



# Welcome to the Caring Communities Program National Workshop

Professor Kathy Eagar

Director

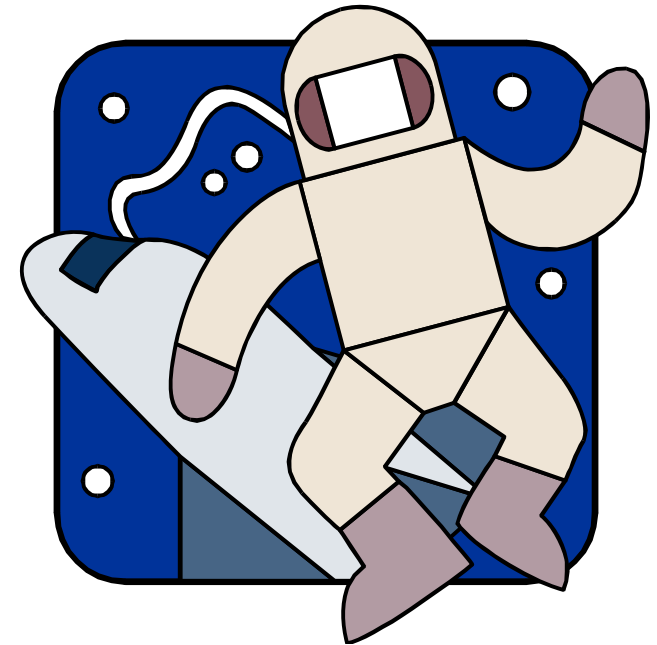
Centre for Health Service Development (CHSD)

# What is CCP?

- ◆ A national program - the Caring Communities Program PLUS
- ◆ 37 different Projects within the Program
- ◆ Implications
  - each project is part of a bigger picture
  - both the program and projects are being evaluated

# Purpose of CC projects

- ◆ Achieve your own goals
  - during the project
  - after it finishes
- ◆ Contribute to the bigger picture:
  - build knowledge and expertise in pall care across Australia
  - provide lessons for other projects, regions and States/Territories



# Purpose of the workshop

- ◆ Develop a shared understanding about :
  - the Caring Communities Program
  - how the Program will work
  - how the Program, and projects, will be evaluated
- ◆ Work out communication channels
- ◆ Develop a shared language for the evaluation
- ◆ Networking and collaboration - why reinvent 37 wheels?
- ◆ Time out from busy schedules to focus on your own project



# Evaluation of the National Palliative Care Caring Communities Program

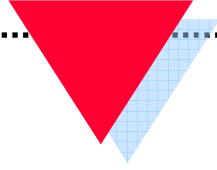
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# Issues to be covered

- ◆ Who we are
- ◆ Our role
- ◆ Evaluation - why?
- ◆ Evaluation - what is it?
- ◆ Evaluation - how?
- ◆ National Evaluation Framework
- ◆ Practicalities



Who we are and how to find us

# About the CHSD



- ◆ Established 1993
- ◆ Self-funded health services R&D centre
- ◆ 100+ projects - R&D and evaluation, incl several in pall care
- ◆ 17 staff:
  - 10 with practical experience working as clinicians and managers in the health sector.
  - 16 disciplines - psychology, statistics, economics, public health, management, health planning, operational research, education, pharmacy, human geography, medical anthropology, medicine, occupational therapy, nutrition, nursing and communications

# The CHSD evaluation team

<b>CHSD team member</b>	<b>1<sup>st</sup> point of contact for:</b>
Professor Kathy Eagar	
Rob Gordon	Vic
Alan Owen	Qld and Tas
Dr Kate Senior	WA and NT
Karen Quinsey	NSW
A/Professor Heather Yeatman	SA
Dave Fildes	ACT

# Contact details

- ◆ Hotline 0407 935 384
- ◆ Email: [chsd@uow.edu.au](mailto:chsd@uow.edu.au)
- ◆ Website: <http://www.uow.edu.au/commerce/chsd/>
- ◆ A CCP chatroom and message board is being established
  - details will be provided



# University of Wollongong

## Centre for Health Service Development (CHSD)



UOW Home > Faculties > Faculty of Commerce > CHSD

### About CHSD

- What is CHSD?
- Where is CHSD?
- Contacting CHSD
- Who's Who in CHSD
- Annual Reports

**Welcome** to the **new** CHSD website. Please be patient with us as we update and refine its contents.

Should you have any questions

### Research

- Research Themes and Content Area
- Contract Research and Development Projects
- Publications
- Links to related websites
- Glossary/Acronyms
- Screening and Assessment Tools

### Other Links

- Australasian Rehabilitation

### Site Search


All of UOW

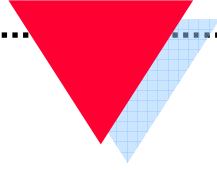
- ▶ Site Index (A-Z)
- ▶ Site Map

### Direct Links

- ▶ About the University
- ▶ Faculties
- ▶ Research Centres
- ▶ Library Resources
- ▶ UoW IT Resources
- ▶ Australasian Rehabilitation Outcomes Centre
- ▶ Australian Health Outcomes Collaboration
- ▶ Who's Who in Commerce

### Virtual Tour

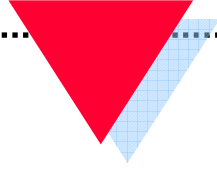
 Learn more about student life at



Our role

# Role in the evaluation - CHSD

- ◆ Role is not to evaluate local projects or to second guess them
- ◆ Role is to:
  - evaluate the CCP
  - design overall evaluation framework
  - design a set of evaluation tools
  - design an electronic database that projects can use to collect data (if they want)
  - support and assist projects to undertake their own evaluation
  - synthesise local project evaluation findings and combine with the program-level evaluation to form a national evaluation of the CCP.



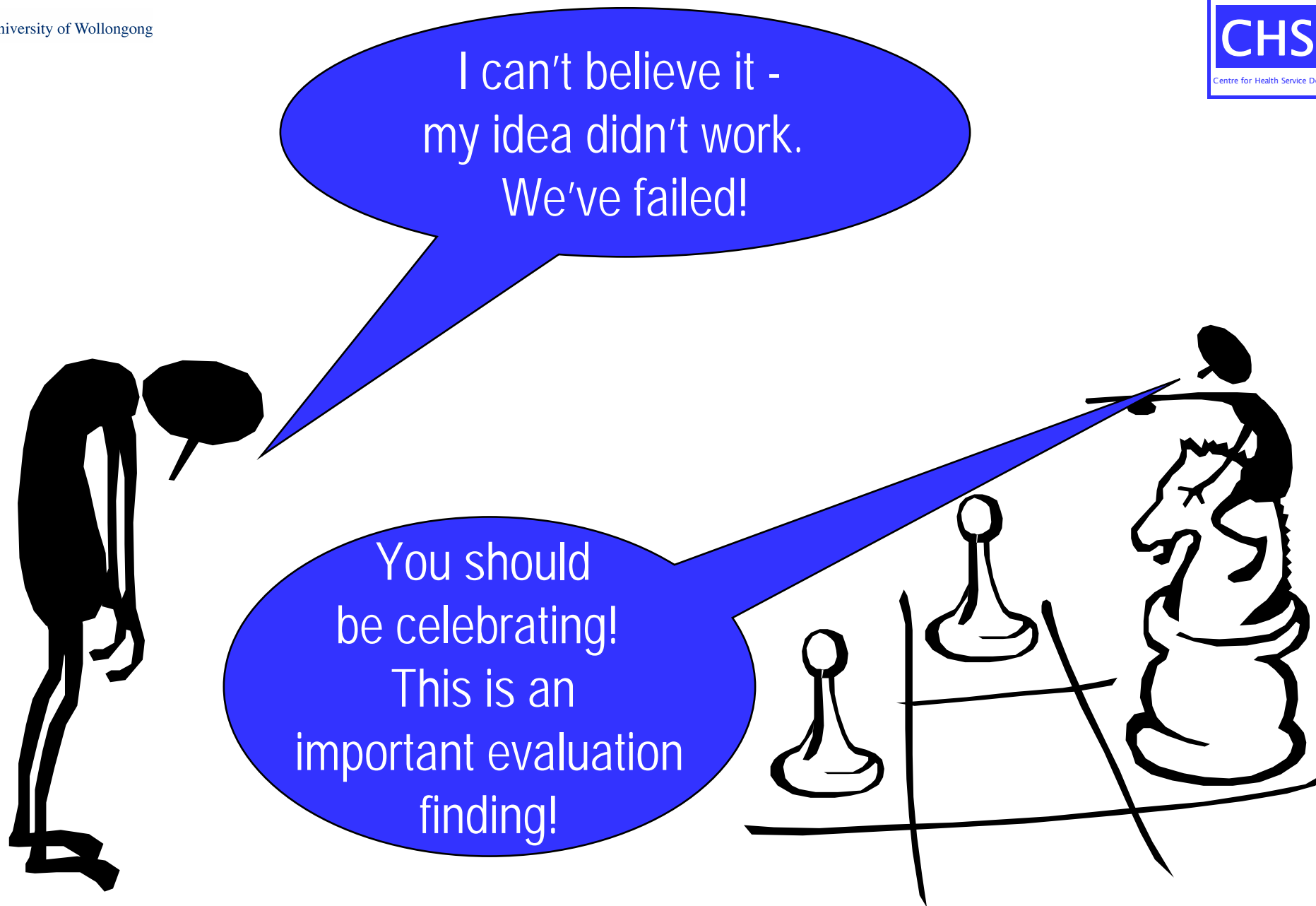
# Evaluation Framework

# Why evaluate?

- ◆ The need for pall care will continue to grow over the next decade
  - in your own community/region/State/Territory
  - across Australia
- ◆ We need to:
  - learn what works (and what doesn't) in community palliative care
  - build palliative care capacity so that the need can be met
- ◆ The CCP provides a great opportunity to do this

# What is evaluation?

- ◆ A process of continuous learning.
- ◆ NOT a test in which you pass or fail.
- ◆ NOT DIFFICULT.
- ◆ A continuous process of asking questions, reflecting on the answers and reviewing your ongoing strategy and action.
- ◆ An opportunity to learn from both 'successes' and 'failures'.



# 37 diverse projects

- ◆ With different goals, needs, resources and stakeholders
  - but lots of overlaps and similarities too.
- ◆ The evaluation will be tailor-made to each project, but with as many common tools as possible

# Evaluation hierarchy

- ◆ 'Process, Impact and Outcome' not enough
- ◆ Level 1: Impact on, and outcomes for, consumers
  - patients, families, carers, friends, communities
- ◆ Level 2: Impact on, and outcomes for, providers
  - professionals, volunteers, organisations
- ◆ Level 3: Impact on, and outcomes for, the system
  - structures and processes, networks, relationships

Different projects are aiming for different impacts and outcomes - some at all 3 levels, some at only 1 or 2

# Evaluation hierarchy

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CHSD  
will work  
with each  
project to  
help identify  
what it is  
aiming to  
achieve

# 5 key issues for the evaluation

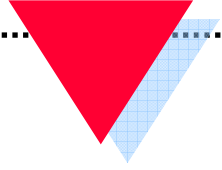
- ◆ **PROGRAM AND PROJECT DELIVERY.**
  - What was it? How was it managed? How was it delivered?
- ◆ **PROGRAM AND PROJECT IMPACT.**
  - Impact on consumers, providers and the system (3 levels).
- ◆ **SUSTAINABILITY.**
  - Sustainability of the program, or its impact, after the cessation of funding.
- ◆ **CAPACITY BUILDING.**
  - Broader issue is whether the program or projects have made a capacity building contribution to the broader palliative care sector.
- ◆ **GENERALISABILITY.**
  - Whether evaluation findings can be generalised to other settings and circumstances.

# The challenge for us!

- ◆ Find the balance between:
  - the requirements of the National Palliative Care Strategy,
  - the need to have a cost-effective and realistic evaluation
  - what you can manage
  - what you want to achieve

- ◆ Combine realism with rigour





A common language for the evaluation

# An easy way to think about the evaluation - 5 questions

- ◆ What did you do?
  - ◆ PROGRAM AND PROJECT DELIVERY
- ◆ How did it go?
  - ◆ PROGRAM AND PROJECT IMPACT
- ◆ What's been learned?
  - ◆ CAPACITY BUILDING
- ◆ Will it keep going?
  - ◆ SUSTAINABILITY
- ◆ Are your lessons useful for someone else?
  - ◆ GENERALISABILITY

# Performance Indicators and Evaluation

- ◆ Performance indicators (PI's):
  - required by the Commonwealth as part of accounting for funding
- ◆ Setting and measuring PI's is not evaluation
  - but PI's can help in an evaluation because they answer 2 of the evaluation questions:
    - ◆ What did you do?
    - ◆ How did it go?

# Goals, objectives and strategies

## ◆ Goal

- an overarching statement about the desired outcome
- not usually directly measurable

## ◆ Examples

- 'Improve the quality of life for dying people and their loved ones'
- 'Build palliative care capacity in Australia'
- 'Provide culturally appropriate palliative care services'

# Goals, objectives and strategies

## ◆ Objectives (sometimes called aims)

- dissect a goal into a series of action statements that say what is going to be different
- specific, with time frames and measurable
- objectives are evaluated (including the analysis of PI's) to ascertain whether a goal has been achieved, partially achieved or not achieved at all.

## ◆ Examples

- ◆ 'Provide training to a minimum of 60% of GPs in X over the next 2 years'
- ◆ 'Within 12 months, establish a volunteer service to support carers'
- ◆ 'Run 3 media campaigns over 12 months to raise awareness about pall care'

# Goals, objectives and strategies

## ◆ Strategies

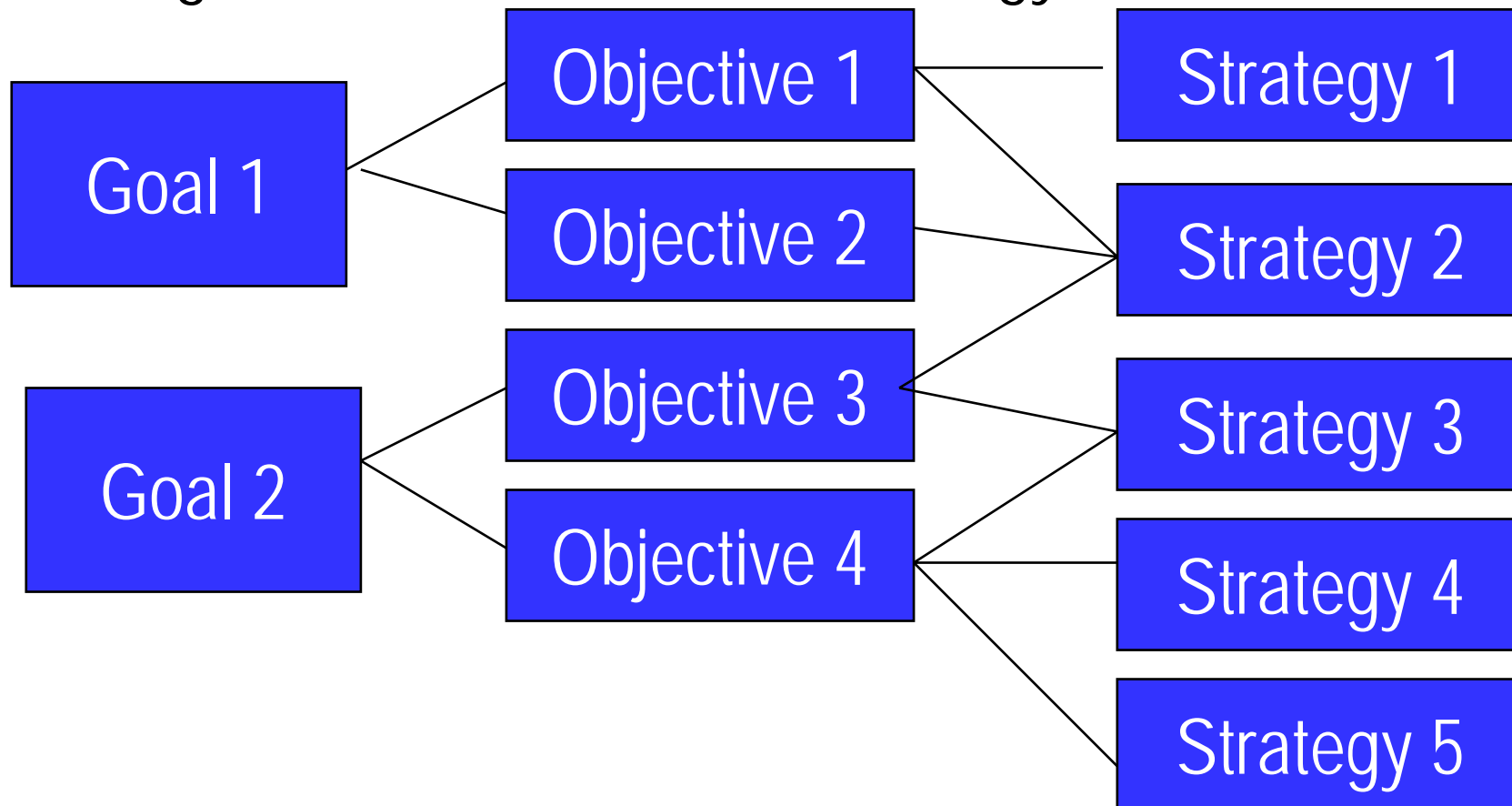
- the detail of what you need to do to achieve each objective

## ◆ Examples

- Objective: 'Provide training to a minimum of 60% of GPs in X over the next 2 years'
  - ◆ Recruit project officer
  - ◆ Draft a training program
  - ◆ Pilot the training program
  - ◆ Design final program that incorporates feedback from the pilot
  - ◆ Book venues and dates
  - ◆ Recruit GPs to attend each program

# Goals, objectives and strategies

- ◆ Not a neat one to one relationship
- ◆ Your goal is someone else's strategy

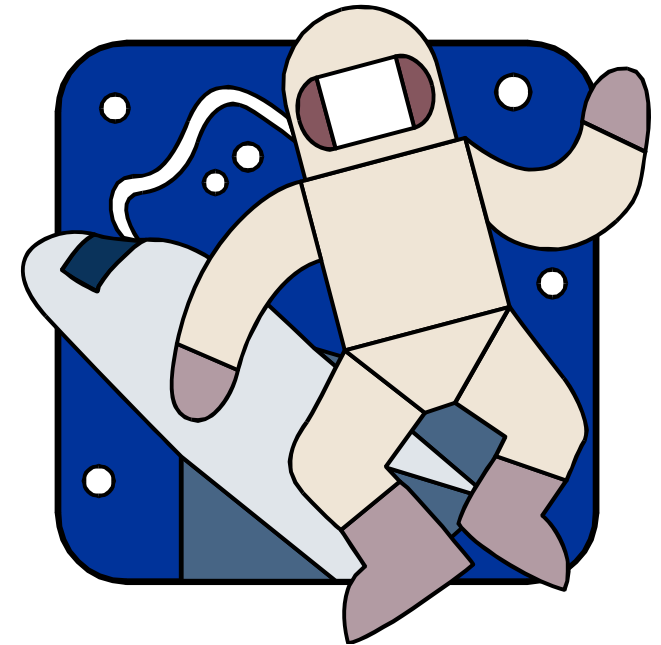


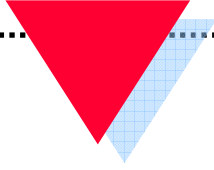
# Evaluability Assessment

- ◆ Can your project actually be evaluated? If not, what would need to change? Includes looking at:
  - Whether objectives are well defined and quantifiable and whether data on these measures can be collected;
  - Whether the size and scope and boundary limits are clearly defined;
  - What effects (broad or specific) the program aims to achieve;
  - Whether assumptions and objectives are plausible (ie, the activities have some likelihood of meeting the objectives); and
  - Whether the intended uses of the evaluation information are well defined

# Purpose of CC projects & evaluation jargon

- ◆ Achieve your own goals
  - during the project (**IMPACT**)
  - after it finishes (**SUSTAINABILITY**)
- ◆ Contribute to the bigger picture:
  - build knowledge and expertise in pall care across Australia (**CAPACITY BUILDING**)
  - provide lessons for other projects, regions and States/Territories (**GENERALISABILITY**)





# The evaluation tool kit

# Mix and match evaluation tools

- ◆ CHSD will design or select evaluation tools:
  - for each of the 3 levels (consumer, provider and system)
  - that address each of the key questions (delivery, impact, sustainability, capacity building and generalisability) and
  - that are appropriate for different types of projects
- ◆ In consultation with CHSD, projects select those tools that are right for them (can include own tools if projects want)
- ◆ At completion, CHSD synthesises the results achieved with these common tools

# Evaluation database

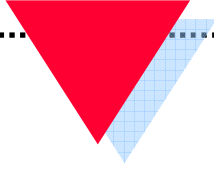
- ◆ CHSD will give each project a database that includes all the evaluation tools in the kit
  - and provide training and support in how to use it
  - will only include common tools. Projects need to make own arrangements for own evaluation tools.
- ◆ Each project can enter own data
  - can use the information in it for 6 monthly progress reports
  - and for final report
- ◆ Project provides a copy of completed database to CHSD at completion

# Support and assistance

- ◆ Our key role
- ◆ On site visit to all projects over the next few months
- ◆ Potential for a follow up visit if you need help
- ◆ 24 hour telephone hotline
- ◆ A regular internet 'chat room'
- ◆ Quarterly newsletter
- ◆ Ongoing training and support as you need it
- ◆ SNAPshot software system if you want to collect patient-level information.

# Ethics Approval

- ◆ 21 projects have replied re whether they need Ethics Committee approval
  - have already applied for/got EC approval - 3
  - no need for Ethics Committee approval - 12
  - not sure - 6
- ◆ CHSD is applying for EC approval for our evaluation
  - we can include request for approval for specific projects if you don't have access to an EC
  - will discuss with each project, except those who have already applied



Some practicalities

# Six monthly reporting cycles

ACT	-	May and November
NSW	-	January and July
NT	-	April and October
QLD	-	May and November
SA	-	May and November
TAS	-	May and November
VIC	-	May and November
WA	-	September and March

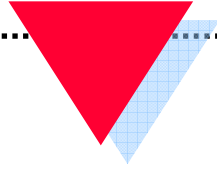


# Six monthly reports

- ◆ 6 monthly progress report to C'wealth office (cc to CHSD)
  - reporting in accordance with the schedule in your contract
    - ◆ What did you do?
    - ◆ How did it go?
- ◆ 6 monthly evaluation progress report
  - adding some information on the other evaluation questions
    - ◆ What's been learned?
    - ◆ Will it keep going?
    - ◆ Are your lessons useful for someone else?
  - Perhaps by sending us a copy of your database each time?

# Six monthly reports

- ◆ One report or 2?
- ◆ One report
  - simpler for projects
- ◆ Two reports - 1 for C'wealth and a separate evaluation report straight to CHSD
  - separates project funder/contract management role from independent evaluator role
  - more likely to be give a realistic assessment of the project if information goes only to CHSD?



# The mix of projects

# Project taxonomy

## - dealing with variation

- ◆ Projects are diverse on almost every dimension, eg,
  - size
  - location
  - target group
  - goals
  - strategies
  - evaluation capacity
- ◆ Critical that the evaluation is planned around this
- ◆ Initial taxonomy of strategy, location, target group and evaluation capacity (based on project summaries)

# Key strategies

<b>Strategy</b>	<b>Means</b>	<b>Number</b>
Awareness raising	general community awareness raising	3
Coordination	coordinating existing services	2
Direct service	providing and evaluating a direct service to patients, carers e	3
Education and support	education and support for volunteers, carers etc	7
Information	website or booklet	2
Practice model	developing a new practice model, most with more role for GF	6
Research	health services research	1
Training	training health professionals	9
Volunteer service	setting up or expanding a volunteer service	4

# Location and strategy

Strategy group	National / State	Urban	Rural	Remote	All
Carers and volunteers		5	3	3	<b>11</b>
Community awareness and information	2	2			<b>4</b>
New models of service provision		6	5	1	<b>12</b>
Professional training	1	6	3		<b>10</b>
All	<b>3</b>	<b>19</b>	<b>11</b>	<b>4</b>	<b>37</b>

Target group 1	Target group 2	Total
Carers	Community	1
	Patients	1
	Volunteers	2
	None specified	1
Children	Schools	1
	None specified	1
Community	Carers	1
	Patients	1
	Residential Aged Care workforce	1
	None specified	3
Patients	Carers	2
	None specified	1
Professionals	Carers	3
	Community	1
	Patients	1
	Residential Aged Care workforce	1
	None specified	9
Residential Aged Care workforce	None specified	1
Volunteers	Carers	1
	None specified	3
Workplace	None specified	1
Grand Total		37

# Location by type

State / Territory	Carers and volunteers	Community awareness and information	New models of service provision	Professional training	All
ACT		1		2	3
NSW	3		3	3	9
NT	3		1		4
QLD	1	1	2	1	5
SA	2		1	1	4
TAS			1	1	2
VIC	1	1	1	2	5
WA	1		3	1	5
All	11	3	12	11	37

# Application indicates that local evaluation expertise is in place?

Strategy group	Yes	No	All
Carers and volunteers	1	10	11
Community awareness and information	1	2	3
New models of service provision	5	7	12
Professional training	11		11
All	18	19	37