9/1/2015

HCSCC Supported Decision Making Program 2014-15

Evaluation Report

Community Matters Pty Ltd
FOR THE HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER'S OFFICE

Acknowledgements

This evaluation was undertaken by Community Matters Pty Ltd on behalf of the Health and Community Services Commissioner's office, South Australia.

Interviews with trainee facilitators, agency supervisors / managers and HCSCC staff were undertaken by Dr Gill Westhorp. Trainee facilitators conducted outcome interviews with decision-makers (people with disabilities) other than those with whom they had worked directly. Supporters were interviewed by Ms Vikki Booth. Qualitative analysis was undertaken by Vikki Booth and Daniel Ball. The evaluation report was written by Gill Westhorp and Daniel Ball.

The evaluation would not have been possible without the generous support and participation of Ms Cher Nicholson, the HCSCC SDM Project Coordinator; Ms Sandy Edwards, the HCSCC SDM Project Manager; and the trainee facilitators, agency managers, supporters and participants who contributed their time and thoughtful participation in interviews.

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Executive Summary

The Supported Decision-Making (SDM) project aims to train workers in disability agencies to establish and facilitate social support systems that support people with disabilities to make decisions. By doing so, people with disabilities can exercise a greater degree of control, authority and self-determination in their lives. This report evaluates the third phase of program development, conducted in 2014-15.

The model is intended to work by ensuring 'expressed wish' decision-making (that is, decisions made by and reflecting the expressed wishes of the participant) rather than 'best interests' decision-making (that is, decisions made by others reflecting what they believe to be in the best interests of the participant). It is expected to build the capacity of the decision-maker by enabling them to identify and access support for decision making, helping them understand the options and consequences of each decision, building awareness and understanding of their rights, and building skills in decision-making and negotiation.

The project also expects to build capacity in the family and friends who act as supporters, who learn to support decision making rather than to make the decisions for the person with a disability. Facilitators act as coaches for supporters, ensuring that they develop the knowledge, skills and attitudes necessary to support the individual in making their own decisions. Trainee facilitators were trained and mentored by the project coordinator, based (during this stage of the project) in the office of the Health and Community Services Complaints Commissioner (HCSCC).

A number of significant changes were made to implementation for this round of the program, based in part on experience and in part on the evaluation of the pilot round. Two disability sector agencies – Strathmont (in the government sector) and Cara (in the non-government sector) participated and signed Memoranda of Understanding with HCSCC. Each of the two organisations also appointed an internal liaison person who had graduated as a facilitator from the previous round of the program.

Ten trainee facilitators and ten decision-makers were recruited for this phase of the project. Two of the decision-makers became unwell in the early stages of the project and withdrew. This reduced the project to eight trainee facilitator-decision-maker pairs. During the course of the project, one trainee facilitator moved interstate, one travelled overseas for an extended period at short notice and another finished early because their decision-maker withdrew from the program. Consequently only 5 facilitators across the two organisations completed the program. Seven decision-makers completed the program, but two of them could only do so because the organisation's liaison person stepped in to take over the facilitation role. For another of the seven, the Coordinator stepped in as facilitator for a few weeks while the trainee facilitator was overseas.

The reduction in size of the program probably made it manageable within existing resources, but has significant implications for cost-effectiveness.

The key purposes for the evaluation, with a summary of findings for each of those purposes, are as follows.

Determine the circumstances in which the SDM project model is and is not effective.

The SDM project appears to be effective where:

- decision-makers have sufficient cognitive capacity to make decisions (see Section 6 for discussion of this issue), a mode of communication, adequate mental health, an interest in making changes in their lives, and where they have time to commit to the project.

- at least one committed supporter can be identified within the time frame for the project;
- there is stability in facilitator and/or a back-up facilitator is available;
- facilitators are appropriately supported, both in practical and emotional terms, by the program and by their own agencies.

Identify the outcomes of the SDM Project, within the 12 month project and evaluation period, for decision-makers, support people, facilitators and organisations

Positive outcomes were reported for six of eight decision-makers. One decision-maker withdrew from the program part way through and reports of outcomes were mixed for another. Positive outcomes included goal-setting, increased confidence, greater assertiveness, reduced frustration and anger with consequent impacts on service personnel and costs, increased autonomy in daily living, greater variety in activities, higher levels of engagement in community activities and organisations, increased literacy and numeracy, work related skills, changed employment and in one case, a decision to get married. For at least two, probably three and perhaps more of these decision-makers, outcomes are likely to reduce costs the participating organisations. (Greater clarity about the extent to which costs may be saved will require a proper economic evaluation). Other than the direct costs of running the program, no increases in costs were reported.

Outcomes for trainee facilitators included increased skills and knowledge, and changed ways of working, not just with decision-makers but also with other clients.

Some supporters reported positive outcomes for themselves, including increased satisfaction, greater awareness of the capacities of the decision-maker, and in one case, a significant change in life direction. One supporter reported increased tension in their relationship with the decision-maker.

Outcomes for organisations included changed practice by participating staff and some knowledge and skills diffusion to other staff, and some minor changes to management thinking. No significant policy or service changes were identified. Some managers reported that the program was more expensive to implement than had been anticipated.

Identify the circumstances in which, and mechanisms by which, positive outcomes are or are not achieved, for decision-makers, support people, facilitators and organisations.

Critical mechanisms for decision-makers were summarised as 'voice, choice and control'. Voice can be exercised when processes for deliberation are established and when intended audiences 'listen for meaning'. Choice can be exercised when there are real options to choose between, and when an active, lateral problem-solving approach is exercised. This is supported by a social capital mechanism where networks available to supporters and facilitators are used to extend access to community options. Control can be exercised when decision-makers have developed a level of confidence and self-efficacy and when other stakeholders (family members, organisations) release control that they have traditionally held. This in turn requires genuine acceptance of the concept of 'expressed wish', belief in the capacity of decision-makers to develop skills and competencies, and willingness to rethink some aspects of traditional risk management policies.

Mechanisms for facilitators include development of new knowledge and skills, role modelling and reflection. These operate effectively when trainees receive both practical (e.g. time) and emotional (interest, support and encouragement) support from both the program and their own organisations.

Mechanisms for supporters include 'seeing is believing', new learning in relation to expressed wish and community organisations, and the emotional satisfaction of supporting someone about whom they care. These operate when all other stakeholders in the program, but most particularly trainee facilitators, are actively fulfilling their program roles.

Mechanisms for organisational outcomes include diffusion of innovation, operating at least in part through 'seeing is believing', and senior leadership support which provides both financial resources and moral authority for the program.

Determine the effectiveness, strengths and weaknesses of the training and mentoring processes for trainee facilitators and recommend improvements.

The extension to a six day training program worked well and the training content was largely appropriate. Extending the program (e.g. two days per week over three weeks, rather than 3 days per week over 2 weeks) is likely to further increase its effectiveness by reducing 'cognitive overload' for trainees.

Develop recommendations for the further development of the SDM Project. Recommendations will relate to whether and if so in what form the project should be continued, and (if continuing) how its quality and sustainability might best be supported.

1. Recommendation 1. The SDM project should be continued and expanded.
2. Recommendation 2. Participating organisations in this second phase of implementation (HCSCC, Cara and Strathmont) should collaborate in seeking external funding to continue and expand the SDM project.
3. Recommendation 3. All participating service provision organisations should continue to be required to fund the salaries of their participating staff.
4. Recommendation 4. Independent cost-benefit modelling for the SDM project should be undertaken as a matter of priority. This should comprise both direct costs and benefits and social return on investment analyses for non-material benefits, for agencies, workers, decision-makers and supporters.
5. Recommendation 5. If and when subsequent rounds of the SDM project are conducted, cost-benefit analysis (i.e. actual costs and benefits) should be included in the evaluation.
6. Recommendation 6: That the program continue to refine the program implementation model.
7. Recommendation 7. A business development plan should be developed to cover a three to five year period. This should include sustainable funding systems, processes for diffusion within and across organisations including high quality promotion and marketing materials, staffing structures that can expand with the program, continued adaptation and development of the program itself including cultural adaptations, and evaluations (including economic evaluations) that are tailored to the changing needs of the program over time.
8. Recommendation 8. HCSCC should lead a process to identify and secure an appropriate agency to operate as the 'base' for the program over the next 3-5 years.
9. Recommendation 9: That the initial training program for phase 3 of the SDM project be led by the internal liaison staff from phase 2 of the program, with support from the Program Coordinator, and that those personnel operate as the mentors for trainee facilitators within their own agencies.

10. Recommendation 10. Participating agencies consider separating the roles of trainer/mentor and internal liaison, involving different staff in the two positions. That all participating agencies (including HCSCC) consider the implications, potential and feasibility of developing a new 'buddy' role in the program.
11. Recommendation 11: A strategy for diffusion of SDM within agencies be developed, involving strategies for awareness raising across senior management, middle management, and service providers; continued participation in SDM for all 'graduate' facilitators; and maintenance of processes to train and mentor new cohorts of trainee facilitators.
12. Recommendation 12. A clear strategy for expansion to a further two agencies should be developed, and planning and preparation for their involvement should be undertaken concurrently with the next (internal only) round of training. (Note that the recommendation of 'two agencies' here is intended to limit the rate of expansion to manageable levels: many new projects 'fail' at the point of expansion because they do not have good quality processes for managing 'scaling up and scaling out'.)
13. Recommendation 13: A range of fee for service opportunities should be explored, and costings be developed such that those services both cover their own costs and contribute to the core operations of the program.
14. Recommendation 14. That a job and person specification for the role of trainee facilitator be developed, supported by recommended selection processes.
15. Recommendation 15. Options for accreditation of training for facilitators (in the first instance) and trainer/mentors be explored. Explorations should include consideration of impacts on costs and income generation for the core operations of the program.
16. Recommendation 16. That strategies for accessing different market segments, and appropriate funding mechanisms for different market segments, be developed.
17. Recommendation 17. Development of high quality promotional materials for the program should be included in the early stages of the business development plan.
18. Recommendation 18. Consideration of cultural adaptations to the program should be included in the business development plan.

1. Introduction and methodology

1.1. Background

In 2010-11, the Office of the Public Advocate (OPA) developed a model for Supported Decision-Making by people with disabilities (known for the purposes of the project as 'decision-makers').

The model is grounded in a rights-based approach: it assumes that people have a right to make decisions about their own lives in so far as they are able. Two key presumptions underpin the model. The first is a presumption of capacity for all individuals. This is intended to ensure that people do not unnecessarily lose recognition as adults before the law and therefore their personhood. Decision-makers needed to be able to comprehend that the decision to participate in the trial was theirs, and was not to be made by others. Otherwise, they were presumed competent to participate[1].

The second principle is the use of a broader approach to capacity (rather than a strict legal definition) that recognises a person's wish to receive support and a person's ability to form trusting relationships with a supporter. These were key criteria for commencing a Supported Decision Making agreement, and hence for participating in the Supported Decision Making project.

In the first round of the project, all people with disabilities were supported by a single Project Officer.

The office of the Health and Community Services Complaints Commissioner (HCSCC) then developed a project to train and mentor other workers in disability services (known as 'trainee facilitators') to implement the model. The original Project Officer was employed to recruit agencies and workers to participate, to develop and provide a training program for trainee facilitators, to mentor and coach trainee facilitators, and to develop resource materials for future use. A pilot of the model was conducted in 2013-14 and was evaluated using interviews with HCSCC staff, trainee facilitators and their managers.

The project aimed to train workers in disability agencies to establish and facilitate social support systems that support people with disabilities to make decisions. It therefore operated at four levels: agencies; trainee facilitators; decision-makers (i.e. people with disabilities) and their nominated support people. To be effective, the project requires support and participation at all levels.

In 2014-15, a further refinement of the model was conducted in two major disability organisations in SA. That program is the subject of this evaluation.

1.2. The program model

The project aims to train workers in disability agencies to establish and facilitate social support systems that support people with disabilities to make decisions. By doing so, people with disabilities can exercise a greater degree of control, authority and self-determination in their lives and be supported and respected in doing so. This puts into practice elements of the UN Convention on the Rights of Persons with Disabilities, and in both the OPA pilot project and the pilot program through the HCSCC, was demonstrated to improve quality of life and community engagement for participating people with disabilities.

[1] Where the decision-maker had a legal guardian, however, at the request of the Department of Health Research Ethics Committee, the guardian's consent was required for them to participate in the evaluation.

The model is centred on a person with a disability ('the decision-maker') and one or more supporters. Supporters are drawn from the immediate family or social networks of the decision maker and commit to assist the decision maker to make decisions in areas of their own choosing.

Facilitators are workers in disability agencies. They:

- conduct particular processes to recruit decision-makers;
- support decision-makers to choose their supporters;
- assist with recruitment of supporters if required, and provide ongoing support to those supporters (some of whom must make significant shifts in previous beliefs and behaviours to be able to operate as a supporter);
- facilitate meetings involving the decision-maker and their supporters in which the decision-maker selects the decisions they wish to make, and is supported to make them;
- facilitate meetings between the decision-maker, their supporters and other 'team members' who can assist with the implementation of decisions;
- provide follow-up between meetings to keep the process moving forward.

The model is intended to work by ensuring 'expressed wish' decision-making (that is, decisions made by and reflecting the expressed wishes of the participant) rather than 'best interests' decision-making (that is, decisions made by others reflecting what they believe to be in the best interests of the participant). In doing so, it expected to build the capacity of the decision-maker by enabling them to identify and access support for decision making, helping them understand the options and consequences of each decision, building awareness and understanding of their rights, and building skills in decision-making and negotiation.

The project also expects to build capacity in the family and friends who act as supporters, who learn to support decision making rather than to make the decisions for the person with a disability. Facilitators act as coaches for supporters, ensuring that they develop the knowledge, skills and attitudes necessary to support the individual in making their own decisions.

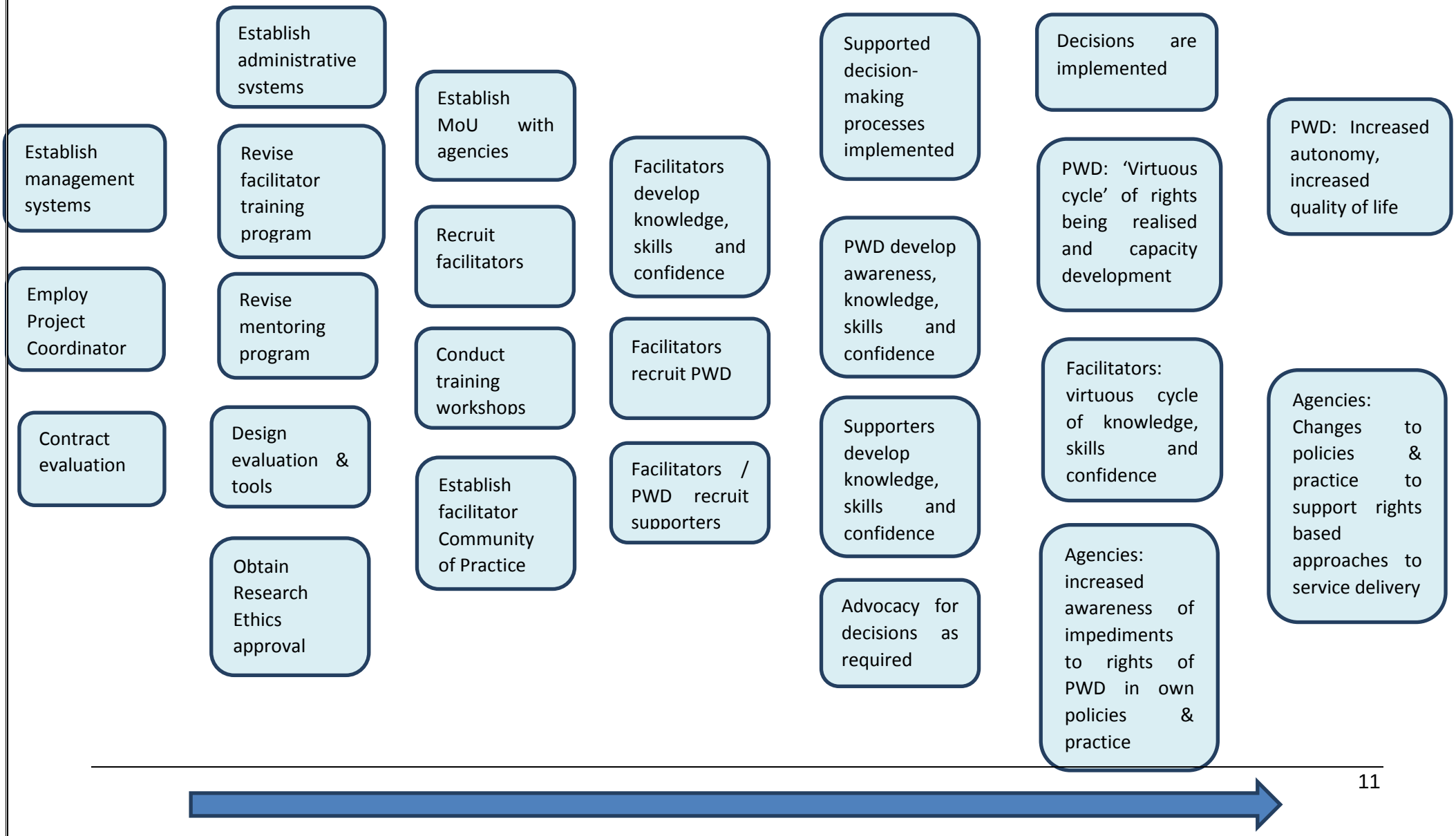
For both participants and supporters, this happens primarily through situated learning. Situated learning theory (Jean Lave) suggests that learning happens best in "authentic contexts — settings and situations that would normally involve that knowledge. Social interaction and collaboration are essential components of situated learning..."[2]

Finally, the project was expected to build the capacity of workers to act as facilitators of the SDM process and to influence the capacity of organisations to implement expressed wish decision-making.

The diagram on the next page provides an overview of the program logic for the project. The diagram has been updated slightly to reflect adaptations since the second round of the evaluation, but in substance remains unchanged.

[2] http://www.learning-theories.com/situated-learning-theory-lave.html

Program Logic – HCSCC Supported Decision-Making Program



1.3. Implementation in 2014-15

A number of significant changes were made to implementation for this round of the program, based in part on experience and in part on the evaluation of the pilot round. These changes included:

- reducing the number of participating agencies from six to two, to improve manageability and build critical mass within each of the agencies. One agency was selected from the government and one from the non-government sector;
- introducing a signed Memorandum of Understanding (MoU) between HCSCC and the agencies, clarifying roles and expectations for all parties;
- introducing 'agency liaison' personnel in both participating agencies. These were staff who had participated as trainee facilitators in the pilot round and who are working towards becoming trainers in the model. They acted as liaison between HCSCC and their own agency management structures, negotiating issues as they arose; provided some in-house support for trainee facilitators; and in both cases, stepped in to take over facilitation when a trainee facilitator had to drop out from the program or take extended sick leave;
- increasing the time allocation for trainee facilitators to work on the program, to one day (8 hours) per week;
- extending the introductory training program from four days to six days, with an increased focus on practical skills required for the program;
- introduction of a structured debriefing process between the Coordinator and the trainee facilitator, after each support team meeting, to reflect on practice and establish a plan of action for the next week
- clarifying the phases of the program (recruitment, implementation and winding up);
- removing the restriction that decision-makers should not be under guardianship (four required consent from their guardians to participate in the evaluation; two were under the guardianship of the Public Advocate and one was under a license).

The two agencies for the 2014-15 round of the project had earlier participated in the 2013-14 phase. Management were keen for their agencies to continue to participate and agreed that staff and clients could participate. A Memorandum of Understanding was developed between HCSCC and each agency, outlining the roles and expectations of the parties, including expectations in relation to participation in the evaluation.

Trainee facilitators were recruited within the two agencies. Information about the project was expected to be distributed to staff who would be invited to self-nominate for participation. Those who nominated or agreed to their nomination were interviewed by the project coordinator from HCSCC and a representative of management within the agency, who jointly agreed to the selection of trainees.

It had been intended that there should be 12 trainee facilitators (6 per agency); up to 24 people with disabilities (up to 2 per trainee facilitator) and 24 supporters (1 or more per person with a disability) (Research Ethics application, p7).

People with disabilities are recruited by trainee facilitators and the Project Coordinator. Actual processes were tailored to the circumstances of the agency but included:

- inviting people with disabilities to attend an initial meeting, in which conversations about getting support from trusted people to make decisions are held;
- inviting attendees to nominate whether they wish to participate in the project;
- selection from amongst the nominations of participants, made jointly by the Project Coordinator and the trainee facilitator, against defined criteria.

Processes for communication, for informing people with disabilities (PWD) of their rights, and for assisting them to considering the consequences of their decisions were tailored to the abilities of the individual. They had been developed and trialled successfully in the earlier phases of this project.

1.4. Purpose of the evaluation

The purposes of the evaluation are to:

- Determine the circumstances in which the SDM project model is and is not effective.
- Identify the outcomes of the SDM Project, within the 12 month project and evaluation period, for decision-makers, support people, facilitators and organisations
- Identify the circumstances in which, and mechanisms by which, positive outcomes are or are not achieved, for decision-makers, support people, facilitators and organisations.
- Determine the effectiveness, strengths and weaknesses of the training and mentoring processes for trainee facilitators and recommend improvements.
- Develop recommendations for the further development of the SDM Project. Recommendations will relate to whether and if so in what form the project should be continued, and (if continuing) how its quality and sustainability might best be supported.

4.1.1. Evaluation questions

a) The program model:
   - To what extent are trainee facilitators able to engage decision-makers in the SDM approach? To what extent and in what circumstances are they able to engage and maintain the participation of support people, informal support networks and service provider organisations to support decision-makers – in their decision-making, and as a result of those decisions?
   - Should the SDM project be continued? If so, in what form and under what auspice?
   - What supports are required to ensure sustainability and continue to build the quality of the program in the longer term?

b) Decision-makers:
   - What outcomes for decision-makers are attributed to the program by decision-makers, their support people, and facilitators?
   - What proportion of decision-makers achieves significant outcomes that have the potential to reduce costs for government (for example, moving to lower levels of support in accommodation, or gaining employment)?
   - Are there sub-categories of decision makers for whom the program is more, or less, successful? In what ways and why?

c) For support people:

- What roles do support people undertake? How do these compare to the roles intended by the program?
- What outcomes do support people identify for themselves from the program?
- What costs (demands) do support people identify for themselves from the program?
- What is the rate of turnover of support people?

d) For trainee facilitators:

- What outcomes do facilitators identify for themselves from the program? To what do they attribute those changes?
- What costs (demands) do facilitators identify for themselves from the program?
- Is there any turnover of facilitators? If so, for what reasons?

e) For organisations:

- Does diffusion of innovation begin within organisations? If so, in what ways, in what sorts of conditions, and over what timeframes?
- What challenges, costs and benefits do organisations identify for organisations and/or the sector?

1.5. Methods

This evaluation has used qualitative methods. A total of 21 interviews or focus groups were conducted with decision-makers, their supporters (7 interviews), trainee facilitators (10 interviews), their supervisors and managers (2 focus groups and 1 interview, total 9 participants), and the SDM Coordinator and her manager in HCSCCC (2 interviews).

Trainee facilitators were interviewed individually and face to face. Supporters were interviewed individually by telephone.

Each of the two organisations was invited to send managers – defined as supervisors of trainee facilitators and the senior manager with responsibility for the program – to a focus group to discuss outcomes for their staff, issues and implications at an agency level. This worked well for one agency, with six people in attendance at the group. The other, however, faced personnel issues, with one relevant manager on annual leave, one on sick leave and a third on emergency sick leave (suddenly hospitalised) on the day of the focus group. Two people attended that focus group, of whom only one had direct experience of the program.

The two key HCSCC staff – the program Coordinator and her supervisor – were each interviewed individually.

While all interviews and focus groups with supporters and staff were undertaken by Community Matters personnel, decision-makers were interviewed individually by a trainee facilitator. The facilitator who conducted the interview was not the facilitator who had worked with the decision-maker during the program. Usually (although for logistical reasons, not exclusively) the interviewer was drawn from the other of the two agencies involved in the program (i.e. facilitators from Cara interviewed decision-makers from Strathmont, and vice versa). A one day interview skills training workshop was conducted for facilitators by the lead evaluator, who is a recognised trainer in evaluation methodology.

Given the significant communication issues for many of the decision-makers, most of their interviews could not be recorded. Facilitators took comprehensive notes of their interviews, and outcomes were collated during a second one-day workshop, again facilitated by the lead evaluator.

For all respondents other than decision-makers, interviews were audio-recorded with permission of the respondents and transcribed for analysis. The analysis of the data might best be described as realist-informed. Realist evaluation (Pawson and Tilley, 1997; Pawson, 2013) seeks to explain whether, how, for whom, in what circumstances, in what respects and to what extent project has 'worked' or 'not worked'. Appropriate data is not available to undertake a full realist analysis, but a realist logic of analysis has been applied to the data that is available. This includes identifying, where possible, differences in outcomes for different sub-groups; the 'reasoning' of those involved in response to the resources and opportunities provided by the program and how that has generated different outcomes (in realist terms, this is called a mechanism); and the factors in the context that seem to influence whether, for whom and how the program works.

It had been intended that outcomes for trainee facilitators would also be assessed quantitatively. A survey was developed to assess changes in knowledge and skills as a result of the program. However, the small number of facilitators trained in this round of the program (compounded by a less than 100% response rate) meant that the number of responses was too small to analyse. The survey remains available for use in future rounds of the program.

Research ethics approval for the evaluation was obtained from the SA Department of Health Research Ethics Committee. Consent to participate in the evaluation was recorded for all participants. Where decision-makers had formal guardians, guardians also provided consent for decision-makers to participate. No-one refused to participate in the evaluation.

1.6. Structure of Report

The report is structured in four chapters. This introduction requires no further explanation. The second chapter addresses the reported outcomes of the project, for the participating organisations, the trainee facilitators, the decision-makers themselves, and supporters of decision-makers, and the causal processes that appeared to generate those outcomes. The third chapter addresses aspects of the SDM model which attracted particular comment from respondents. The final chapter draws together the recommendations arising from the evaluation and discusses future direction for the program.

2. Outcomes and Mechanisms

This chapter describes the outcomes that were identified during interviews with decision-makers, supporters, trainee facilitators and organisation managers.

Decision-makers were interviewed by trainee facilitators other than those with whom they had worked in the program, and usually, from the other organisation (i.e. trainee facilitators from Strathmont interviewed decision-makers from Cara, and vice versa). Because of communication difficulties, these interviews were not taped and transcribed, and so direct quotations from decision-makers cannot be provided here. A one day workshop of facilitators was conducted to synthesise the information that they had collected; summary information from that workshop has been included throughout the first section below.

The chapter is presented in categories – that is, outcomes for decision makers, supporters, trainee facilitators and organisations. We also briefly describe the mechanisms generating outcomes for decision-makers. Mechanisms for other groups are discussed in Chapter 3.

2.1. Outcomes for Decision Makers

A wide array of outcomes were described for decision makers. These ranged from small practical outcomes to life changing decisions. The types of impacts have been divided into three rough groups: wellbeing outcomes, behavioural outcomes and practical outcomes. Some of these, especially the wellbeing outcomes, also seemed to operate as mechanisms which underpinned practical and behavioural changes.

The great majority of outcomes were reported as being positive for the majority of decision-makers. However, there was one decision-maker who withdrew from the project and whose experience was described as less than positive by the supporter; and one decision-maker for whom the outcomes were reported as positive by the facilitator and largely negative by the supporters. Those two cases are discussed separately below.

2.1.1. Wellbeing Outcomes

The majority of both facilitators and supporters reported changes in decision makers' mental and/or emotional states.

> *Obviously I appreciated best the change that occurred in [Decision-maker] and how he was clearly happy and content. (Supporter 2)*

> *…while he certainly appeared confident before, I think it's that he's more confident now to be able to, as I said, come to me and say, "I don't want this anymore, ...about the shopping, this is what I want to do". (Facilitator 2)*

> *He's much more relaxed, he's more confident, he's more able to adapt to strange circumstances. In the past something like sitting in an interview room like this one with eight Japanese delegates, like would have freaked him out, and he was fine with it. (Facilitator 3)*

Changes in confidence were also noted by organisation managers.

> *…for this particular individual we've seen massive changes in confidence. (Managers 2)*

Two facilitators and the supporter all noted significant changes in one decision maker.

> *I saw his confidence grow like so much. Yeah, he just completely changed into a different person. He was able to articulate things a lot clearer, and just really confident speaking up and letting people know when he wasn't happy with something, making like major life decisions, (Facilitator 9)*

> *…and you know what, he's a different man. He's an absolutely different man. (Facilitator 10)*

> *Oh, yeah, massive, massive changes. It's like a – one thing is just far more confident with life, with himself. He was a very angry person before he started this project and that anger no longer exists; it seems to have dissipated. He's always been sociable and outgoing but he's even more so now. ... He's a far more relaxed human being, more communicative, just very positive outlook in life, nothing's too hard for him now. It's like floating on a cloud (Supporter 3)*

Increased confidence or assertiveness were commonly reported and often linked by the respondents. This is discussed in section 2.2 below.

The respondents also suggested multiple factors which they believed had contributed to the change.

> *…there was a focus taken away from what's best for him according to other people to what's best for him according to his wishes. That was the fundamental change in approach, just made him feel as though he was supported and positive about life. (Supporter 3)*

> *…that network [of supporters] gives them the confidence and the courage, which is part of - you know, which I think becomes part of their personal capital (Facilitator 4)*

> *He feels better about himself, because he's got certificates (Facilitator 5)*

> *…this process enabled us to sort of rethink that. We got appropriate doctor's permission to reduce [his medication and consequently enabled him to be] a bit more lively and more engaged. (Supporter 2)*

These are three different avenues to change. The first two quotes relate to confidence derived from having support, the third to confidence gained through previous achievement and the fourth is directly attributed to changes in medication. Obviously the final pathway will not be appropriate or relevant for all clients.

Multiple decision makers were also described by their supporters as being more articulate and/or communicative. Both decision makers discussed in the following quotes were also described as being more confident by the facilitators they worked with (quotations not shown).

> *He's a far more relaxed human being, more communicative, just very positive outlook in life, nothing's too hard for him now. (Supporter 3)*

> *I saw him becoming a lot more articulate and confident in himself. (Supporter 4)*

An increased sense of self-belief and control over their own life was suggested as a contributing factor for the changes in decision maker's emotional states and behaviours.

> *…he's sort of has the self-belief to do that more (Facilitator 3)*

> *I'm sure [decision maker] is feeling more – not powerful, that's the wrong word – but as though she counts more, do you know what I mean? (Supporter 5)*

> *…a lot more understanding from him of where he has control in his life, and that his voice does matter, that he can make his own choices. (Managers 2)*

In one case, increased confidence was attributed not to changes in decision-making, and not to experiences in the project per se, but to increased access to practical support from community members who could support the decision-maker in doing the things he had already planned to do. This is also discussed in section 2.1.4 below.

2.1.2. Behavioural Outcomes

One outcome which is very closely linked to the idea of 'expressed wish' and central to the program model was the stating and setting of goals.

> *I think just the being the boss of his own destiny was very important to [decision maker], because it was a change to the way he'd been dealt with in the past where he was told what to do, and it changed to [decision maker] saying what he wanted to achieve; that was a big change. (Supporter 1)*

> *Yeah, actually he's setting up goals; he's got goals in his life now because he's earning fairly good money. It's exciting, so he's aiming to buy himself a car…so he works with that goal in mind and…so it's a very positive, bright outlook on life that he's got. (Supporter 3)*

At least two decision-makers expressly identified setting goals as one of the outcomes of the project in their interviews; two had also set goals for the period following the end of the project.

One facilitator suggested that the process of the SDM project was allowing decision makers' support networks to learn more about the decision maker's goals and aspirations, by empowering the decision maker to state them aloud.

> *But it's by letting people dream and letting them actually think about what they'd like. And a lot of time, and this has really blown me away with this process, is we have sat and chatted with people for a couple of weeks, you know, at these meetings, they've come out with things that they've never ever told their families or a support worker that's worked with them for years. They never dared to dream in front of those people. But it was our fault, because all the questions we ever asked them were service-land talk. (Facilitator 10)*

This suggests that while the dreams may already exist, previous practice in organisations was not providing a sufficiently 'safe' environment for clients to express themselves or to convert those dreams to active goals.

Increased assertiveness (presumably a result of increased confidence and self-belief) was reported by both facilitators and supporters.

> *I think the biggest change [decision maker] had was that he was able to speak up for himself, say things that he would have never done in the past. The wishes that he expressed were absolutely unknown to the service. (Facilitator 4)*

> *So [name] is one of his supporters now, and I think it changed that relationship in the way that [decision maker] started to ask more of [supporter], like where's my pay? And, you know, asked [supporter] to help him get a resume together. (p.13) … I think [decision maker's] got some of his power back now (p.14) (Facilitator 5)*

> *That was a very important thing for him to speak his mind, because he was very much a kind of a yes person before, and when he had gained some confidence for himself, he could say no to things that he didn't want to do, which is a really important step. (Supporter 1)*

Facilitators provided a number of other examples in the data analysis workshop, including a decision-maker responding assertively to other residents in his house ("you feed your own dog", "don't talk to me like that") and another who wrote to a senior manager saying that he wished to be consulted about changes to his accommodation, rather than simply being placed in it.

Another outcome linked to the increase in confidence was an increased willingness to try new things.

> *…when we first started the decision maker it was 'I would love to do this but I can't because I'm in a wheelchair, and I would love to do this but I can't, and I would love to do this'. That's all we could hear, was 'I can't'. And trying to take that 'I can't' away, just tell me what you would love, and you leave the 'I can't' up to us to make it possible, well that was like somebody put a light on, and her whole thing changed. Like she'll actually say 'because I want to'. (Facilitator 7)*

> *…his confidence, he's always willing now to try new things, whereas before he would say - you'd suggest something to him and he'd say 'I don't mind'. And then, and I knew he'd do it, within half an hour 'I've changed my mind'. Now I'll put something to him and say would you fancy trying this, or do you fancy trying this workshop, or whatever it might be? 'Yes.' And he will go through with it. (Facilitator 8)*

> *He just basically come out of his shell, I think, and he probably realised that he could do a lot more than what he could. He's just a really strong advocate for himself, like standing up for what he wants to do, and just basically never said sort of no. It's always like how can we do this? And that's the kind of message we were trying to share with him, and he's - yeah, it's kind of like the world is his oyster. He's willing to like sort of tackle anything, where before that he was a little bit more, you know, stayed inside his shell. (Facilitator 9)*

One of the common behavioural changes which was reported by facilitators spending more time outside of the organisation. This included taking on some tasks which had previously been undertaken for the decision makers.

> *…he used to have his, like grocery shopping done online by Woolworths. This, you know, it's nice and easy and whatever, and probably about halfway through this project he came to me one day and he said that he wasn't happy with that anymore. I said okay. He said 'I want to be able to go to the shop, to the supermarket, and pick up my own things off the shelf'. …he's now joined a couple of groups out in the community. Prior to that I'd have to say that everything he did was with people with disabilities, so that's - I think that's a positive. (Facilitator 2)*

> *Now he does a lot more community based things, like going to the movies, going to the library, going to a local swimming pool. (Facilitator 3)*

One facilitator reported less violence on behalf of the decision maker with whom he was working.

> *…no violent outbreaks since we've started. … in the period before that it was quite regular. It would be once every couple of months, at least. … I think we'd had a bit of a spike before that, and so to not have that level of anxiety and agitation was a marked change. (Facilitator 3)*

A similar reduction in violence was found for one decision-maker in the previous round of the program. It seems likely that an increase in voice and control reduces frustration and anxiety, which decreases the likelihood of violent outbursts.

Another facilitator reported that the decision maker with whom she was working had stopped admitting himself to hospital with self-diagnosed health complaints, which she thought had been a strategy for social engagement. Now that the decision-maker was more engaged and satisfied with his life, he no longer felt the need to do it.

These two outcomes are significant in part because they reflect increased wellbeing on the part of the decision-makers, and in part because they are likely to generate significant time and cost savings for the organisation concerned and other agencies. This issue of cost savings is addressed in Chapter 4.

2.1.3. Practical Outcomes

All ten facilitators interviewed for this evaluation, and five of the seven supporters, reported seeing practical outcomes for the decision maker. Some of these outcomes were fairly relatively small in scale, such as obtaining the decision maker's birth certificate. Other changes were life altering, including, for one decision-maker, a decision to get married.

Employment

One decision-maker changed from sheltered employment to self-employment and commenced planning to start his own business. Both facilitators and the supporter for this decision-maker identified improved control of his finances as one aspect of the change:

> *So what happened was in the meantime he started talking about 'I don't want to work in disability anymore, I want to work in mainstream, and I want to be my own boss'. So that's where the idea of business came from. So we knew someone that was selling the Big Issue, where you're contracted. So we got that person to come along and talk about the ups and downs of it, he went in to see management, he decided to give it a try, he's their best seller, and he's earning $1000 a week for 30 hours a week. He's...got an ABN, he's set up a business account, he's set up his spare room as an office, he's got a supplier for his candles, and now we've attached him to Micro Enterprise where they're going to set him up another team now, that's going to be attached to him, that's going to help him get his business off the ground. (Facilitator 10)*

> *…because he wanted to become a sole trader we had to establish an account for him to be a sole trader and also transfer his accounts from his old account into a new system because*

> *the old systems were archaic and you had to go into a bank every time you wanted money. (Supporter 3)*

The majority of changes fell somewhere in between the minor and the major.

Skills development

Learning new skills and attending courses were common outcomes for decision makers.

> *He attend the White Card course, and he - we also enrolled him in to study basic English at the TAFE SA, and we have also applied for a course date - you know the carpentry basic maintenance course, with TAFE SA. We got the advisement from SATAC, from the city, for him to go ahead and enter the course (Facilitator 1)*

> *He's enrolled in a TAFE course (Facilitator 3)*

Significant improvements in literacy and numeracy were identified for another decision-maker, by both the facilitator and the supporter.

> *Because [decision maker] now is learning to write. [Decision maker] knows all about his money. He's in total control of his bank card, which he uses himself. (Facilitator 8)*

> *And I've noticed that he's started to read, that he went to the library and he borrowed books… And then he also became more independent with his money. He became responsible for his ATM card, and his financial management. He's got a cash box which took him away from the sort of pocket money model that he'd been existing under before, into looking after his money on a daily basis. (Supporter 1)*

Six decision-makers reported learning skills in their interviews. In addition to the 'formal' literacy, numeracy and vocational skills identified above, these including skills for daily living: doing one's own shopping, learning to cook, to take a bus, to look after a dog, and to manage one's own money. These skills contribute significantly to personal autonomy and life satisfaction, as well as reducing reliance on service providers.

Relationships

The most significant relationship change was for the Decision-maker who decided to ask his girlfriend to marry him and became engaged.

> *Well he got engaged; he bought a ring. … Yeah, without having to go through the system, without seeking permission for expenditure, without notifying other people, he just went off and did it, which I think he should anyway. And knowing that he can do that has given him the confidence to continue to do that. (Supporter 4)*

Another asked a woman to go on "real dates" in the city. The relationship did not work out in the longer term – but this is of course a natural process for people without disabilities as well.

Other new and/or improved relationships were also reported for multiple decision makers. Closer relationships with family were reported for three decision-makers and new or closer connections with community members for another two. One supporter, a sibling of the Decision-Maker, reported that he facilitated contact with their elderly parents:

> *I offered, for example, that [Decision-maker], he resides at the centre full-time, that he is more than welcome on weekends or whatever to visit his mother and father, who are my*

> *parents of course. They're quite frail at the moment. They used to travel to Strathmont quite regularly but now don't do that as often and I said, "Look, as an option why don't you actually go and visit them?" So I would make sure that the carers look after [Decision-maker] at that time. I would speak to him and say, "If you come on Saturday or Sunday give me a call first," and I would organise, make sure my parents knew and, yeah, just go there for a cup of coffee and a biscuit and stay half an hour or whatever. That's all that's needed. We sort of facilitate that sort of stuff and also it enabled [Decision-maker] to sort of showcase what he was doing at these various different activities that he was involved in.*
>
> *…he's got a better relationship with them [his family]. (Facilitator 8)*
>
> *...he now works at a men's shed once a week, which he loves, he's made a relationship there with a gentleman, ... they seem to be bonding. (Facilitator 3)*

Four decision-makers reported new or improved relationships during their interviews, including one later described by a worker as the first adult connection with anyone other than a disability sector worker in his life.

Accommodation

Changes in accommodation or expressing their wish to have some control over changes to accommodation were reported for three of the decision makers.

> *[Decision maker] actually got down with his supporter to write a letter to the area manager saying that 'I would like to be consulted before I'm just moved and shoved into another place'... (Facilitator 4)*
>
> *[Decision maker] wanted an improved situation in the structure of the home because where she lives her room is used as a thoroughfare – ... there's four clients living there, but because of the way it was set up, they come through [decision maker's] area all the time to get to another one and other residents come around and another resident's dogs come into her area and defecate and whatever, which was not acceptable. So those things have changed, which is good, and the house I think is going to be altered, so that most the staff will go outside of [decision maker's] room, outside the building, around to another client's room, so that's fantastic. (Supporter 5)*

For the third decision maker for whom there was a reported change in accommodation, the views of the trainee facilitator and the supporter were very different. This is discussed in section 2.1.4 below.

Health and fitness

For one decision maker, a range of health outcomes were described. These included general health improvement, action to overcome mobility issues, a series of actions to improve the quality of food and reduction in medication levels.

> *With his health, as I said before, his health has improved out of sight, he eats well now and he did consume a lot of alcohol before; that's dropped away to about nothing now, so he only drinks socially.*
>
> *…one of [decision maker's] wishes was to actually be able to stand up and transfer out of his wheelchair unaided, so he hasn't been able to do that since he was a child, so we had to establish the physiotherapy for him so that he could do that and that took a while to get the right person in and get it happening. Of course, the other issue with that was that those*

physios are fairly expensive so we had to work out a way of paying for this within his income structure.

...the food that he was eating was fairly substandard, so we had to establish online Woolworths. ... and then we still found that some of the food wasn't up to what he wanted to eat in terms of quality, so we had to try and establish an eating service – well I deliver the meat for him now, ...there's a delivery service, so I've established that for him, bought him a freezer and – well he bought the freezer – I just helped him get it. And so he's now got good food coming in and he's re-established contact with his carers so they understood what his needs are now ..., so all his health needs are basically met adequately and he's quite happy about that. ... It's actually improved things so now he's not on any medication at all. (Supporter 3)

A range of other health and fitness related outcomes were reported for other decision-makers which included:

- one decision maker joining a gym, buying gym clothes, and now attending without requiring a support worker
- another decision-maker trying a gym but not liking it, and moving on to try basketball
- a third decision maker moving from swimming onsite to swimming at a community swimming centre, providing social contact as well as physical exercise.

Holidays

Five decision-makers reported planning, or having taken, holidays. One had experimented with a short caravan holiday at the beach in metropolitan Adelaide. One had booked a trip to Queensland and another a two week cruise to New Zealand. Two were working on planning holidays – one a fishing trip, and one a trip to Broken Hill.

For people whose routines had previously been constrained by the combined effects of their disabilities and service delivery routines in the organisations in which they live, holidays provide a significantly different experience, and in some cases, a first opportunity to develop a range of skills in new settings.

Other outcomes

A range of other outcomes were reported. A terminally ill decision-maker had decided where she wanted her ashes scattered after her death. A decision-maker who liked photographs had been provided with an electronic tablet, learned to use it to take photographs and (amongst other things) used the photographs to show his elderly and frail parents the new things that he was doing.

2.1.4. Other cases

There were two decision-makers for whom neither supporter nor facilitator interviews were conducted; consequently, no evidence of outcomes is available for these cases. There was one case in which the decision-maker withdrew early from the project, for which the facilitator and the supporter offered slightly different interpretations. There was a fourth case in which both the facilitator and the supporter discussed some difficulties in the process, but they offered almost diametrically opposed views of the success of the program, with the facilitator being significantly more positive and the supporter significantly more negative.

The small number of cases make it impossible to provide evidence in the form of quotations from the interviews without identifying the staff and supporters, which would breach conditions of the

research ethics approval for the evaluation. However, some issues can be identified which should be taken into account in any future implementation of the project.

Probably the most significant of these relate to communication. Factors which appear to have contributed to communication difficulties include over-commitment and lack of time for both the decision-maker and the facilitator, and inconsistent participation in the project. In one case, supporters reported trying to set up meetings with the facilitator but not receiving replies to emails and phone calls, while the facilitator reported involvement in too many projects concurrently. In the other case, some tensions in an already-established relationship between the facilitator and supporter and a late start to the supporter's involvement in the process may have contributed to the difficulties. Communication issues for the decision-makers themselves may also have contributed. In one case the supporter reported that the decision-maker did not in fact understand or agree to things that the facilitator seemed to believe he had understood or agreed to, while the facilitator reported that the decision-maker might not have told 'the complete truth' to the supporter. In the other, attempts to overcome extremely slow communication during meetings by having other staff (outside the project) support the decision-maker to prepare answers to questions before the meetings were reported to have failed because they were not supported by those other staff. Role clarification and negotiation of participation may have assisted in this case.

This seems to relate to a second, closely related issue, that of coordination. Poor coordination between the project and another volunteer (i.e. someone involved in the decision-maker's life but not taking part in the project) caused extra work for the key supporter, to avoid 'treading on each other's toes'. This constitutes something of a 'role reversal'. The program theory holds the facilitator responsible for coordination and the supporter for direct assistance to the decision-maker in making and implementing their choices. It appears that coordination issues may have been underpinned, at least in part, by confusion about which of the decision-makers' decisions and goals fell within the project and which did not.

The third issue appears to relate to slow progress towards goals. In one case the facilitator reported aspects of progress while the supporter reported "nothing happened" and interpreted this as 'broken promises' made to the decision-maker. The supporter reporting significant frustration and emotional outbursts on the part of the decision-maker as a result. In the other case, the decision-maker withdrew from the project and concentrated on other major life changes that he had decided prior to the project. In this case, a number of stakeholders identified differences in the usual program process, from recruitment through unresolved issues with primary services to difficulties organising meetings, each of which may have contributed to this outcome.

There are of course a number of possible explanations for differences in perspectives by respondents. No-one involved in the process - the facilitator, the supporter, the Coordinator or the internal liaison person - saw all interactions involving the decision maker. It is possible that there were significant differences in the interactions they witnessed, and that each has only part of the story as a result. It is also possible that the decision-maker said (or seemed to say) different things to different people, perhaps because of the nature of their relationships, perhaps because their own interpretations changed over time, or perhaps because their communication difficulties meant that greater 'interpretation' was required. It is also possible that different interpretations were applied to the same decision-maker behaviours: for example, what one person saw as assertiveness may have been interpreted as aggression by another. In one case, some aspects of progress were attributed to the project by the facilitator but to happening 'outside of the project' by the supporter.

Various forms of social desirability bias (a tendency to answer questions in ways which present oneself in a good light) may also have affected responses during evaluation interviews.

It is important therefore that 'blame' is not attributed to any party on the basis of this evaluation report. It should be remembered that the majority of participants (decision-makers, supporters and facilitators) reported primarily positive outcomes for the majority of decision-makers. The aim here is to highlight the critical importance of positive relationships, excellent communication processes, a strong focus on coordination not simply within the project but 'across the boundaries' into other aspects of the decision-maker's life, and early attention to apparent disagreements or differences in interpretation.

2.1.5. Mechanisms for Decision-maker outcomes

This evaluation is informed by realist methodology (described in Chapter 1 above). Realist evaluation assumes that programs themselves do not 'cause' outcomes. Rather, they provide resources and opportunities that enable changed 'reasoning' by participants, which contributes to changed decisions or choices, which underpin changed behaviours, which in turn contribute to changed outcomes. This process ("resource + reasoning > changed choices") is known as a program mechanism.

Achieving outcomes for decision-makers in the SDM project requires changed understandings and changed behaviour from facilitators, supporters, 'team members' and family members, as well as the decision-makers themselves. Mechanisms in relation to facilitators and supporters are discussed in Chapter 3, in relation to particular aspects of program implementation.

For decision-makers themselves, increased confidence is both an outcome in its own right and a mechanism that enables them to continue to make new decisions, to be more assertive, and to request changes in the support provided to them so that it enables them to do the things that they would like to do rather than what has previously been decided for them.

Increased self-efficacy was similarly both an outcome and a mechanism. Experiences of success operate as a 'feedback loop', described by facilitators as "if he'd done it once, he could do it again". Success of course did not necessarily mean that goals had been achieved. It could mean success in stating a goal or making a decision; success in 'being heard'; success in trying something to find out that it was not, after all, what the decision-maker wanted. Success in achieving small goals built confidence that change was possible - not only for decision-makers but also for supporters, family members and staff - which in turn increased the sense of possibility for additional change in future.

Confidence and self-efficacy operate 'within' the individual decision-makers. At the program level, mechanisms were summarised by trainee facilitators at the decision-maker interviews data analysis workshop as "voice, choice and control".

Exercising voice requires processes for deliberation – for identifying options and considering their advantages and disadvantages. It also requires that intended audiences listen for and hear what is truly intended – a process described by facilitators as "listening for meaning instead of listening to the words". This in turn required them to develop skills in probing for meaning. For one decision-maker who had repeatedly asked for a dog, for example, the importance of the dog was not simply as a pet:

> *...he again brought up about the dog. ... I don't know what it was, but there was just something that he - I stopped, and rather than going into how I would usually respond, I*

actually said to him, what is it about having a dog? And he talked to me about 'well it will bark when someone comes into my back garden at night'. And the more I explored that… eventually, after…several questions, I said 'is this about do you not feel safe in your house?' And he said 'no, I don't'. And that was what he was trying to tell me. It wasn't just wanting the dog, it was he wanted to feel safe. …and I thought - all the time I've worked with him and I've never actually explored that. (Facilitator 2)

Exercising choice requires real options to choose between. For some decision-makers with a limited range of experiences, constrained knowledge of options in the community, and perhaps limited skills in lateral thinking, this can require facilitation by others. Both supporters and facilitators reported that they themselves needed to develop skills in lateral thinking, problem solving and identifying community options to undertake this role.

Exercising control requires self-efficacy on the part of decision-makers, voice and choice - but even more so, it requires release of control by those who have previously exercised it – disability sector agencies, family members and guardians. The shift from 'best interests' to 'expressed wish' is a fundamental aspect of program theory for SDM, and was often described by participants in the program. This of course requires organisations to re-think some aspects of risk management policies, ensuring that those policies respect the fundamental human rights of people with disabilities (a concept known in disability circles as 'the dignity of risk'). It can also require a shift from protectionism (best interests) to advocacy on the part of organisations, workers and supporters, to ensure that family members, guardians, community members and community organisations also begin the process of recognising and respecting the rights of decision-makers. Some (albeit small, given the size of the program to date) progress on these fronts was reported in interviews and is discussed further below.

2.1.6. Contexts for change and sustainability of outcomes

Both the extent to which the program worked as intended and the extent to which decision-maker choice and control might be continued beyond the life of the project depend to some extent on the capacities and circumstances of the decision-maker and in part on the capacities and resources of those supporting them (supporters, families, organisations and communities).

In realist evaluation, these factors are known as 'context'. The facilitators' data analysis workshop considered issues of context and identified the following influences.

- Where supporters and the decision-makers' team members have strong social networks, it is easier to bring in new members to the team and/or make linkages to the community, enabling a wider range of goals to be explored and/or realised. In formal terms, pre-existing strong social networks enable the 'bridging capital' mechanism to operate.
- Where decision-makers have very limited support networks prior to the program, and/or where potential supporters and team members are constrained by their own circumstances (disability, age, work commitments and so on), establishing supporters and teams is more difficult, slower, and therefore less support is available within the project time frame.
    - It is possible that longer time frames would enable greater support to be built over time but this has not been explored to date. This may require consideration in longer term development of the model. Setting an agreed timeframe for groups of trainees to move through the project of course has organisational and project management advantages, but it does not take account of the effects that decision-makers' circumstances may

have on the operations of the project and thus cannot be considered truly 'person-centred'.

- Where decision-makers have very limited support networks and limited cognitive or communications capacity, exercising voice and choice-making over time is likely to require ongoing support by personnel within the disability system, rather than by community members. These personnel could be staff or volunteers but they will require both an ongoing relationship with the decision-maker and skills in supported decision-making to be able to fulfil the role.
- The smaller the support network, the more vulnerable it is to change. For example if a decision-maker has only one supporter and that person moves, changes jobs is for whatever reason unable to continue, the decision-maker is left vulnerable to losing choice and control.
- Where initial decisions built social networks, the process has a tendency to snowball. This may be more likely for decision-makers who are extroverted than those who are introverted.
- For decision-makers who are introverted but whose goals require community engagement or support, facilitators require stronger skills in identifying community options to build the networks to provide that support.
- Where agencies provide strong and active support for facilitators, including reducing other workloads or project commitments and providing paid release time, that enables full implementation of the SDM process and reduces facilitator stress and fatigue.
- Where facilitators are on rosters it is harder to provide release, and facilitators still have to include much of the active facilitation role during normal business hours. These factors combine to increase stress and fatigue for facilitators.
- Logistical issues can affect program implementation. These include:
    - finding appropriate venues for meetings (decision-maker houses do not necessarily provide sufficient privacy, if living in shared accommodation, or appropriate rooms for larger meetings);
    - covering costs (such as transport costs) for supporters on low fixed incomes;
    - reorganising decision-makers' personal budgets to cover additional costs to attend meetings, participate in activities in the community, and implement their life choices.

2.2. Outcomes for Supporters

There was less focus on outcomes for supporters in interviews conducted for this evaluation than on outcomes for decision-makers. Despite this, a range of outcomes were described.

Supporters learning about the difference between 'expressed wish' and 'best interest' was an outcome which was identified by both facilitators and supporters.

> *I think the change in my attitude as well, because I was always existing under the model of best interest too, …and when this new model was put forward, I remember [mentor] having to educate me about three or four times on what express wish meant, …and she would say, "No, actually, that's the best interest model. You need to work towards [decision maker's] express wish though." So that was a change. I had an attitudinal change there. (Supporter 1)*

> *I know that [supporters] learned that it was a really beneficial program, that people were accountable and made sure things happened, and learned about best interest, and listening without their opinions or ideas. I know they found that quite challenging, but learnt a lot from that. (Facilitator 6)*

A shift toward applying the concepts of expressed wish with others was also reported for some supporters, particularly those with other roles in the disability sector. As the supporter quoted above noted:

> *It's been good, because with my volunteering work with the other guys we've got here, cerebral palsy, it's affected the way I think about their achievements as well, and the processes that we go through there... (Supporter 1)*

Facilitators reported seeing supporters and family members recognise that decision-makers had greater capability than they had previously thought.

> *I suppose realising that she can make these decisions for herself and it's her choice. (Facilitator 7)*

In one case where the supporter was a volunteer rather than a family member, both supporter and facilitator reported that the family's understanding of the decision-maker's capabilities had improved.

> *They set up a meeting and we discussed all the things that he'd done and tried, things that had worked, things that hadn't, and his ... mother turned around and said, "Oh my God, [decision maker], I didn't know you could do that". (Facilitator 8)*

> *His parents had a belief that he shouldn't even be trying things, 'cause he wasn't capable. And [Decision-maker] baked cakes for them, for example, from scratch with the flour and the milk and the eggs, and everything else; the eggs that his chooks had produced, to make cakes for them, and they said they couldn't believe that he'd done it**...**So it was really fantastic for them too to see that [Decision-maker]'s abilities were much greater than they thought. (Supporter 1)*

This change in understanding can in some cases contribute to improved relationships between decision-makers and others. Changes in the relationships between supporters and decision makers were reported by both trainee facilitators and supporters themselves.

> *…my link with [Decision-Maker] has been deepened considerably. We always had a good relationship, but it's been significantly deepened now, so we understand each other better and we work more like a partnership rather than...supporter and supportee, or whatever you call it, yeah, and I see him as a good bloke and he sees me more of a bloke than a dad and it's good; it really works well. (Supporter 3)*

> *...and they [supporter] have said that they know more about him now, about what he's doing and you know, what's happening in his life, than they did before. (Facilitator 2)*

> *The thing that I liked the most was being able to support [Decision-maker] without being a paid person, so feeling that I was a genuine friend.... And it just felt like he had more control because I could do it as his friend rather than his [paid worker]. (Supporter 6)*

There was one decision-maker, however, for whom the facilitator and the supporters saw the change in relationship very differently.

> *I can probably only comment on [supporter], but if I comment on them I feel that they're feeling that they're more a part of his life now, and more involved, and that they have a say. (Facilitator 2)*

The supporter however presented a very different picture about the impact of the program on their relationship with the decision maker.

> *We get abused more. Well, because of [Decision-Maker's] - what shall we call it, attitude to these meetings and program, he does let it out on us when he rings, and he does have a go at [supporter's spouse] quite often. And we try to explain to him about the processes and that, sort of, stuff. And...he does totally loses it and gets angry. (Supporter 7)*

The supporter reported being comfortable with this because they knew 'how to handle' it and had strategies to assist the decision-maker to calm down and to take the relationship forward.

One supporter suggested that not only had their expectations for the decision-maker changed, but their expectations of the organisation had changed as well.

> *I always felt that the activity list was driven by the centre with little or no ability to participate or get involved in that. I've sort of changed my view now about that a bit more. I probably have raised expectations about how that should be done and how it should be reviewed in the future... [Decision-maker] has been in this facility now for almost 10 years and it's probably fair to say that over that time our involvement in particularly his day-to-day activities got to a rut or a steady state where you think 'that's it' ...So to me it's just raised expectations about what should be occurring and hopefully we can build in that going forward.*

One supporter indicated that they had made significant changes to their life as a result of being involved in the program. The facilitator involved with the supporter also noted the same changes.

> *Changes in my life; I've reassessed what's important and what's not important in my life and me and consequently I've actually resigned from my job which I wasn't really enjoying and, as I said, I'm giving [decision maker] my support. … It gives me the opportunity to set up my own business in what I really love doing and direct reflection of what's happened to [Decision-Maker] because he's doing what he loves doing and there's the changes in him. So the whole idea of doing what you love doing is important, so that's what I've changed my life to do exactly the same thing. I've reflected the model, in a sense. (Supporter 3)*

> *His Dad, through SDM, has now decided to give up his long-term job to actually work on his own business and support his son in his business. … he said 'but this has made me realise how people should be doing what they want to do in life. My son is so happy for the first time in his life, I'm going to be that happy.' (Facilitator 10)*

The same supporter also indicated that involvement in the program had improved their overall happiness.

> *I feel very happy in my life and I know I'm happy largely due to the fact that I'm helping [Decision-Maker] in such a way, if that makes any sense? (Supporter 3)*

2.3. Outcomes for Trainee Facilitators

2.3.1. New knowledge and skills

New skills and or knowledge were the most commonly reported outcomes for facilitators. All but one of the facilitators reported at least one outcome in this category. The list of skills that facilitators reported either learning or improving were:

- administration skills;
- time management;
- effective confrontation;
- listening for underlying meaning;
- communication and questioning techniques; and
- research skills (i.e. investigating options and resources in the community.

Knowledge and skills are outcomes in their own right, but they also operate as mechanisms for later outcomes – most notably, of course, being effective in the facilitator role. The skills developed are also portable to other aspects of work and therefore presumably represent a benefit both to the individual and to the organisation, independent of the program itself.

Respondents also reported that they had learned more about what services were available.

> *I learned how many organisations are actually out there, what's available for people with disabilities, you know, employment opportunities courses, their legal rights, I learnt - I learnt an awful lot. (Facilitator 8)*

> *Knowing who I can call on. Even support from the doctors and - I don't know, it just opened up things to me that yes, people are accessible, and you can ring them, and invite them. And not all of them is going to say yes, and not all of them is going to say no. (Facilitator 7)*

> *It's easy to run a meeting or to organise people, but I think it takes skill development in knowing not to have best interest, knowing when to stop and listen and to give someone the centre stage, to also educate other people on - so as in like the supporters - on, you know, best interest and, you know, listening, and I guess not judging as well, about what someone might like to try and do, whether it's something that may not be achievable or not. (Facilitator 6)*

Some respondents also indicated they had a clearer understanding of the concept of 'expressed wish' or had developed their skills in finding out what their clients' wishes were.

> *I didn't really realise what we'd been doing all these years was best interest, and not expressed wish. It was clarifying that for me. Because I suppose for being around for such a long time, you want to do the best, you want to give them the best, you want their life to be the best. Best for who? (Facilitator 7)*

> *I think I'm much more likely to let people have - the people that we support have the freedom to make their own decisions, even when they're not in their best interest. I think I am more vocal in advocating for that to my management than I was in the past, and also to*

my colleagues. So yeah, I think it's given me the confidence and the framework to advocate for that sort of thing. (Facilitator 3)

Yeah, around the best interest and sitting back and listening, and I stop myself all the time now and think, you know, this is a choice or a decision that they're making. It doesn't matter if it doesn't work, or it doesn't matter if it's not the right choice, or - so yeah, I guess that's sort of embedded now. (Facilitator 6)

Some managers thought that trainees had been re-motivated by the project.

I've heard that it had transformed people, that staff had, you know, been empowered and come alive, and passionate about you know, the positive changes that they've seen (Managers)

Some supporters also suggested that staff attitudes had changed.

I think the attitude of the staff really changed. ... their attitude towards [Decision-maker] changed in so far as they were helping him to realise his own dreams more, rather than saying 'this would be the best thing for you to do'. (Supporter 1)

2.3.2. Translation of skills to daily work

The majority of facilitators provided examples of how they were putting the skills they had learned into practice in other aspects of their work.

It's not just with [decision maker] anymore, it's with all the clients I work with, you know. There's a much more open communication from the point of view of me not getting flabbergasted oh, how could you even suggest that? ... I think there's a lot more open dialogue with all of our clients, there's a lot more acceptance of things that they want to do, there's a lot more initiative and urge from us. …say a year before if somebody said 'I want to do this', I'd be like, "Oh no, no, no, I need to check this. Can you do that? Do we have the money? Do we…" - you know, that whole thing of putting obstacles even before the wish has been expressed. It was automatic. I couldn't even stop myself. And it's like now if somebody says I want to do this, it's like, "All right, let's do it, how can we do it? Let's work it out". ... (Facilitator 4)

I do things differently now, and I go back to looking at the meetings, what people talk about - and I'm talking general with people that I support. I've learnt so, so much, and what I'm doing now is I'm actually using some of the skills that I've learnt with the other people that I'm supporting. (Facilitator 2)

I think my perspective has changed. … That not everything's perfect, and you start where you can. So this person may not have a non-paid person in their life, but you start with what they've got and you work from there. …it changes how you work. So you always come from that - oh, it's hard in these jobs, because you're always in the service, but it changes. You always ask the person first, is this what you want? (Facilitator 5)

…it [stretched] to the other clients living in the same place too. (Facilitator 1)

I think it's helped even just like in my every day, my career, with when I'm in meetings and things like that, understanding that some people ... might not be as confident as other

> *people, and so it's really taking skills as far as engaging people in a group situation. (Facilitator 9)*

One facilitator who had also been involved in the previous phase of the program reported a change in learning style related to increased confidence and expertise:

> *You know, last time I would ask her what to do next, but this time ... I would think of three or four ways of ... moving forward with the agreement and stuff, and then she would say oh yes, we can do this, we can do that. (Facilitator 1)*

One facilitator suggested that there had been changes in their own life which mirrored the intent of the program. This is similar to the outcomes for one of the supporters discussed earlier, in that both were mirroring aspects of the program in relation to expressing and pursuing their own wishes.

> *Oh, it's just helped - it's really helped me grow. My - just the way I think about things. I used to be a little bit of a negative person, but - no, that's all gone. ...Yeah, I used to let - I was a bit of a ... pushover, you know, and people in my life were sort of taking advantage of my good nature and all that, and now it's like no, this is not acceptable, and I will not put up with it. ...To see the changes in, you know, people with disabilities, and you know, it makes you sort of embrace what you've got rather than thinking oh, you know, it's a crappy day, and oh, I don't want to do this, and oh, I haven't got much money in the bank, or whatever. You just think well, you know what, I've got everything in life. (Facilitator 8)*

2.4. Outcomes for Organisations

Several outcomes for organisations were reported, usually by facilitators. In addition to the outcomes discussed here, potential cost benefits were also identified by two facilitators. Those are discussed in chapter 4.

The first outcome for organisations is extension of SDM-informed practice by trainee facilitators with their other clients. This was discussed in section 4.1.2 above. However, over half of the facilitators interviewed indicated that there had been some form of diffusion of ideas or practices within the organisation.

One facilitator suggested that seeing the results of the program for the decision maker had influenced other clients living in the same house, who were starting to enact similar behaviours.

> *I think it's the difference in [decision maker]. The other people in the house have seen the changes, and they're sort of thinking well I can have a bit of that, I can do that. The staff have seen the change. (Facilitator 8)*

Staff level

By far the most commonly reported form of diffusion was a shift in the attitudes and/or behaviours of other staff.

Some facilitators indicated that they had deliberately involved other staff members in the SDM process. One suggested that this had increased the cohesion of the staff supporting the decision maker and impacted the staff's work with other clients. Another suggested that involvement decreased scepticism, increased understanding and increased buy in from those staff, suggesting that the 'seeing is believing' mechanism was at work.

> *…what we decided to do was at each of the meetings we'd bring a couple of the staff as well to join, so that they could get involved in it and see what was happening, and they'd be able to go with the changes, which has worked. … Because everybody's on the same page, now. Everybody's got the same goals for [decision maker]. (Facilitator 7)*

> *The day staff in particular, they were coming to basically every second meeting, because …we were holding meetings on Tuesday afternoons, and so one staff would be rostered on one week, and then the next week…If you can get others involved they have more investment and understanding of the process… …definitely with his staff members and [supporter], but the staff members in particular at first were highly sceptical. They seem to have come round. (Facilitator 3)*

Several facilitators indicated that they had seen changes in the attitudes and/or practices of other staff at their organisations.

> *I would imagine…I influenced three staff members directly. … I think they even started to let the decision maker to make decisions not from the agreement area, even for the day-to-day activities. (Facilitator 1)*

> *And so yes, I do see a change, just a slow, gradual change in the way that we see our role, and the scope of our duty of care, and the sort of service that we need to provide. … I think they're expecting a lot more from [decision maker], that they're sort of showing how to do something and letting him do it himself, or they're letting him take more risks and responsibility. … I think they're trying new things and they're letting him find his way a bit more rather than doing for him so much. (Facilitator 3)*

> *They actually have seen what's going on, … And … my team members, they've changed their attitude completely. ……it's had a positive effect on both myself, my colleagues, the people I work with. It's just a whole new approach for me. It's a whole new approach. (Facilitator 8)*

> *His relationship with his supporter workers has changed. … I think they see [decision maker] and they listen to him rather than thinking oh, what's the service going to think about that? I have to ring up and find out if you can do that. You know, that sort of change in attitude. (Facilitator 5)*

This diffusion to other staff was also reported by a direct line manager (more senior managers reported that they were not necessarily in a position to observe changes in day to day practice); and by two supporters.

> *...we've seen staff grow as well, so they've responded to the program. So yes, it was just about one individual, but it's kind of transpired across to other people. [Q: So do you see changes in practice by other people other than (trainee facilitator)?] Yeah... Asking the individuals more about what they want to do, actually thinking more positively about what they can achieve. [Q: So this is other clients, not just (Decision-maker)?] Yep. So people are going into shift and actually asking the individuals, you know, what do you want to do today? If they don't know, then offering some choices, but also supporting them to do that. We had one guy who's never cooked before, is now cooking his meals… (Manager)*

> *So their attitude towards [decision maker] changed in so far as they were helping him to realise his own dreams more, rather than saying this would be the best thing for you to do. So I would say that's probably the major change that I saw happening within the relationship with the staff, and that it gives a different model of thinking for people to interact with people who have got disabilities, (Supporter 1)*

> *So I suppose what are the significant things. I mean, one was that paradigm shift in using community based activities facilities, permission to revisit his activities list and that he also has a carer available all the time…So I think a combination of all those three things worked well for [decision maker]. (Supporter 2)*

The second supporter who reported seeing a change in the staff suggested that one contributing factor may have been a sense of permission to work in the manner suggested by the SDM model, and that the involvement of the decision maker's guardian may have been important to developing the sense of permission.

> *I think there's probably a sense of more permission by the staff at [organisation] – the carers, the guardian that gives them [the staff] a bit more confidence in doing what they're doing. … I think it made everyone feel more comfortable that even [decision maker's] guardians and so forth were all so comfortable with what was happening. (Supporter 2)*

Management level

One facilitator suggested that organisational management had seen and acknowledged results for the decision makers. This suggests the potential for program spread up the hierarchy. Managers also indicated that they had seen and heard about results.

> *…what I'm seeing is there's an acknowledgement … from the area manager, and from my immediate manager, that things are actually happening for these two people, my person and the other one. (Facilitator 2)*

A second facilitator said that they had seen changes in the actions of one member of management.

> *So I often hear [manager] correct himself and bring it always back to a really personal level… about we're talking about a person, we're not talking about a service, you know, those sorts of fundamental changes in how he speaks, and how he frames the tasks he gives us.*

A supporter also reported outcomes at management level.

> *I think more accommodating by the Strathmont staff to take the risks associated with that and work with them and go forward. So to me I think it's probably also a bit of a managerial shift in Strathmont too, to allow that to occur. That's how I saw it anyway as an observer. (Supporter2)*

While the majority of respondents reported at least some changes, one facilitator and one supporter –working with different decision-makers - reported that they had not seen change within the organisation and attributed that to a lack of motivation and communication.

> *…disappointed in the organisation that I work for because there hasn't been a great deal of - a great deal of support, or wanting to know how things are going, or there hasn't been any motivation. ... I think that in person centred, ...you know, generalised there is, but I don't*

know so much about the program, because I don't know how much information has really been exchanged. (Facilitator 6)

I think it was the fact that the management had to recognise [decision maker] as a person, and they were service providers, they weren't service dictators. I think that there was a little shift, but I know it hasn't really awakened them, (Supporter 4)

No respondent reported any formal changes to policies or procedures as a result of the program. It is possible that this reflects the relatively small scale and early stage of implementation of the program to date.

2.5. Conclusion

Participants and managers in the SDM project have reported a variety of positive outcomes for those involved with the project. Outcomes have been reported not just for the majority of decision makers whose lives the program is trying to impact, but also for the trainee facilitators, organisations and, to a lesser extent, supporters.

Overwhelmingly positive outcomes were reported for six of the eight decision-makers who were significantly involved in the program[3]. Outcomes varied but included goal-setting, increased confidence, greater assertiveness, reduced frustration and anger, increased autonomy in daily living, greater variety in activities, higher levels of engagement in community activities and organisations, increased literacy and numeracy, work related skills, changed employment and in one case, a decision to get married. One decision-maker withdrew from the program part way through, with significant life changes already decided before commencing the program. Reports of outcomes were mixed for another.

Outcomes for trainee facilitators included increased skills and knowledge, and changed ways of working, not just with decision-makers but also with other clients.

Some supporters reported positive outcomes for themselves, including increased satisfaction, greater awareness of the capacities of the decision-maker, and in one case, a significant change in life direction. One supporter reported increased tension in their relationship with the decision-maker.

Outcomes for organisations included changed practice by participating staff and some knowledge and skills diffusion to other staff, and some minor changes to management thinking. No significant policy or service changes were identified. Some managers reported cost implications, which are discussed elsewhere in this report.

[3] Two of the ten decision-makers initially recruited became unwell early in the program and did not proceed with it. No evaluation data is available for them.

3. Program Elements

3.1. Introduction

The previous chapter has provided information about the outcomes from the program. This chapter turns to examine particular aspects of the program. While far from a full process evaluation, it provides some additional detail about what was done in some aspects of the program and about the particular contributions of program elements to the intermediate outcomes generated. In realist terms, particular program strategies provide specific resources to participants who change their 'reasoning' in response and make different decisions as a result. Those different decisions generate different behaviours which in turn generate different outcomes. This process is known as a program mechanism. Better understanding of program mechanisms is intended to inform program development, by ensuring that essential 'ways of working' are maintained and other aspects can be refined.

In a few instances, ideas for ways in which those aspects of the program could be improved are also provided. Some issues raised by respondents are also discussed.

3.2. Initial training program

A six day initial training program was provided for trainee facilitators, in two blocks of three days each over two weeks. The program involved a combination of guest speakers from organisations, previous participants in the program (both decision-makers and facilitators), and skills development. Topics covered included human rights for people with disabilities; key concepts such as 'expressed wish', capacity, and autonomy, rights and responsibilities; the Supported Decision-Making (SDM) model, the roles of facilitators and support people in the model; recruiting decision-makers and supporters; how to construct broader support teams; strengths based practice, listening for meaning, lateral thinking and problem solving, including accessing community resources; roles of key organisations (including HCSCC) and guardianship in relation to SDM.

Feedback on the initial training program was overwhelmingly positive.

> *It was just fabulous. I learnt a lot. We had a lot of guest speakers in from different facets of the industry, which I found really, really interesting. I found ...the initial first training, empowering. [Q: Given you had a long background already in working in the industry, what was empowering about it?] That finally there was something that I could be involved in that was something that I always was passionate about, and enjoyed learning more about. ...and that there is really good things going on in the industry, and people are becoming more equal. So I guess, yeah, just being involved in something that is what I always truly have believed in. (Facilitator 6)*

> *The strengths of the training was definitely the variety of different guest speakers. That was likely the most appealing thing to myself; ... we got old decision makers, we had some family members who'd been through the process,... So that was really, really exciting. …It was one of the best like trainings I'd been to, ... oh, the group interaction was really good. Cher's [Project Coordinator]…patience with letting everybody have their say, and trying to involve everyone, and a lot of the self-reflection stuff was really good as well, so I enjoyed that. (Facilitator 9)*

> *…probably a good thing about it was when the group of previous facilitators were brought in, and they just talked about their experiences, and you know, the good and the not so*

good things about it. …I learnt a lot from that and I was able to, like further down the track, go back on what they said. Oh, I remember so-and-so mentioned, you know, at this stage, …you can feel a bit disheartened, because you're trying to get people together and they're not showing up at meetings. So … that was good to reflect back on. (Facilitator 2)

I thoroughly enjoyed it. I thought it was well done, well presented. It was interesting and rewarding. … I think the way - the blend of having guest speakers and also peers, of going over the process, talking about stuff, and also Cher just sharing experiences of progress, and things like that, I think it was good. I'm not sure if I would do more. I wouldn't do less, either. I mean, it was about right. (Facilitator 3)

The training, I enjoyed every aspect of the training, even though it was full-on.

Those who had also attended training in the earlier pilot phase of the program commented favourably on improvements to the training.

I found the training perfect. ...I found that it was absolutely inspirational and incredibly good. I think it was probably 50 per cent better than the first round. ... particularly in looking at the entrepreneurial skills that a facilitator needs. ...you have to think outside the square, and you have to be thinking all the time about community options, community relationships... So you have to be thinking all the time about now, this person wants this and wants to do that, how do we make this happen? If there's no money, how can we make this happen still? So there was a lot of people that came and talked about that type of thing…

One trainee who had some reservations about the program before it began suggested that exposure to previous participants during the initial training had assisted them to understand that the model could really work and to understand how it worked.

…those sort of hesitations sort of fell away slowly over those two weeks. (Facilitator 3)

Experiencing – even 'second-hand' in this way – the success of the program, and how and why it works, we refer to for ease of reference as 'seeing is believing'. It was important for facilitators because it helped to develop and reinforce their commitment to the model. It was also apparent in the spread of the program amongst organisation staff and reduction of supporter scepticism. In all three cases where this was mentioned during interviews, 'witnessing success' or discussion involving first hand success stories was seen as a contributing factor.

However, one trainee found the process of small group discussion with decision-makers from previous rounds of the program (described variously as 'interviewing' or 'role play') uncomfortable and 'artificial', but was unable to clearly describe why.

Facilitators were able to identify the specific knowledge and skills they had learned through the initial training program: these outcomes were discussed in chapter two under the heading 'outcomes for trainee facilitators'.

About half of the participants, however, found the program too intensive and would have preferred the same content to be spread out over a slightly longer timeframe. Two participants suggested increasing the number of training days by a couple of days; others wanted the same number of days, but spread out over more weeks.

Very overwhelming at first. There was so much information to take in. It was very interesting, and it was very exciting to learn about the project, but I personally found it overwhelming.

I'd say that I think at the end of every day, and I would probably say it was unanimous, but I'll talk about myself, it was like 'whoa!', do you know? There was a lot of information coming from a lot of different areas of expertise, a lot of things that I have never been exposed to, even with eight years of working in the services …But I think it was a lot of it compacted into - like, it was like a crash course, run through the grinder and come out…

… it got up to the point for me where if you'd asked me, say, two days afterwards about who was who, … they've all got jumbled. For me it was just - it just was in a blur about, you know, who said what. There were key things I'd remember from people, but I could never have identified, I don't think, who had said what…] I think it was six days, you know, three days and three days, maybe over three weeks, two, two and two. That perhaps would have given me time to recover, between.

Yep, very full on, a lot of information. The only drawback I would say is six days - like, we did three days one week and three days the next week - was an awful lot all at once. [Q: Would you spread it out more, like do two days over three weeks?] Probably, yes. Yes.

There were also a couple of suggestions for additional practice time or greater variety in the learning styles supported in the program.

…what this program was, was learning as you go along. But I know that I sort of went away from [the initial training] thinking it would have been nice to spend a bit more time on developing some of those skills. ... how to use skills in negotiating or talking with the supporters on how I can provide more education to them. So feeling a bit more confident in some of that. As much as everything else was really great, I think we probably needed one or two more days of maybe some intensive learning.

…maybe like incorporate … like, the three learning styles for everyone, so…a little bit more variety. …maybe some visual stuff. ... Maybe some more interaction stuff, like group activities, going off and doing things. I think that - so people can put stuff in context. Maybe a little bit more of that would have worked.

No-one suggested that anything should be removed from the training program, although some participants found the physical setting uncomfortable.

Just a very minor thing, but there - oh, it's quite a major - over six days, it was pretty uncomfortable. We had no tables and things like that, so that's just environment things, that's not the course per se…

Initial training program		
Context	**Mechanism**	**Outcome**
Low access to networking and sector information for service delivery level workers in the disability sector. Guest speakers during training	New learning	Increased understanding of rights of people with disabilities and resources available for them
	Inspiration / empowerment	Understanding of progress in the sector

Peer educator and previous facilitator participation in training	'Seeing is believing'	Reduced scepticism re program
Intensive training provision (6 days over 2 weeks)	Overwhelmed	Reduced learning

It is recommended that the program be conducted over three weeks in future, at two days per week. This provides sufficient time for 'immersion' in the training each week, thus supporting learning, while providing a little more time for assimilation of new knowledge.

3.3. Mentoring

While the initial training provided basic understanding and a wider knowledge base, mentoring was a crucial element in the development of skills and in developing the confidence to put them to use.

Individual mentoring was provided for each trainee facilitator by the program Coordinator. In most cases this comprised some initial planning for each meeting of the decision-makers' 'teams', including nominating a particular skill for the trainee to practice in the meeting; modelling of skills and techniques during the meetings; and debriefing after the meeting. A routine set of questions was developed for the preparation and debriefing sessions that are available as resources for future conduct of the programs.

Feedback from trainee facilitators about the mentoring was overwhelmingly positive. For some trainees, it was the process of modelling and practicing that made the greatest impact.

> *Absolutely invaluable. I - look, going through the process I learnt a lot,... she would always spend at least a good half hour afterwards with me, …What I saw was is that ...previously, I would have taken what someone said at face value. ...But when I saw the way that she just, she asked a few more questions, gentle questions, and actually something else would come out. ...she said now next meeting I want you to practice this, now, and so I took that on board, ...- with her suggestions I'd be able to practice - like one of the difficult ones for me was confronting... within the meeting. I don't particularly like doing that, but I was able to do that, and that was good... (Facilitator 2)*

A couple of participants particularly noted that they had developed skills in observing as well as reflecting on processes and practices. Reflective practice is an important – and widely transferable skill in human services work, and this is likely to contribute to improving quality of practice both within and outside of the program.

> *Cher was very good at her observation of what was going on. I mean, she was picking up a lot of different things that I probably wasn't picking up at the time. …she was really good at just really small things, like where everybody was positioned in the room, or who was dominating a conversation, or how we could get other people involved. … she really opened my eyes by in the end - and it's something I notice all the time now - I was able to do a lot of self-reflection after each meeting, and also reflection on how we can make improvements in things. (Facilitator 9)*

> *Well, I think it was just the way Cher would say well how did you think that went? And I'd say oh, not bad, I thought it was pretty good, and she'd go well what about this? And what about this? And what about this? And it made you think. (Facilitator 7)*

The emotional support provided when aspects of the program were difficult was also appreciated by trainees.

> *And you know, some of mine were difficult. There was, you know, some personal attacks on me from a couple of supporters, and while I managed it through the meeting, I was feeling a bit fragile by the end. And she'd always just put it in perspective for me. ... a couple of days later she'd just give me a call and just check in to see that everything was running okay, and I really, really appreciated that. (Facilitator 2)*

> *…sometimes I thought 'I just can't do this. I haven't got enough time. I just can't do it.' … But Cher always kept me going. You can do it. … And yeah, the help and the support off her was second to none. (Facilitator 8)*

The mentor's communication skills, knowledge and experience were important in establishing and maintaining 'a safe way' for trainees to access guidance and support.

> *Sometimes, you know, you've got a query and you think oh, this sounds ridiculous, but, you know, she always put me at ease, the guidance, her knowledge. (Facilitator 8)*

Only a couple of participants raised any concerns or were able to suggest improvements to the mentoring process. In both cases these related to access and the time demands on the Coordinator.

> *I think Cher's availability of time was really difficult, and the flexibility of her availability. She was very busy, which made it difficult at times... just be able to catch up. ...Clearer and concise instruction, I guess ...Just around some of the expectations, when to sort of say something and when not to. ...Sometimes that would get a bit clouded, but I think that was because she was so busy. (Facilitator 6)*

The positivity of trainee facilitators about the mentoring and the specificity of evidence about its outcomes suggests that individual mentoring does need to be provided for each trainee facilitator in SDM, and that it needs to be maintained throughout the process for the first decision-maker with whom they work. However, it is not feasible for the current Project Coordinator to be the sole provider of that mentoring in an ongoing or expanding program. This issue is discussed further in Chapter 4, Future Directions.

Mentoring		
Context	**Mechanism**	**Outcome**
Mentor participation in all decision-maker team meetings	Observation of mentor techniques	Increased meeting facilitation skills
Identification of individual skills to practice Active reflection immediately after meetings	Situated learning	Individual facilitators enabled to develop specific skills; most facilitators have the range of required skills by completion of program
Experience and interpersonal skills of program coordinator	Credibility Emotional support	Trainee willingness to seek guidance or assistance, increased learning
Continued emotional support	Encouragement / reassurance	Ongoing participation in program by trainees

3.4. Community of Practice

Community of Practice meetings were held approximately monthly and were open to facilitators from the previous phase of the program, as well as those involved in the current round of implementation. Meetings lasted three hours and involved information sharing and peer problem solving, guest speakers, and presentations by trainee facilitators.

The majority of trainee facilitators reported finding the Community of Practice sessions very useful. Several reported learning about new organisations and services, despite in some cases having been long term workers in the sector.

> *…the really good stories, what's out there in the community for people, just giving us more knowledge, more confidence. (Facilitator 6)*

> *But just the information that we got from it, the different - it was a good array of different information. (Facilitator 7)*

> *…because their knowledge of the community and the opportunities available was obviously better than mine, so I picked up quite a lot from that. (Facilitator 8).*

It was also suggested by HCSCC that the Community of Practice helped to extend facilitators' understandings, both of their sector and of possibilities of different ways of working:

> *...that's the other strength, the fact that the community of practice has continued, and that people from the first round have continued to attend, has been quite mind-boggling to me. I think you know how rare it is that people who sign on keep coming, so that tells me people find it useful, ... from a government and a non-government organisation, they get to see the similarities and differences, and it stretches them out around what their workplace allows and what another workplace allows. So I think it just broadens their horizon about who their peers are and what their sector is, so I think that's probably what the advantage is.*

Some valued the opportunity to hear 'good news stories' and reported renewed enthusiasm as a result.

> *…it would have been nice to have a few more feel good stories. …each time we had a guest speaker or something like that, it would be more beneficial, I think, to have a bit more extra time to sit around and just discuss the feel-good stuff at each meeting.*

Others appreciated the support of peers who were committed to the same project and ideals and facing similar problems.

> *But it was the group that we were going through, it was just great to catch up, and you, you know, you'd have a chat about how you're going, or I'm having a problem with this*

> *...you get to know other decision makers' agreements and how they achieved a goal, the agreements and how they solved trouble… It is very, very important. It makes our job really much easier.*

Stories and lessons from the work of their peers appeared to be a key factor in maintaining motivation. For at least one person, knowing that others were also struggling provided reassurance ("I'm not the only one" – akin to some aspects of normalisation theory).

> *I guess the things that we found most rewarding were probably hearing from our peers and their stories, and what their challenges - the success stories particularly, because they were, you know, would always help you feel re-energised when you were getting a bit tired and wan…*
>
> *…this is why I'm in this - you know, this is why I do what I do.*
>
> *If you're stumbling on something and you find that somebody else is doing the same thing, it gives you a bit more encouragement. "Well I'm not the only one."*

Others commented on access to a wider range of networks and contacts as a result of peer problem solving (in formal theory terms, this is bridging social capital).

> *…there's a bit of, you know, I'm trying to find, you know, whatever for my person, you'd bet there'd be at least one person in that room that would have a contact.*
>
> *I tried my best cold-calling … and they just said we don't have the time, we don't do this, ra-ra-ra. But because [another facilitator] knew somebody who had come to her meeting, it was possible for me to get that person to come to my meeting.*

Only one facilitator was less enthusiastic about the sessions.

> *I don't think it was really beneficial. … it felt like it dragged on a bit, or it was - yeah, I didn't really get a great deal of benefit from a lot of the community of practice. … I only went to two of them, actually, three of them, I think*

Because initial responses to questions about the Community of Practice sessions were generally positive but not particularly detailed, some facilitators were asked whether they would prefer to change either the frequency of the meetings (monthly) or the duration (usually around three hours). They were also asked what they would add to the meetings if there was more time, and what they would omit if there were less time. While a couple noted that the meetings were long and tiring after a long day at work, most reported that the frequency and duration were about right, and struggled to decide what they would change.

> *If I had more time? Just I suppose more discussions, like how other people were going along in the process, because I find that support really helps.*
>
> *That's a hard one, because I really liked it all. I can't say I would leave anything out of it.*
>
> *…everything had a role to play, you know, the information sharing, the public speakers, our own presentations, they all had their importance and role to play. …if I had to prioritise, if you put a gun on my head and said all right, you have to take something out, I'd probably take the public speakers out. Because we'd had a really good session in the first two weeks of training …*

Community of Practice		
Context	**Mechanism**	**Outcome**
Peer problem-solving	Bridging capital	Access to human and organisational resources for decision-makers
Guest speakers	New learning	
'Good news stories' from peers	Inspiration	Maintained motivation and engagement for facilitators

Peer problem-solving	Normalisation ("I'm not the only one"	

3.5. Trainee facilitators

3.5.1. Selection of trainee facilitators

The research ethics application for the project anticipated that there would be 6 facilitators per participating organisation, each of whom would work with up to two decision-makers, meaning that a total of 12 facilitators and up to 24 decision-makers would participate in the program.

In fact only 10 trainee facilitators were recruited, of whom two withdrew, one moved interstate, one travelled overseas for an extended period at short notice and one finished early because their decision-maker withdrew from the program. Only 5 facilitators across the two organisations completed the program. Seven decision-makers completed the program, but two of them could only do so because the organisation liaison staff member stepped in to take over the facilitation role. For one of the seven, the Coordinator stepped in as facilitator for a few weeks while the trainee facilitator was overseas.

These figures substantially affect both the impacts and the cost-effectiveness of the program. Impacts are affected directly because numbers of participants are reduced. They are also probably reduced indirectly because there are a fewer 'flow on' effects to other workers and because it takes longer to create a 'critical mass' of trained staff within agencies.

A range of issues were identified in interviews that affected whether staff were able to, and appropriate to, participate in the program as trainee facilitators, and/or affected whether or not they could continue in the role. These included:

- having a direct working role and existing relationship with the decision-maker;
- participating in too many other projects concurrently;
- changing job roles within the organisation (including 'acting up' in other positions) or moving to new employment;
- health issues;
- changes in family circumstances or other personal issues outside of the work environment.

Some of these issues are of course unavoidable. Their effects are magnified in a very small program which depends on intensive engagement by the staff member, and on relationship between the staff member and the decision-maker (as well as supporters and team members). Some issues may be managed (at least to some extent) by negotiation between organisations, trainees and the program. For example, agreements could be established to restrict the number of concurrent projects and/or roles for trainees, and organisations could seek where possible to avoid having trainees act in higher positions during the training process.

3.5.2. Skills of trainee facilitators

As noted in the evaluation of the pilot program, facilitators require a wide range of skills and a certain 'entrepreneurial' (lateral thinking and problem-solving) flair. While the majority of trainees either had or developed the majority of the skills, there was still at least one case where the facilitator was reported not to demonstrate meeting planning or chairing skills, and where problem-

solving skills (for example, coming up with different ways to move plans forward if initial attempts were not working) were slow to develop. There was another case where time delays in implementation were reported, which may in part reflect a lack of understanding of the importance of continuity in the process.

This creates some dilemmas in a program such as this, where other staff are not immediately available with complementary skills and staff cannot simply be substituted if one does not 'work out'. One option may be to introduce a "skills checklist" for trainee facilitators (an example of one possible format for such a checklist is provided in Appendix 6.2). Such a checklist could serve multiple purposes. Firstly, applicants could be asked to self-assess (or at least report their confidence in) the core skills as part of the recruitment process, and perhaps to report the level of experience that they have in those skills. Where applicants lack too many of the core skills, it could be proposed that they undertake other training or skills development processes and reapply to take part in the SDM program in a future round. Secondly, the checklist could provide a basis for feedback - and where necessary referral to additional training options - during the program. Thirdly, the checklist could be used to provide at least a self-assessment of learning outcomes for trainees from the program.

It is therefore recommended that a skills checklist for trainee facilitators be developed.

One of the internal liaison staff had also developed a routine way of summarising outcomes from each meeting and using it to ensure coordination within the SDM process. She had passed this technique on to a couple of trainees in her organisation, who also found it useful. She described the process as follows:

> *…I've noticed…that people will say that they'll do things at a meeting, but I go back and summarise and I do actions, … and who said they'd do it by when, and then what I do is I send that off the same day. Then the next week before the next meeting I'll just say 'how are you going, … with such-and-such?' You know, 'did you manage to get in touch with…, and hoping to see you at the meeting'. Just a little reminder, and I do that with everybody. Or I'll ring someone's physiotherapist and say 'thank you so much for coming to the meeting, it was fantastic, [Decision-maker] loved it, wondering how you're going with following up on that assist referral. Do you need me to get you anything?' … So what I did with [trainee facilitator] is I sat alongside [her] after each meeting, and I said to her now we're going to do a summary. ... And I said well what happened today? So I sat with her and she had all the notes, and we put into summary, and then we did the actions. ... And I said 'So what you do next time is you forward that onto yourself, you change the dates, you go down the bottom, you change the actions, and then you add what happened this week. So you're actually getting a running story…of every meeting'. So it's quite large by the end of it, but it actually helps you when you do your presentation and it keeps you up with where you're at. It's an actual case study that you're …doing week by week.*

This format was used successfully by at least three facilitators, and has the potential to support efficiency and accountability across the SDM model. It is recommended that it be introduced as standard practice.

3.6. Supporters

In the program model, supporters are people who are chosen by decision-makers to assist them to think through, investigate and implement decisions. The model intends that the supporter should

be drawn from the decision-maker's own existing social networks and should be trusted by the decision-maker, willing to commit to the project (and preferably to providing ongoing support beyond the life of the project) and have the capacity to provide the various kinds of assistance envisaged in the model. Supporters are intended to attend 'team' meetings and to support the decision-maker between meetings to think though and move forward on their decisions.

The greater the level of social isolation of the decision-maker, the more difficult it is to identify and engage supporters.

> *[Decision-maker]'s very isolated, because of his history, and because he lives on his own with 24 hour care in his own unit, his social life circles are generally paid staff who work with him directly, and family, but he didn't have much contact with them. (Facilitator 3)*

> *I had so many meetings with his family, friends. ...the family members ...wanted to be part of it in the first meeting, then they didn't want to...the second meeting, and they would say yes, we are coming, but they weren't -...And then...I had to start from the volunteers, and it took me a long time to set up the supporters. (Facilitator 1)*

> *...we only had one supporter. My worry there was if anything happened to [Supporter], or she changed her mind, or illness, or personal problems, what the hell are we going to do? ... I suppose he (Decision-maker) is reliant on her. It would be good if we did have another one, but there's not an awful lot I can do about it. ...He's got team members, but not anybody that would - or was willing to give up that amount of time, and you can't force people. (Facilitator 8)*

> *...his supporter comes from the service, she used to work with [Decision-maker] many, many years back as his accommodation manager. (Facilitator 4)*

Where more than one decision-maker in the program comes from the same house or program, this can add further complications.

> *It was difficult to start with, because he couldn't think of anyone that - well first he had thought of a volunteer that supports him at him accommodation. The difficulty being...that his housemate was actually in the SDM project as well, so the volunteer that supports the both of them had already joined the team with the housemate. So he was quite upset about that... there was not sort of anyone that he could think of that would be able to be a supporter (Facilitator 6)*

Even when decision-makers are not particularly isolated, recruiting supporters can be difficult because the role is demanding.

> *My goodness, how long have you got? ...okay, my decision maker, he - the people we went through - ...he wanted his mum, okay, who she just didn't want to be part of it. ...then he wanted some friend of is who are parents of a friend of his who has a disability...They came along to the meeting, ...after they heard everything about what it was going to be ...they felt ...if they were going to be part of it they would rather do that for their son…The next person was a minister from the decision maker's church, ...but he felt his work commitments, he couldn't commit to the time. Then we had ...his foster parents, ..they also said because of ill-health, they were an elderly couple, that they couldn't be a part of it either. ...Then he wanted someone who he had boarded with, ...so he came along and he*

> *said actually he'd be quite happy to be a formal supporter if he lived in the country, because sometimes he was travelling overseas. So we had one. And then there were two ex-support workers who approached me, ...Yeah, they came along to one meeting where the agreement was signed, so he had three formal supporters. ...but two of those - the ex-support workers, we never saw them again. So he was left with one formal support worker. (Facilitator 2)*

In fact, of eight decision-makers who were actively engaged in the project, only three did not have difficulty in recruiting a key supporter; only two supporters were family members. This obviously has significant implications for the time required to conduct the program, and potentially for scaling out the program in the longer term.

All supporters who were interviewed were asked roughly how many hours a week, on average, they had put into the project. Many had some difficulty estimating the time because they had not kept records of it. Their estimates ranged from two hours a week outside of meetings, up to two days a week during the initial stages and later about 10 hours a week. Two supporters reported an average of 10 hours a week; two reported was three to four hours a week; and another reported that it fluctuated but *"...in an intense period, it might have been five or six hours in a week."*

It was notable that for the decision-makers who had made the most significant life changes, supporters contributed significant amounts of time (from six hours to two days a week during intensive periods), and were flexible in the amounts of time that they contributed. This represents a significant investment by supporters, without which the program would not have achieved its outcomes. Only one of the three supporters making the highest time commitments was a family member of the decision-maker.

Only one of the supporters who made such significant time investments reported equally significant positive outcomes for themselves, and that was a surprising outcome for all concerned. One of the two who reported very significant time contribution reported no significant positive outcomes for themselves and significant doubts about the outcomes for the decision-maker. The third reported considerable satisfaction, but no other personal outcomes. This suggests that the contributions made are genuinely altruistic. However, it also implies that achieving significant change can require significant voluntary involvement, which should be taken into account in future iterations of the program, and which should be included in the recommended economic evaluation of the program.

The difficulties in recruiting supporters suggests that a 'back-up strategy' may be required in future rounds of the program. First nomination of supporters should, for both philosophical and practical reasons, remain with decision-makers. Eventual choice of facilitators should also remain with decision-makers. However, it may also be possible to train a small team of volunteer supporters, not currently known to decision-makers, who could step in to the program when decision-makers have significant difficult identifying a willing supporter. One of more volunteers could spend some social time with the decision-maker in order to develop a relationship, and ensure that the decision-maker is in fact comfortable with the volunteer taking on that role. This option would of course have time implications for the program cycle. Two options immediately present themselves. The first is to introduce a single volunteer to the decision-maker and simply to extend the program process, allowing time for relationship building and an 'opt-in/opt-out' process for the decision-maker after an appropriate period. The second is that where a supporter cannot be identified within a reasonable time period, decision-makers drop out of the formal SDM program for that round and move into a 'befriending' program with two or more volunteers. They then re-join the SDM

program, perhaps in the subsequent round, when they have selected a supporter from amongst the volunteers.

3.7. Teams and meetings

'Teams' are people who attend the weekly meetings in which plans are made for how decision-makers will be enabled to achieve their goals. For some decision-makers, teams consist solely of the decision-maker, the trainee facilitator, the supporter and – during training – the program Coordinator. For some, teams include other volunteers, community members who are enabling a particular goal to be achieved, and (in a few cases where it was organised by the facilitator) other staff members from the participating organisation. The meetings are also attended by visitors who are providing information about a particular option being explored by decision-makers.

Establishing teams and getting people to attend team meetings has been an ongoing difficulty throughout both rounds of the program.

> *I found it particularly hard to get service providers and things like that to come to meetings. Lots of them said they didn't have time, others just sort of said look, I'm happy to chat with him, but he has to come down and see me, I don't have the time to come to a meeting, and ...while we did have people come and go from the meetings it was difficult to get anyone other than [one supporter] to join the team permanently. (Facilitator 3)*

> *There's one supporter that comes all the time and two that come now and again. (Facilitator 7)*

In some cases, supporters were drawn from staff or volunteers who had previously worked with the decision-maker. This had some benefits but also, in at least one case, generated its own challenges. Staff in particular have been trained in operating in the best interests of the person, and some struggled to make the transition to operating on the basis of expressed wish.

> *Just in about best interest, because the two supporters that were on the team were previously community support workers for the person. (Facilitator)*

While part of the issue was about getting people to come to meetings at all, part related to flexibility in arranging the times of meetings as a result of the Coordinator needing to attend meetings for all decision-makers.

> *...it's really hard for Cher, or whoever would be running it, to coordinate together times, but maybe a little bit more flexibility around times. Because we had a just a locked in time ...I can't remember what it was, it might have been every Wednesday afternoon, or someone might be every Thursday morning, et cetera ...it might be fine for the regulars, but when you were trying to get guest speakers or invite some guests it was difficult to try and coordinate. ... Perhaps sometimes [meetings] could have gone on longer, because it's kind of a blanket rule that it's one hour, but I felt like some of them could have gone on longer at times... I just think the discussions sometimes could have gone on a little bit further... - say we got two guests, if we were lucky to have two guests one time, ...I remember having to be conscious of time quite a fair bit, so it felt like we could have got a little bit more out of it sometimes.*

A supporter from a different team proposed a modification to the program model that may assist in addressing this issue, and which is consistent with the program intent.

> *Well I think probably not focusing so much on trying to get suppliers involved in the process. I think it would be more important to help people to get out to meet suppliers on their own ground, on their home ground, rather than trying to get them into the meetings**...**We experienced a great deal of frustration trying to get people ...So I think this is a focus on getting ... into meetings, and more of a focus on getting the person out to suppliers, getting the person out to meet with people (13.47), travel agents for example, or like your gyms, for them to go there and be treated as a normal person, rather than have them as a special case where people have got to come to meet them. (Supporter)*

This seems to be a particularly worthwhile approach, once initial goals are set and supporters are in place. It is recommended that this be explored further.

3.8. Program duration

SDM is described as a short-term (six month) intensive intervention. In fact, however, running a complete round of the program takes longer. On commencement of a round of the program, Memoranda of Understanding need to be negotiated (or in future, for continuing organisations, confirmed) with participating organisations, then trainee facilitators need to be recruited: a process which involves information distribution, expressions of interest, recruitment itself, and advising non-successful applicants. It is not until that point that initial training of facilitators can be undertaken. After that training has been completed, trainee facilitators can commence the process of recruiting decision-makers, then supporters, then team members.

In this iteration of the program, initial training of facilitators was undertaken in September. A number of facilitators commented that this meant that they were 'about ready' to get underway just as the Christmas holiday period interrupted.

> *So I think the duration of the process - because see, the first two, two and a half months go into recruitment, right. Then you've got Christmas holidays come in and things like that, so you lose three weeks approximately around that time. ...and let's say... one of your decision makers, for instance, wants to undertake a course in TAFE, right, and you want somebody from TAFE to come in. But TAFE doesn't start until the last week of January, so by the time you start kind of getting hold of somebody to come to your meeting it's already, say, in the middle of February, so you've lost a lot of time. So you've got a lot of work which you're doing in practically four months, if you just look at it from that point of view. (Facilitator 4)*

> *(Recruitment) was difficult because it was right in the middle of Christmas and the New Year. Yeah, so that made it really hard (Facilitator 6)*

It is possible that, in a large enough organisation where the program has been institutionalised, two rounds of a program could be conducted in a calendar year. However, where it has not been institutionalised, where new organisations are starting in the program, or where organisations do not have additional resourcing to support it, it is more realistic to expect one round of the program per year. It is possible that the program would operate more smoothly if it was considered to be a twelve month program and – in order to avoid the most significant holiday impacts, which in Australia are around the Christmas period - operated within a calendar year.

3.9. Participating organisations

At the end of the previous round of the program, HCSCC decided to restrict the number of organisations participating in the program to two. A Memorandum of Understanding was established between the organisations and HCSCC, outlining responsibilities and expectations for the

organisations and participating staff. Each organisation also appointed an 'internal liaison person' who had participated in the previous round of the program.

Restricting the number of participating organisations was intended to increase efficiency and, it had been hoped, to reduce the amount of travel required by the Coordinator. While the latter hope was not realised, it was suggested that narrowing the focus had improved learning at the organisational level.

> *At a developmental level, and I think it was that difference of, you know, it really has been learning, action learning. .. And so much easier to action learn across only two sites, although the travel ...wasn't greatly different, because they're all over the metro area.*

3.9.1. Role of the internal liaison officer

Internal liaison officers were appointed in both organisations. In each case, the appointee had been trained as a facilitator in the previous round of the project, and occupied a project or management role within their own organisation. Consequently, each had good knowledge of the program and of their own organisation. They had a mandate to assist in internal communications, problem solving and negotiation.

> *I guess an example would be around [trainee facilitator]. Cher struggled for a while with him …getting back to her. So she would send him emails, 'Oh, he hasn't replied, what's going on?' … So I'd find out things like [trainee] doesn't have a lot of access to the computer at work in his workplace, because the shift supervisors are on, so that was about negotiating with his manager, with the shift supervisors, to allocate him time to have at work so he could access - just those sorts of things. (Internal liaison)*

This position enabled learning for both the organisations and the program itself.

> *So I guess that was learning for Cher to understand that if you're on a 12 hour shift, and she wants people to take their eight hours a week, what does that mean for the shift supervisor for backfill, for that person? Do they take it in time of lieu? Do they get paid? How does that all work? ...what's all of this time and how does that all work, and what our managers were prepared to pay for. (Internal liaison)*

The internal liaison officers also backfilled for trainee facilitators who left the program or who were absent for a period of weeks; this was only possible because they had previously completed the program themselves. During this round, they attended the initial training program and community of practice sessions, and provided some informal support, advice and mentoring to trainees along the way. They also supported the program by ensuring that issues that were 'outside the boundaries' of the program stayed outside the boundaries, and were referred to the appropriate personnel within the organisation to be addressed. Given the range of tasks and activities involved, the organisations reported that the role required approximately a half time position.

These two people have developed significant expertise in multiple aspects of the program and are in a unique position to contribute to its future development. This is discussed further in Chapter 4.

3.9.2. Trainee facilitator work roles

One organisational issue in selection of trainees relates to their normal work role. Some trainee facilitators and the program coordinator suggested that facilitators need to have a direct relationship with the decision-maker in their day to day role, for example by working in the same house in which the decision-maker lives, or working in the day program that they attend.

> *I guess ...like they're always there, and you can encourage along the way. There's a bit more time, I guess, to make sure things are happening, to engage the supporters more knowing that, you know, things are sort of going along.*

It was also suggested that being present may enable greater engagement of other staff in supporting the decision-maker and the process.

> *...one of them for example was around his communication device, and he would just click one letter at a time when we were in a meeting, so the meeting would - you know, we'd only get through a small amount of conversation for the time period that we had. Whereas I had said to the staff team if I send through some questions or things that we might bring up at the meeting, could, you know, the person - you know, the decision maker maybe write some sentences - you know, type in some sentences in advance? To sort of make the meeting a bit more engaging and - which they didn't follow through with. So some of those things are really difficult because I wasn't in that day-to-day environment, that I could sort of make sure those things were happening.*

3.9.3. Trainee work-loads and shift work

One of the dilemmas in appointing direct service delivery staff to trainee facilitator roles relates to managing shift work. In part, this related to backfilling eight hours of program time when staff work twelve hour shifts.

> *say I was working my normal seven to seven roster, I'd work from seven to nine, then I've have someone come in and replace me from nine till five, and I'd do eight hours of SDM work, and then be back finishing off my shift from five to seven. ...we generally work in pairs, I wasn't then sort of leaving my offsider to do other things, or there weren't appointments that I had to go to, or activities that interrupted. ...there was someone there covering me so I could do whatever needed to be done.*

In part, shift work was an issue because the length and busy-ness of shifts make the program a demanding addition.

> *I reckon the shift work - and I've heard that from others as well - is particularly hard to find time in your day, and also just emotional energy, and the difficulty in coordinating with outside providers.*

However, it also affected whether staff were working during normal office hours and so could undertake the coordination role with supporters, team members and other external agencies.

> *Working on a 12 hour roster. So I basically work two days on, two days off, that sort of thing, which means I only work two or three days a week during business hours, which can make it quite difficult to communicate with outside providers, where I send an email and they reply, and I don't see it for three days sort of thing. That's been difficult.*

Multiple respondents at different levels of the program (facilitators, managers and HCSCC) suggested that the program requires more time than had been anticipated and that this is particularly difficult for shift workers.

> *…the impost on the trainee facilitators' day-to-day work is bigger than was expected. And what I hear is that some of them already have ridiculous either allocated shifts or unexpected shift duties, and then this goes beyond it again. So...I wonder if it's worth, how*

> *do we actually keep a time diary to - so we have a real understanding of how much time is this really taking out of your work life, and what is going on in your work life? In the early days ... a couple of them who were on 60 hours a week shifts, and then tucking this in again. And I was really concerned for their work health safety…*

Time diaries in relation to the program itself (although not the participants' wider work roles) were recommended in the previous evaluation and were provided to trainee facilitators by the Project Coordinator, but were not collected for this evaluation. It is not known, therefore, whether all trainees kept accurate diaries. An accurate understanding of the time required for each program role will be necessary in order to accurately cost and plan for the program over time, as well as to understand the costs and benefits of the program (economic modelling is discussed in Chapter 4, below).

Without having reviewed the pro-forma provided in this round, it is advisable that the pro-forma time sheet be developed in such a way that it can be used to support evaluation as well as accountability. (See Appendix 6.1 for a draft that is suitable for both functions.) There should be a routine expectation that project timesheets be provided to the Coordinator at each mentoring session. This may function as a support for accountability as the program expands (two respondents to this evaluation raised questions about whether all facilitators used the whole time allocation for the project; others reported that it took more time than was allocated, particularly in some stages).

The simple time diary provided in the Appendix would enable multiple sorts of analysis:

- Identifying what functions are being undertaken by whom and how time consuming each kind of function is. This can be used with wage rates to calculate the costs of the program overall, and the costs of particular functions within the program, which in turn can contribute to cost-benefit analysis of the program as well as agency budgeting processes. Note that the time of agency supervisors and managers will also need to be included in these calculations, although time sheets for them are not recommended;
- whether the time required for different functions changes over time (for example, more intensive early in the process, less so later). This can be used for work planning and may have implications for shift coverage and related issues;
- whether the time taken varies for different decision-makers (which may be expected, for example, in relation to differences in their communication abilities and processes and/or the level of engagement of their supporters);
- whether the time taken varies by agency (which may reflect different kinds of clients for agencies or different internal processes, which may in turn contribute to considerations of efficiency and cross-agency learning about efficient methods). Note that the draft timesheet currently requires the name of the agency to be added: this could be removed if the time diaries were produced on agency letterhead, or amended to 'work unit' to identify costs and variations across multiple units within an agency;
- work-related issues affecting program implementation and therefore program costs.

3.9.4. Middle management engagement

At least two facilitators suggested that there had been relatively little engagement of, and support from, middle managers within the agency. Both reported that senior managers were supportive,

and both acknowledged that various forms of practical support had in fact been provided. However, there was little day to day engagement:

> *I guess checking in, and you know, how's things going, and you know, what can I support you in? Just a general interest, asking how things are going.*

> *…this is just my opinion, [they] probably could have been a bit more involved.... like we do with everything else, like we have catch ups and - but just for the supported decision making, getting more involved and catching up, and asking well how are you going? How's the journey? How - you know, do you need help? Anything. I don't feel I got that.*

A third facilitator suggested that greater involvement by middle managers early in the program would be of benefit:

> *I think if the managers had been more involved in the start and had more of a - more knowledge about how the program worked, and - I think that would have been a real help. ... I don't think they need as intense training as us, but I think they need some. ...I think they need to know how much time it does actually take up. You know, just organising the meeting, and what's going to be discussed, and the research, and you know, I think they need a bit more knowledge about that.*

3.9.5. Cost of the program to participating organisations

Differing views were expressed in relation to economic costs and benefits of the program.

Some respondents believed that increased skills and autonomy for decision-makers, along with improved behaviours for some, would reduce costs for the organisations over time. This is discussed in greater depth in section 4.3 below.

Another respondent suggested that it was only because a decision-maker had a carer allocated that he could participate in the program as he did. This did not represent a change in costs (the carer was already in place), but simply different use of the carer's time.

> *I think in this case – and maybe it's not the solution in all cases - or one of the key success factors here is the involvement in community based activities. ...I think [Decision-maker] is fortunate, he's got a carer all the time. I would hate to know how that could work where there isn't that same facility available to others. (Supporter 2)*

A third believed that the actual costs of conducting the program had been under-estimated.

> *I feel the cost of the program and the project, and the expectations of the project and the time need to be upfront, and they need to be clearer.... just to have that understanding and that acknowledgment that this has cost [Organisation] quite a bit of money to run this program. ... it can't just keep going on. Do you know what I mean? ... it's not a program we're funded for. ... if we look at [facilitator's) time and other staff's time and my time, ...if you actually break it down to what it actually cost to run this program it wouldn't be the figure that [HCSCC]'s got... That would be my only - I wouldn't stop it from happening, but I just think that you have to be more realistic in what it's actually cost...like, our exec manager's attending meetings, our manager's attending meetings, the cost of car parking in the city...I mean, it all builds up if we're talking - it's not a six month project, it's almost 12 months, so it's those little costs…*

3.10. Role of the HCSCC

The HCSCC has played a vital role in the development of the SDM model and program and is to be commended both for its vision for, and its commitment to, the development of the program. However, HCSCC is not intended to be a service development or service delivery organisation and is not, therefore, the most appropriate organisation to host the program in the long term. This raises the question of whether the program could or should be hosted by one of the two organisations could or should host the program.

Both service delivery organisations involved in this round of the program identified clear benefits of a third organisation hosting the program.

> *...because you're actually reporting externally to another body about what you've been doing within your organisation, and I think that adds...a framework and some rigour to what's happened. ... sometimes having the accountability external to the organisation you get far better buy-in and input and accountability than internally. (Managers)*

Some managers also suggested that the Community of Practice sessions operated in a similar way for individual staff – requiring staff to provide updates on their progress not only contributed to peer learning, but meant that staff were motivated to have achieved progress to report. Having two service provider organisations also added a little additional spur for some managers:

> *...only mildly, but that you know, how are they going with theirs? Oh, we can't let ourselves down as an agency when we've got another agency doing identical work, and so we need to keep up with the Jones's (Managers)*

These managers did not believe that it was necessary that the 'independent' organisation was HCSCC, simply that there was an independent organisation involved.

> *I don't think we've……ever really thought about it in that way. ...it's more the point about being responsible and accountable to an external agency. I don't think it's...made a difference necessarily that the external agency is HCS (sic) or OPA ... (Managers)*

It might be noted that HCSCC and OPA (the host of the original pilot program) are both statutory authorities with independence from Government and some status. It is as yet unclear whether other organisations would attract the same sense of accountability. However, it is clear that the managers believed that having a third organisation hosting the project Coordinator was useful.

The HCSCC Project Manager identified inadequate time in her own work to undertake all tasks that should fall to the role. These included providing adequate supervision and support for the project Coordinator. An external mentor was contracted to provide fortnightly support sessions for the Project Coordinator, which were described as of "enormous benefit". However, monitoring of progress on implementing the recommendations of the previous evaluation, and interaction with middle management in the two partner organisations, were both identified as having happened at less than desirable levels.

It was also suggested that future support for the Coordinator should involve additional administrative support.

> *... the documenting, the recording... - because it really all happens in her head, as a blind woman, the impost of administrivia [sic] is high on her, so I think she does need a dedicated admin person to literally be her eyes in that, and that would help do the recording. (HCSCC)*

One trainee facilitator suggested that the some additional logistical support may have improved organisation of the program.

> *Organisation... Just with times, and locations, and things like that. Sometimes things would get a bit confusing. Or an email would be sent and it was the wrong time, so I think someone that was sort of organising those logistical things would be good.*

HCSCC also played a role in engaging guardians for providing consent to participate in the evaluation (a requirement imposed by the SA Department of Health Research Ethics Committee). There were particular issues for one decision-maker who as well as being under guardianship, was under an order as a result of previous criminal behaviour.

> *I got blurred between the consent for evaluation and the consent to participate in the project. And I think that's something (for future), is to be very clear, upfront, to engage with the legal guardians, to understand what does the order cover, because not all of the orders covered everything that the decision makers were up to, so what role do the legal guardians think they need in things that are under the order...*

It is recommended that a standard element be added to program procedures to ensure that:

- whether or not decision-makers' are under guardianship is established as part of the process of recruiting them;
- where decision-makers are under guardianship, the nature of guardianship is clarified (guardians should not be allowed to influence areas of decision-making that lie outside the scope of their legal responsibilities);
- where the nature of the guardianship requires it, guardian's consent to participation in the program and in the evaluation of the program is obtained at the commencement of the program;
- the existence or otherwise of legal orders is established prior to commencing planning for decision-makers' agreements.

It is also recommended that the issue of guardianship consent for participation in future evaluations be negotiated with the appropriate research ethics committee, to ensure that the research ethics approval does not require consent from guardians where that would fall outside the scope of the guardian's responsibilities.

3.11. Summary

A variety of mechanisms have been identified which have contributed to outcomes at different levels of the program – supporters, facilitators, and organisations.

One recurring mechanism we have termed 'seeing is believing', which generates buy-in to the project itself or to the ideas and methods of the program. This was apparent, for example, in generating buy-in for trainee facilitators when they met previous participants during the initial training. For other staff and clients within the organisations, it appears to have reduced scepticism and, in some cases, staff who were not directly involved with the program acted more in accordance with the ideals of the program. It was also suggested that it resulted in other clients wanting similar treatment, which could lead to easier selection processes in future; and for supporters and families when they saw the outcomes of the program for their decision-maker. Over time, such outcomes have the potential to contribute to 'creating a supportive environment' for the program and thus, over even longer timeframes, for a ripple effect to contribute to wider diffusion of its core ideas.

Learning, support and encouragement were other important mechanisms for facilitators, who indicated that both the mentoring process and the community of practice meetings contributed. Community of practice meetings also operated through a social capital mechanism, extending access to resources for decision-makers.

While 10 trainee facilitators were initially recruited for the program, only 5 completed it. This of course has significant cost-benefit implications for the training process.

Supporters proved difficult to recruit in this round of the program. Most reported outcomes in terms of personal satisfaction, improved understanding of 'expressed wish' decision-making, and improved relationships with the decision-maker. One reported making significant changes to his own life in response to seeing the difference it had made for his son. Another reported no changes other than something of a deterioration in their relationship with the decision-maker.

Meetings of decision-maker 'teams' continued to be problematic, in part because of lack of time for those being invited to attend and in part because of inflexibility in meeting times.

The introduction of internal liaison staff worked well, supporting mutual understanding and negotiation between the organisations and the program. Most respondents believed that the program works best when the facilitator has direct day to day contact with the decision-maker in their normal work role, but this caused some difficulty for shift workers. Both a need, and strategies to, increase middle management involvement were suggested. Some managers reported that the program was more expensive than anticipated and one suggested that it was not sustainable without additional funding.

The value of the role of the HCSCC as an independent organisation included providing an accountability structure and was supported by the participating organisations. Increased resourcing for the program and some amendments to program processes for engaging guardians were proposed.

5. Future Directions

5.1. Introduction

This evaluation has found that the SDM project has generated change outcomes at a variety of levels – for decision-makers and in some cases their most engaged supporters; for facilitators and their ways of working; and to some extent for organisations, through some early-stage diffusion to other staff. The adaptations made to the program in the second phase of implementation have successfully addressed the problems identified in the pilot evaluation.

The recommendation of this evaluation is, therefore, that the program should be both continued and expanded. The focus of this chapter is on strategies to do so, and issues that will need to be addressed in the process.

5.2. Summary of Recommendations

A summary of recommendations is provided here for ease of reference. The rationale for each of the recommendations is provided below.

Recommendation 1. The SDM project should be continued and expanded.

Recommendation 2. Participating organisations in this second phase of implementation (HCSCC, Cara and Strathmont) should collaborate in seeking external funding to continue and expand the SDM project.

Recommendation 3. All participating service provision organisations should continue to be required to fund the salaries of their participating staff.

Recommendation 4. Independent cost-benefit modelling for the SDM project should be undertaken as a matter of priority. This should comprise both direct costs and benefits and social return on investment analyses for non-material benefits, for agencies, workers, decision-makers and supporters.

Recommendation 5. If and when subsequent rounds of the SDM project are conducted, cost-benefit analysis (i.e. actual costs and benefits) should be included in the evaluation.

Recommendation 6: That the program continue to refine the program implementation model.

Recommendation 7. A business development plan should be developed to cover a three to five year period. This should include sustainable funding systems, processes for diffusion within and across organisations including high quality promotion and marketing materials, staffing structures that can expand with the program, continued adaptation and development of the program itself including cultural adaptations, and evaluations (including economic evaluations) that are tailored to the changing needs of the program over time.

Recommendation 8. HCSCC should lead a process to identify and secure an appropriate agency to operate as the 'base' for the program over the next 3-5 years.

Recommendation 9: That the initial training program for phase 3 of the SDM project be led by the internal liaison staff from phase 2 of the program, with support from the Program Coordinator, and that those personnel operate as the mentors for trainee facilitators within their own agencies.

Recommendation 10. Participating agencies consider separating the roles of trainer/mentor and internal liaison, involving different staff in the two positions. That all participating agencies (including HCSCC) consider the implications, potential and feasibility of developing a new 'buddy' role in the program.

Recommendation 11: A strategy for diffusion of SDM within agencies be developed, involving strategies for awareness raising across senior management, middle management, and service providers; continued participation in SDM for all 'graduate' facilitators; and maintenance of processes to train and mentor new cohorts of trainee facilitators.

Recommendation 12. A clear strategy for expansion to a further two agencies should be developed, and planning and preparation for their involvement should be undertaken concurrently with the next (internal only) round of training. (Note that the recommendation of 'two agencies' here is intended to limit the rate of expansion to manageable levels: many new projects 'fail' at the point of expansion because they do not have good quality processes for managing 'scaling up and scaling out'.)

Recommendation 13: A range of fee for service opportunities should be explored, and costings be developed such that those services both cover their own costs and contribute to the core operations of the program.

Recommendation 14. That a job and person specification for the role of trainee facilitator be developed, supported by recommended selection processes.

Recommendation 15. Options for accreditation of training for facilitators (in the first instance) and trainer/mentors be explored. Explorations should include consideration of impacts on costs and income generation for the core operations of the program.

Recommendation 16. That strategies for accessing different market segments, and appropriate funding mechanisms for different market segments, be developed.

Recommendation 17. Development of high quality promotional materials for the program should be included in the early stages of the business development plan.

Recommendation 18. Consideration of cultural adaptations to the program should be included in the business development plan.

5.3. Rationale for recommendations

5.3.1. Program Maintenance and expansion

The SDM project has demonstrated success in generating significant positive outcomes for decision-makers, some outcomes for supporters, outcomes for facilitators and for organisations. The outcomes for decision-makers include significant improvements in enactment of their rights under the UN Convention on the Rights of Persons with Disabilities, improvements in social capital and community engagement, and improvements in well-being and behaviour. Outcomes for supporters are generally limited to some effects on ways of thinking about the decision-maker, sometimes increased skills in providing assistance from an expressed wish perspective, and the satisfaction of helping. (Some other impacts were noted in the previous evaluation report but the extent to which they apply has not yet been established.) Outcomes for agencies include new ways of practice that are consistent with their philosophies, the policies of Government, and the UN Convention. Outcomes for staff include new ways of thinking, improved skills in a range of areas, new work

practices outside of the SDM project itself, and increased work satisfaction. No significant negative impacts have been identified to date.

Recommendation 1. The SDM project should be continued and expanded.

5.3.2. Funding arrangements – short to medium term.

In the long term, the project will need to operate consistently with overall funding arrangements for the disability sector, including client purchasing of services. The project is not yet at a stage of development where that is feasible. A further period of program development will be required for the SDM program to be mainstreamed within the existing service delivery agencies, for it to be extended across agencies, and for purchasing/funding models to be developed.

Participating service delivery agencies will benefit directly from expansion and implementation of the program and should, therefore, contribute to its costs. It is appropriate that they continue to fund their own staff's time, at all levels required for the success and expansion of the program (trainee facilitators, 'buddies', internal liaison/support officer, and supervisor/management support - see section 4.4.3 below). If and as the project expands, it is unreasonable to expect that those costs would be able to be covered from a central grant. This should therefor apply to both the existing participating agencies and any new agencies that join the program.

In general, service delivery agencies are constrained by their existing funding arrangements, both in the sense that funds are allocated by governments for specific functions and cannot be expended outside those functions, and in the sense that there is little fat in human services budgets and re-allocations of resources are therefore difficult. Although its roles are different, the same constraints affect the HCSCC. It was beyond the scope of this evaluation to consider the financial capacity of participating organisations to reallocate resources to fund other costs of the program (e.g. Coordinator time and further development of the program). However, middle managers identified the costs of releasing and backfilling staff as problematic, suggesting that greater contributions may not be feasible.

By implication, there will be costs associated with the work involved in development of the program which likely cannot, and arguably should not, be met within current budgets. External funding should be sought to cover at least those developmental costs. A more convincing case for funding can be made if the participating agencies continue to collaborate in those applications (as has been done to date).

> **Recommendation 2.** Participating organisations in this second phase of implementation (HCSCC, Cara and Strathmont) should collaborate in seeking external funding to continue and expand the SDM project.
>
> **Recommendation 3.** All participating service provision organisations should continue to be required to fund the salaries of their participating staff.

An application to NDIS Community Funding has already been rejected. The granting body provided feedback that the project was considered important and could be reconsidered. Given that the project has been demonstrated to improve the nature and quality of enactment of government policies at both State and Federal levels, it is entirely reasonable that governments should continue to contribute to its development. It is therefore recommended that the parties continue to seek and advocate for government funding. However, given the current funding constraints across all levels of government, it is also recommended that the parties seek philanthropic funding for an interim development stage.

The philanthropic funding sector is not particularly well established in South Australia. However, the SDM project is potentially of national and international significance, as has been evidenced by requests for training from interstate and overseas, and the visiting Japanese delegation during this second phase of implementation. Philanthropic funding could, therefore, be sought from large national and international philanthropic agencies.

Seeking funding, particularly in times of significant economic constraint, is work in its own right. However, a relatively small investment in seeking funds could reap significant rewards for people with disabilities in the longer term. This is discussed further below, under the Business Development Plan.

5.3.3. Cost-benefit modelling

The SDM process is relatively short-term for each decision-maker, but also relatively expensive during the program itself. It requires an average of one day per week per decision-maker while facilitators are in training, over about an eight month period. (It is possible that this may decrease somewhat as facilitators' skills and experience increase, because they require less support and less thinking time.) During the facilitator training process, an individual mentor is also required, for perhaps three hours per week (calculated roughly as one hour attending each meeting of decision-makers and their supporters, half an hour of debriefing after meetings and half an hour of incidental telephone and email support, and an hour of travel time to and from meetings). Training-related costs are of course not required once facilitators are skilled and confident, although ongoing participation in the Community of Practice is recommended.

There are, however, significant potentials for cost savings for agencies as well. As noted in Chapter 2, some decision-makers increased their independence – including in one case starting to earn a living – while others increased life satisfaction, which decreased 'acting out' as a result of frustration. These and other factors can result in direct cost savings to agencies.

> *I think the biggest cost that could be saved - ... is the dependency on the service. So - ... that is the cost of support staff, the cost of their hours and everything which would go into it. So I guess if [decision maker's] ...support hours, not now, say down the line, get reduced from six to three hours, let's say, that's 50 per cent - you know, say the cost of housing is going to remain the same, the cost of rent is going to remain the same... (Facilitator 4)*

> *And [decision maker] will actually get less hours now. So he's on a 12 hour support at the moment, and we're looking to reduce hours. ...But it's not just the support, it's also the occupational health and safety. It's – [Decision-Maker name] used to bash staff, you know? How many people went off on Work Cover? How much did that cost? How many people were off on stress leave? Staff refused to work with him, so what sort of cost is that to the organisation if you have to bring in agency staff? What is the cost of hiring a lawyer to defend him in court? All of these things no one's calculated. I don't think it's that expensive, and how can you put a price on what people achieve and the quality of life? Now, where's that cost factored into it? (Facilitator 5)*

> *I was just going to say in terms of the impact on other staff, it's more anecdotal, I guess, but some of ...the community support coordinators, who coordinate time for the decision makers, have said their time in supporting him around rosters has really decreased, because he's taking more ownership himself. They would meet quite frequently with him as a decision maker prior to the SDM project, around his roster and what days of the week he's*

> *going out, when he needs a particular worker, and that seems to have cut down quite considerably, because he's either doing things more over the phone rather than face-to-face, or he's pre-planning and saying for this fortnight I need people on these days. And there's less going back and forth. (Managers)*

Three kinds of economic studies are possible in these circumstances. The first is economic modelling, in which the *estimated* costs of the program are compared to *anticipated* savings over a given time period[4]. The agencies involved so far have accrued sufficient experience for such modelling to be feasible at this stage of the program's development, without a next round of the program being conducted.

The second is cost-benefit analysis, in which *actual* costs of the program are compared to *actual* savings over time. This would be feasible if the program were repeated and actual costs and benefits data was collected for those involved (i.e. the agencies, decision-makers, and volunteers – supporters and community members who contribute time to enable decision-makers to put their intentions into action.) This would require a different evaluation design, different data to be collected, and modifications to the research ethics application.

The third is social return on investment (SROI) (or preferably, if available, economic return on investment – a more comprehensive approach currently being developed). SROI works by estimating the financial value of the main non-financial and non-material benefits of a program, usually calculated by asking other people how much they would be prepared to pay to achieve the benefit. (This is the direct response to the question raised by Facilitator 5, above, about costing the non-financial benefits of the program.) A range of benefits could be included here, not just for decision-makers (e.g. increased happiness and fulfilment), but for supporters (e.g. decreased concern about the wellbeing of the decision-maker) and agencies (e.g. increased staff satisfaction). This could be combined with either economic modelling as described in option A above, or a cost benefit analysis as described in Option B above, to get a more complete picture of the value of the program.

It is not known by the evaluators whether any facilitator who has completed training in previous rounds of the program has subsequently conducted the SDM process with another decision-maker and without the Coordinator. If any form of economic evaluation is conducted, that should be included as part of the investigation and factored in to models. It is likely that facilitators who have previously been trained may be somewhat more time efficient than those in training simply because they know what they are doing. Obviously, the direct costs would also be lower where facilitators are not being trained. Presumably, benefits also increase as more decision-makers achieve outcomes and as diffusion effects within organisations strengthen. However, it is also likely that only some 'graduate' facilitators will repeat the process, in part because of staff mobility, in part because of individual interest, in part because of organisational support and so on. It will be important to take estimates of the proportions of trained staff who do and do not repeat the process into account in modelling.

[4] It should be noted that economic benefits will accrue over time while the costs of the program are primarily expended in the six to eight months for each decision-maker. This is taken into account in economic modelling.

Economic modelling and/or economic evaluation of the program is likely to be useful for a number of purposes. Firstly, should significant economic benefits be identified – as the evaluators for these initial rounds of the project expect, on the basis of evidence to date, they will – this provides a strong rationale for funding investment in the program. Secondly, it will provide more accurate estimates of the costs and time involved, which will be of significant value for participating agencies in planning staffing and budgets. It will also assist agencies who are considering joining the program to make informed decisions about the economic viability of the program. Thirdly, accurate costings will be required to enable agencies to calculate costs to individual consumers should they make the service available as an option that consumers can choose to purchase (see section ... below).

Recommendation 4. Independent cost-benefit modelling for the SDM project should be undertaken as a matter of priority. This should comprise both direct costs and benefits and social/economic return on investment analyses for non-material benefits, for agencies, workers, decision-makers and supporters.

Recommendation 5. If and when subsequent rounds of the SDM project are conducted, cost-benefit analysis (i.e. actual costs and benefits) should be included in the evaluation.

5.3.4. Minor refinements to the program model

In chapter 3, a series of minor refinements to the program were identified as being desirable. These included:

- Modifying the structure of the initial training program, from three days a week over two weeks to two days a week over three weeks;
- Developing a skills checklist for trainee facilitators, for use in trainee selection, to support reflection and to contribute to evaluation;
- Introducing a standard format for recording decisions and actions made at team meetings, to support coordination and implementation, based on the format already developed and trialled by facilitators in earlier rounds of the program;
- Introducing time diaries for trainee facilitators, to enable accurate costing of the program and to support accountability;
- Clarifying guardianship and legal order issues for each decision-maker as they engage in the program;
- Clarifying guardianship consent for participation in the evaluation with the Health Commission's Research Ethics Committee;
- Investigating the option of training a team of volunteer supporters to work with decision-makers where a supporter cannot be identified within their own social networks;
- Investigating strategies to take decision-makers out to meetings with potential 'team members' (or 'suppliers') rather than expecting all team members to come in to team meetings;

Recommendation 6: That the program continue to refine the program implementation model.

5.4. Moving towards program sustainability

A number of distinct issues will need to be addressed if the SDM project is to become self-sustaining in the longer term. These include, but are by no means limited to, securing some external funding and securing a longer term 'home' for program coordination. Other issues and related strategies

are: building a more graduated set of program roles; diffusing the program throughout participating agencies; extending the number of participating agencies; formalising and credentialing the facilitator training program; and establishing fee for service approaches at organisational and individual levels. If properly designed and managed, these elements will operate synergistically to support each other; designing them to do so will require a three to five year business plan.

5.4.1. Business Development Plan

The developmental activities proposed below are intended to be synergistic, with developments in one area supporting developments in others. Successful implementation will require careful sequencing and coordination. Developing a clear and staged Business Development Plan to cover a three to five year period will improve the chances of success, and may aid in attracting funding.

Implementing the plan will require a wide range of skills, and a relatively significant workload over a three to four year period. While there are of course many ways to bring different skill sets to bear in a project, it is unlikely that any one person could undertake the full range of activities required. Planning for at least 2 FTE positions at the core level is recommended – although the second salary may in fact be used for multiple part-time or short term positions or contracted tasks.

> **Recommendation 7**. A business development plan should be developed to cover a three to five year period. This should include sustainable funding systems, processes for diffusion within and across organisations including high quality promotion and marketing materials, staffing structures that can expand with the program, continued adaptation and development of the program itself including cultural adaptations, and evaluations (including economic evaluations) that are tailored to the changing needs of the program over time.

5.4.2. Establishing a base for program development

The program is much more likely to develop sustainably if it has a secure 'home' from which to do so. An agency should be found which can operate as that home for at least a three to five year period (i.e. until the program can become self-sustaining). Even beyond that period, administrative economies of scale will be achieved if the program can be co-located with another larger agency.

There are advantages to this transition process, and to the program in the longer term, if the 'home' agency is not one of the two service provision organisations currently involved. It ensures independence from the policies of each of the participating organisations, provides a third party for accountability and where necessary advocacy, and adds weight (and potentially credibility, depending on the agency) to funding applications.

> **Recommendation 8.** HCSCC should lead a process to identify and secure an appropriate agency to operate as the 'base' for the program over the next 3-5 years.

Should it not be possible for HCSCC to lead the transition process, a working group comprising equal numbers and seniority of participants from the two participating agencies could be formed to take this leadership role.

5.4.3. Program roles and structure

The program structure over the second phase of implementation comprised the Program Coordinator and her supervisor, located in HCSCC; an 'internal liaison' person in each of the two participating agencies; and trainee facilitators. The Program Coordinator was the sole trainer and the mentor for every trainee facilitator.

As noted in the evaluation of the pilot phase, this structure is not sustainable in the long term. It generates a very high workload for the Coordinator and as noted in Chapter 3, a lack of flexibility in timing of team meetings for each decision-maker. Perhaps more importantly, if current ways of working are maintained, it limits the number of trainees in each round to around 8 (assuming a full time Coordinator, team meetings for one decision-maker each half day, with preparation and de-briefing for each meeting, and one day per week for all other roles). This of course limits the speed with which the program can be diffused throughout the participating organisations or scaled up to other organisations.

However, there are now sufficient staff within the two participating agencies who have been through the program, and who are keen to remain involved with it, to enable a new staffing structure to be established.

It is extremely difficult to change agency policies and worker practices: evaluation literature is replete with unsuccessful examples of attempts to do so. The training process used in the SDM program to date (i.e. an initial training program followed by a first experience of running the SDM process supported by a mentor) has, however, demonstrated its effectiveness in doing so. It is therefore recommended that the new program roles be constructed to protect that intensive experience.

In order to extend the scale of the program, additional trainers and mentors will be required. At least in the early stages of program development, in order to protect program fidelity, all mentors should have previously been facilitators and all trainers should previously have been both facilitators and mentors. Following this process exactly would require at least another round of the program which would significantly delay its expansion. The two staff who operated as internal liaison in Phase 2 of the program, however, are now both skilled and experienced practitioners, who are capable of transitioning to become both trainers and mentors.

> **Recommendation 9**: That the initial training program for phase 3 of the SDM project be led by the internal liaison staff from phase 2 of the program, with support from the Program Coordinator, and that those personnel operate as the mentors for trainee facilitators within their own agencies.

If the mentors are personnel within the same agency as the trainees, significant time savings should be possible. Estimating the direct time for mentoring at an average of 2 hours per week per trainee facilitator, an 'in house' mentor should be able to support 6 trainees, undertake in-house liaison, and contribute to coordination and development functions in an 0.5 FTE position.

In order to 'speed up' the development of personnel with experience across roles, it is desirable that facilitators (i.e. graduates from previous rounds of the program) develop experience in other aspects of the program, including supporting trainee facilitators. However, a direct step from 'trainee' to 'mentor' would be a big one – and probably too big for many staff. In order to build a more graduated set of roles, two strategies are recommended for consideration.

The first is removing the 'in-house liaison' role from the recommended trainer/mentor position, allocating it to another graduate from an earlier phase of the program, and involving that person in some of the development functions described below. This will broaden the experience of that staff member, broaden the range of skills and experiences available within the development team, and increase the number of people with a wider range of experience in the program. It also has the advantage of creating a structure that can be replicated if other agencies join (or re-join) the

program - i.e. each agency has an internal liaison person, regardless of whether or not they have an internal trainer/mentor (see section ... below).

The second is to introduce a new role, described here as a 'buddy'. This role would be open only to people who have successfully completed the trainee period and demonstrated a strong understanding of the process and skills involved. The 'buddy' would attend selected decision-maker meetings, but not all meetings, with a trainee facilitator – sufficient for them to have met the decision-maker and their key supporters, and be familiar with the decision-maker's goals and plans. This would provide a second, more experienced practitioner for trainees to talk with and solve problems with. It would also provide the buddy with exposure to another worker's ways of working (thus contributing to their own learning) and provide the buddy with some introductory experience in supporting and mentoring trainees. In the event that the mentor/facilitator could not attend a meeting, the buddy could 'backfill' that role for the meeting. In the event that a trainee facilitator needs to take leave, or leaves the agency, the 'buddy' would be in a strong position to take over the facilitation for the decision-maker. In some circumstances, it might also be possible for the buddy to undertake some tasks (for example, returning phone calls from potential supporters who ring in when trainees are not on shift) – although this might require a higher level of familiarity with the facilitation than is otherwise envisaged here.

This would of course have some cost implications for the agency, in that an additional staff member would attend some meetings and contribute some additional time in discussion with the trainee. If the buddy attended (say) 6 meetings and contributed 6 hours in discussion time, that is a direct cost of 12 hours over the 8 months of the program – an average of 1.5 hours per month. In comparison to other staff development and system strengthening activities, that is a relatively small impost.

> **Recommendation 10**. Participating agencies consider separating the roles of trainer/mentor and internal liaison, involving different staff in the two positions. That all participating agencies (including HCSCC) consider the implications, potential and feasibility of developing a new 'buddy' role in the program.

This would provide an overall program structure of Program Coordinator, two Trainer/Mentors, internal liaison personnel (one per participating agency), buddies, facilitators and trainee facilitators. Each position should (at least in the early years of the program) require completion of the next earlier role, constructing a training pathway through the program. This strategy is intended to decrease the current reliance on the single Coordinator and support diffusion of both the program itself, and 'spin off' effects on other staff, throughout participating agencies.

Revising and clarifying roles may also highlight some possible economies of scale. For example, there may be some small economies of scale if each facilitator works with two decision-makers (for example, being able to debrief in relation to two decision-makers in one session). Greater economies of scale could be achieved if mentors were internal to the organisation (as recommended above) and if all trainee facilitators debriefed and planned together in small group sessions, conducted weekly.[5]

[5] A somewhat analogous program in a different sector (Family by Family, developed by The Australian Centre for Social Innovation) moved from individual mentoring of the direct service providers (in their case, families providing support to other families) to 'group coaching' and discovered that it was not only more time effective for coaches, but more effective for the families,

5.4.1. Diffusion within and across organisations and cultures

It is the view of the evaluator that the SDM program carries such significant benefits that active strategies should be pursued to support its diffusion within and across agencies. This should, however, be carefully staged and managed.

In the previous section it was recommended that the internal liaison staff from the previous round become trainer/mentors within their own agencies. Doing so for the next round of the program within their own agencies will enable them to develop skills and confidence in that role, and to support diffusion within those agencies. That is, a new cohort of trainee facilitators would join the program, effectively doubling the number of facilitators and spreading diffusion effects (e.g. affecting the immediate co-workers of trainees) throughout the agency.

Concurrently, diffusion will be supported if all those who have participated in the program to date are enabled to repeat the SDM process with at least one decision-maker at a time. This implies at least continued time allocations for those workers to undertake the role (or better – inclusion of the role within worker's duty statements, with 'release' from direct shifts where necessary). While cost-benefit analyses (see section 4.3.3 above) are yet to be undertaken, such shifts in expenditure may be cost-neutral or even cost-saving in the longer term.

Internal diffusion could also be supported through a range of other strategies. For example, trainee facilitators complete the program by making a presentation to their fellow trainees and agency managers about their decision-maker's goals and achievements. This presentations could be repeated – or synthesised into more comprehensive presentations – for *existing* staff meetings within agencies (for example, team meetings within accommodation houses). Seeing examples of success with 'our own clients' and 'achieved within our own constraints' is much more likely to be credible to, and spark the interest of, other workers in the agency than examples drawn from outside. It was particularly clear in this round of the evaluation is that one of the main mechanisms for engagement of other people, and for creating shifts in behaviours, is the "seeing-is-believing" mechanism.

Over time, these presentations (and/or the people that they represent) could also be used in the development of awareness raising resources, such as videos or U-tube clips, to promote the program more broadly (see below).

Diffusion also requires direct strategies for middle managers within agencies. Senior management in the two participating agencies have demonstrated strong support for the program. Some middle level managers, however, did not have a strong understanding of the program, its processes or its achievements. Given that individual teams were financially affected by the participation of trainees, this is potentially of concern. Both horizontal (peer to peer across levels within agencies) and vertical (bottom up and top down) strategies are likely to be required.

> **Recommendation 11**: A strategy for diffusion of SDM within agencies be developed, involving strategies for awareness raising across senior management, middle management, and service providers; continued participation in SDM for all 'graduate' facilitators; and maintenance of processes to train and mentor new cohorts of trainee facilitators.

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because of the peer learning and support incorporated in the sessions. *(Family by Family Evaluation Report 2012, p 13; http://tacsi.org.au/project/family-by-family-2012-evaluation-report/)*

While these strategies can be used within the two current agencies, it is also easy to envisage strategies that could also support broader diffusion. In a subsequent round, each of the two trainer/mentors could, for example, lead a program round that involved their own and one other agency. The second agency would (presumably) purchase training places and mentoring. This could be organised directly, with funds transfer directly from the second agency to the organisation employing the trainer/mentor, or centrally, such that participating organisations purchase places from the coordinating agency, and the coordinating agency reimburses the agencies that provide trainer/mentors. As new agencies move through rounds of the program, they in turn could develop internal trainer/mentors... and so on.

It will take some time for new agencies to 'gear up' for participation in the program, and seeking to involve them immediately could delay progress for the program. It is also desirable that the new trainer/mentors gain experience in those roles before other agencies are required to pay for their services. It is therefore recommended that new agencies should not be included in the next round of training. However, in order for them to have time to prepare (select trainees, organise budgets, and so on), it is recommended that two new agencies be identified early in phase 3, with a view to joining the next-but-one round of training.

> **Recommendation 12**. A clear strategy for expansion to a further two agencies should be developed, and planning and preparation for their involvement should be undertaken concurrently with the next (internal only) round of training.

Unless adequate grant funding is obtained to expand the program, these agencies would need to cover the costs of their participation in the program. This suggests that fees for training, mentoring, and (potentially) contributions to the core operations of the program should be calculated and charged.

It should be noted here that the recommendation of 'two agencies' is intended to limit the rate of expansion to manageable levels in the first instance: many new projects 'fail' at the point of expansion because they do not have good quality processes for managing 'scaling up and scaling out'. There is significant work involved for new agencies in adopting this model, and there will be new work roles involved for the existing agencies as they learn how to support other agencies in picking up the model. New programs often fail at the point of expansion because they have not yet worked out quality processes for 'scaling up' (to higher levels of management and/or the bureaucratic and political systems) and 'scaling out' (to other sites or agencies). The program will be under pressure to expand in order to reach an economically sustainable level, but should develop and test methods for 'scaling out' before offering the program on a wider basis.

5.5. Longer term developments

The discussion above has been framed in terms of immediate developments of the program. Over the longer term, other issues will also need to be addressed. The options below have not been explored in depth, and are discussed in a little less detail.

5.5.1. Funding Structures – Longer term

As noted in section 4.3.2 above, the SDM program will, in the longer term, need to operate consistently with overall funding systems for the disability sector. This requires consideration at two levels – funding of the 'core operations' of the program, and funding of its implementation within agencies. It also implies consideration of three broad funding strategies: grant funding, fee for service operations for the program's core operations, and fee for service for clients (i.e. decision-makers) themselves.

It has already been suggested that diffusion across agencies may involve new agencies purchasing training and mentoring, either directly from the central program or from the two current participating organisations. Interstate and international interest in the program suggests that some 'early adopter' agencies are waiting in the wings to do so. Some agencies that participated in the pilot phase, but not phase 2, may wish to re-enter the program: continued attendance at Community of Practice meetings by some of their facilitators suggests ongoing interest. A much broader range of agencies may develop interest in the approach over time, as its effectiveness (and cost-effectiveness) are demonstrated and promotion of the program is undertaken.

This suggests at least three possible income generation strategies for 'core' operations of the program: direct provision of training and mentoring on a fee for service basis, as already discussed; development and provision of a separate training program for trainer/mentors, also on a fee for service basis; and provision of more limited (or concentrated) training and consultancy services for agencies that are considering, but are not yet ready to adopt, the model.

> **Recommendation 13**: A range of fee for service opportunities should be explored, and costings be developed such that those services both cover their own costs and contribute to the core operations of the program.

Opening the program up on a fee for service basis will necessarily involve some reduction in the control that a select few can have over entry to the program, both for workers and for decision-makers. The control exercised to date has been important in the first rounds of the program, when the question to be resolved was whether the program could be extended beyond the original sole practitioner, given the right conditions. Now that it has been demonstrated that the program can work in the right conditions, the question becomes how to scale it out, maintaining quality while reducing reliance on key personnel. This suggests that processes for entry to the program will need to be distributed (rather than lying with the Coordinator), which in turn means that they should be clearly documented.

As with any other important 'change agent' role in human services, the program should continue to set selection criteria for trainees. Those criteria should be recorded in the equivalent of a job and person specification that specifies the necessary attributes and values for the role. Entry criteria should also include a genuine interest in and commitment to undertaking the program, demonstrated commitment to the rights of people with disabilities (not simply to the provision of good quality services), willingness to contain other commitments during the training period, and support from the employing agency to meet the requirements of the program.

> **Recommendation 14**. That a job and person specification for the role of trainee facilitator be developed, supported by recommended selection processes.

In the longer term, some agencies – and potentially individual workers – are more likely to purchase training if it is accredited. Two options present themselves: either for the host agency (currently HCSCC) to become an accredited training provider; the other for a partnership with a training provider (e.g. TAFE or a University) to develop and provide a program. It is beyond the scope of this evaluation to make a recommendation about a preferred pathway, but both could be explored.

> **Recommendation 15**. Options for accreditation of training for facilitators (in the first instance) and trainer/mentors be explored. Explorations should include consideration of impacts on costs and income generation for the core operations of the program.

The other aspect of fee for service relates to funding of services by participating agencies to people with disabilities, and how this might operate in the context of consumer purchase of services.

It seems likely on the basis of experiences to date that there will be at least three market segments for the program. The first will comprise people with disabilities (or their families) who recognise that the person has capacity to make decisions but requires assistance and support to learn to do so – or who may require some ongoing support to do so, even once basic skills and confidence are developed. These consumers are likely to be willing to purchase the program as a short-term intervention (although of course strategies to raise awareness that the program existed and could be purchased would be necessary.)

The second would comprise people with disabilities and their families where there is some initial doubt about the capacity of the person with the disability, and/or who are unaware of the program, but who may accept advice from an NDIS Planner to purchase the program. This of course requires a solid understanding of the program, its approaches and requirements, and belief in its capacity to create change, on the part of NDIS Planners.

The third will comprise a segment where no-one other than experienced facilitators, or workers who know the person with the disability well and 'suspect hidden depths', will think it possible that the person could make their own decisions. It is unreasonable to expect them (or their families/guardians) to purchase it, despite the fact that it is perhaps for this group that the greatest gains might be made. In order to have a sufficiently strong base for the program, and to stigmatisation and ghetto-isation for this group, they should be included in the same program as the first two segments. However it is likely that core program funding will be required to enable their entry to the program.

Recommendation 16. That strategies for accessing different market segments, and appropriate funding mechanisms for different market segments, be developed.

5.5.1. Marketing tools

It was suggested above that graduate facilitators' end-of-program presentations could be redeveloped as presentations to staff meetings to contribute to promotion of the program. Such presentations could be used within a wide range of disability sector agencies.

It was also suggested in one interview that videos of family members/supporters talking about the changes they had seen for their decision-maker would be a powerful promotional tool for families. This might be supplemented with electronic materials that can be easily shared by families and networks, such as U-tube clips.

Some of the most likely places for people with disabilities and their families to access information about the program will be in existing services for people with disabilities. Posters and pamphlets that can be included in display racks should be developed.

Promotional materials of good quality will be required as the program moves towards fee for service arrangements for funding. Testimonials by those directly involved in the program (decision-makers, supporters and workers) are more likely to trigger the 'seeing is believing' mechanism than traditional program descriptions, and should be included in the materials.

Recommendation 17. Development of high quality promotional materials for the program should be included in the early stages of the business development plan.

5.5.2. Modification for cultural differences

Three issues suggest that there is reason to consider whether the program may require adaptation for cultural differences. Firstly, Australia is a strongly multi-cultural country with people with disabilities from many cultures. Different cultures come with different assumptions about rights, abilities, and responsibilities of the person themselves, their families and carers, and services. They also bring different assumptions about communication styles within families and between families and services. For recent migrants and refugees, people with disabilities may also arrive with long histories of poor access to support, and in some cases with significant histories of trauma. Tailoring the program to address these various kinds of differences may increase the acceptability of the program and ensure access to it across cultural groups – which is of course in keeping with international human rights standards.

Secondly, the disability sector employs many people from different cultural backgrounds. It was suggested to this evaluation that the majority of people employed at entry level are recently arrived in Australia, often with low levels of functional literacy, previous education, and sense of agency in their own lives. Understandably, they also have low levels of information about the service system in Australia and the range of other community structures, activities and options that might support a decision-maker in achieving their goals. Workers from different cultural backgrounds may be uniquely suited to work with people with disabilities from their own language groups (thus overcoming one major communications issue, and potentially issues in relation to cultural understanding). However, they may require additional training and support to participate effectively in the program.

Thirdly, on the basis of international interest in the program to date, there seems little doubt that there is potential to develop an international market for the program. This may imply modification not just for cultural difference, but to take account of different service delivery systems, rights and entitlements in different countries.

This implies that core staff within the program will require skills to work cross-culturally, to identify which cultural differences have implications for the program and its effectiveness, and to work collaboratively across cultures to develop adaptations to the program and its elements (including worker training) where required. Co-design may be an appropriate strategy to develop these modifications.

Recommendation 18. Consideration of cultural adaptations to the program should be included in the business development plan.

6. Summary against evaluation purposes

This final section of the report provides a brief summary of the findings against the key purposes for the evaluation. Evaluation purposes are presented in bold italics and findings in normal font.

Determine the circumstances in which the SDM project model is and is not effective.

The SDM project appears to be effective where:

- decision-makers have sufficient cognitive capacity to make decisions, a mode of communication, adequate mental health, an interest in making changes in their lives, and where they have time to commit to the project. The notion of 'sufficient capacity' is somewhat contested, in that the project takes the view that all participants have the capacity to make decisions. This is an admirable principle and the project has clearly demonstrated that many people with disabilities

have much greater capacity than had previously been assumed. However, in fact the selection process for participants tends to 'select out' people who do not have the capacity to participate (during interviews, several trainee facilitators described the reasons why some Decision-makers were 'selected in' and others 'selected out', and some of these reasons clearly reflected lack of capacity to participate). This should not be taken as a criticism of the project. Nothing works for everyone: the project has clearly demonstrated that it has great potential to support a much wider range of people than might normally be assumed. However, that does not mean that it could work for all people in all circumstances.;

- at least one committed supporter can be identified within the time frame for the project;
- there is stability in facilitator and/or a back-up facilitator is available;
- facilitators are appropriately supported, both in practical and emotional terms, by the program and by their own agencies.

Identify the outcomes of the SDM Project, within the 12 month project and evaluation period, for decision-makers, support people, facilitators and organisations

Positive outcomes were reported for six of the eight decision-makers, including goal-setting, increased confidence, greater assertiveness, reduced frustration and anger, increased autonomy in daily living, greater variety in activities, higher levels of engagement in community activities and organisations, increased literacy and numeracy, work related skills, changed employment and in one case, a decision to get married. One decision-maker withdrew from the program part way through and reports of outcomes were mixed for another.

Outcomes for trainee facilitators included increased skills and knowledge, and changed ways of working, not just with decision-makers but also with other clients.

Some supporters reported positive outcomes for themselves, including increased satisfaction, greater awareness of the capacities of the decision-maker, and in one case, a significant change in life direction. One supporter reported increased tension in their relationship with the decision-maker.

Outcomes for organisations included changed practice by participating staff and some knowledge and skills diffusion to other staff, and some minor changes to management thinking. No significant policy or service changes were identified. Some managers reported cost implications,

Identify the circumstances in which, and mechanisms by which, positive outcomes are or are not achieved, for decision-makers, support people, facilitators and organisations.

Critical mechanisms for decision-makers were summarised as 'voice, choice and control'. Voice can be exercised when processes for deliberation are established and when intended audiences 'listen for meaning'. Choice can be exercised when there are real options to choose between, and when an active, lateral problem-solving approach is exercised. This is supported by a social capital mechanism where networks available to supporters and facilitators are used to extend access to community options. Control can be exercised when decision-makers have developed a level of confidence and self-efficacy and when other stakeholders (family members, organisations) release control that they have traditionally held. This in turn requires genuine acceptance of the concept of 'expressed wish', belief in the capacity of decision-makers to develop skills and competencies, and willingness to rethink some aspects of traditional risk management policies.

Mechanisms for facilitators include development of new knowledge and skills, role modelling and reflection. These operate effectively when trainees receive both practical (e.g. time) and emotional (interest, support and encouragement) support from both the program and their own organisations.

Mechanisms for supporters include 'seeing is believing', new learning in relation to expressed wish and community organisations, and the emotional satisfaction of supporting someone about whom they care. These operate when all other stakeholders in the program, but most particularly trainee facilitators, are actively fulfilling their program roles.

Mechanisms for organisational outcomes include diffusion of innovation, operating at least in part through 'seeing is believing', and senior leadership support which provides both financial resources and moral authority for the program.

Determine the effectiveness, strengths and weaknesses of the training and mentoring processes for trainee facilitators and recommend improvements.

The extension to a six day training program worked well and the training content was appropriate. Extending the program (e.g. two days per week over three weeks, rather than 3 days per week over 2 weeks) is likely to further increase its effectiveness by reducing 'cognitive overload' for trainees.

Develop recommendations for the further development of the SDM Project. Recommendations will relate to whether and if so in what form the project should be continued, and (if continuing) how its quality and sustainability might best be supported.

It is recommended that the program be continued. Specific recommendations for refinements to the existing model, and for future developments, have been provided in the previous chapter.

7. Appendices

7.1. Time Diary

A time diary has been recommended to contribute to understanding the costs involved in the program. A draft is demonstrated below.

The structure of the time diary recommended here would enable multiple sorts of analysis:

- what functions are being undertaken by whom and how time consuming each kind of function is. This can be used with wage rates to calculate the costs of the program overall, and the costs of particular functions within the program;
- whether the time required for different functions changes over time (for example, more intensive early in the process, less so later). This can be used for work planning and may have implications for shift coverage and related issues;
- whether the time taken varies for different decision-makers (which may be expected, for example, in relation to their communication processes and/or the level of engagement of their supporters);
- whether the time taken varies by agency (which may reflect different kinds of clients for agencies or different internal processes, which may contribute to considerations of efficiency);
- work-related issues affecting program implementation or costs.

SDM Time Diary (DRAFT)

Agency: ……

Worker Name: ……

Program Role: Agency Liaison ❒ Facilitator ❒ Trainee Facilitator ❒ Supervisor ❒ Other ❒

Date Submitted: ……

Date	Task	Time Taken (minutes)	Re: Decision-Maker

Work-related factors affecting implementation: (e.g. shifts worked, leave taken)

……

……

7.2. Skills Checklist for Trainee Facilitators

Development of a skills checklist for trainee facilitators has been recommended. Such a checklist could be used during assessment of applications to take part in the program, to provide feedback to trainees during the program, and for self-assessment of learning on conclusion of the program.

Using the same format for self-assessment on commencement and conclusion of the program would enable comparison of changes and could thus contribute to evaluation of the program.

For example, a question format using Likert Scales for each of *confidence* and *experience* for each skill could be developed:

Skill: Chairing meetings.

1. How *confident* are you in your skills in chairing meetings involving a range of community members and service providers?

Not at all confident ❒ Not very confident ❒ Reasonably confident ❒ Confident ❒ Very confident ❒

2. How much experience have you had chairing meetings involving a range of community members and service providers?

None at all ❒ Very little ❒ Some experience ❒ Quite a lot ❒ Extensive experience ❒