport support and brokerage.

The conclusion about the program was that it was a successful pilot from perspective of people with disability and other participants involved. However, it was limited by context of unsuitable accommodation and shortage of mainstream and specialist services. As well as informing policy development for the next iteration of RSP, it provided general policy lessons for other future programs.

In terms of policy process, the participatory evaluation was a positive experience for most stakeholders, including the government officials responsible for the integration policy. The evaluation was able to maintain its commitment to prioritising the perspective of people with disability. By adopting a mixed method approach with multiple mechanisms for participation, the conflict between policy participants was managed within the participatory method, without compromising this commitment.

Conclusions for new voices in disability integration policy

The paper draws conclusions for application of the model to policy settings where decision makers are unfamiliar with participatory research methods. The research found that a participatory, longitudinal and formative research process contributed to shaping research outcomes, service experience and the policy process. Officials who had not used this method previously were able to accept the change in policy process because it offered a practical way to prioritise competing voices in the policy direction, without alienating other stakeholders. The focus on client outcomes and experience was consistent with the disability rights framework in which their policies are intended to operate. The evaluation approach combined participation with a longitudinal and formative approach in order to facilitate a process of gradual policy change, responsive to the research process and findings. Finally, both formal and informal participatory processes encouraged all stakeholders to participate at multiple levels.

The research reinforces participatory social policy management and evaluation practice. Understanding the policy process, outcomes and service experience applied a policy management and evaluation approach that prioritises participation of people with disability. The research results strengthen the arguments of interpretive approaches to policy management that view policy as a dynamic set of activities shaped by participants' framing of the policy in ways that further their interests (Fischer 2003). These implications, as stated by other researchers, include participatory methods of management and evaluation. They follow approaches that reject rational policy process as a description or normative model of practice (Marsh, I 2005). The findings about the

RSP evaluation experience inform understanding about acceptance and effectiveness of other policy management approaches. The evaluation process prioritised the voices of people with disability in shaping the research, policy process and service delivery.

References available from Karen Fisher