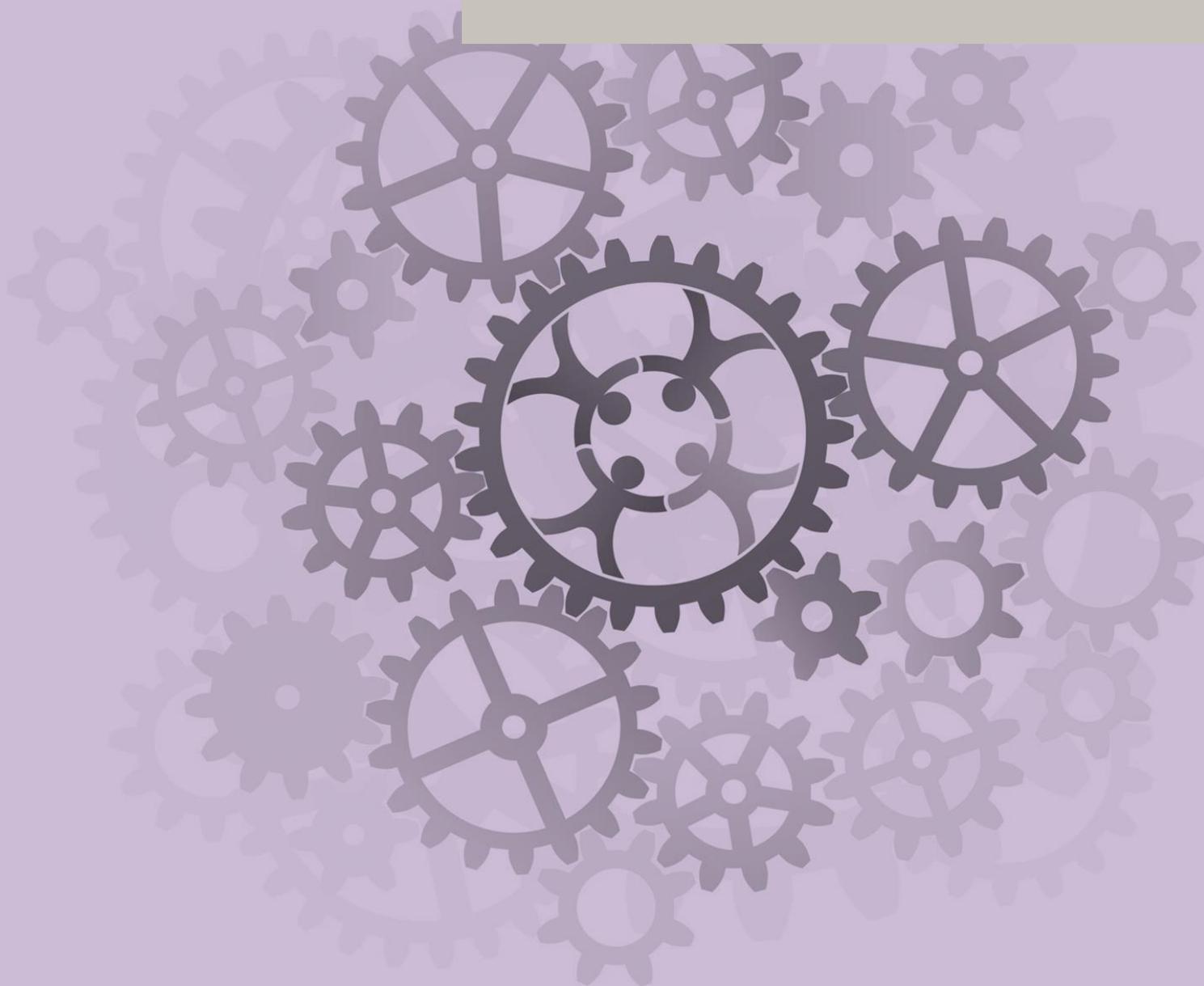


An evaluation of projects supporting individualised opportunities for young people with disabilities

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1 INTRODUCTION

1.1 AIMS OF THE STUDY AND RESEARCH QUESTIONS

This study aims to document and evaluate as far as is possible the activities and outcomes of the 15 projects supported by Genio in 2012 in their Grant Stream 'Supporting school leavers'. These projects are intended to support alternative ways of meeting the work, education, training and recreation needs of clients in mainstream services, and be located in 'real' community settings. The projects were selected for funding on the basis of the extent to which they:

- Provide innovative responses to delivering individualised supports to prepare school leavers for independent lives as active citizens
- Provide work-focused supports, job-focused training or further education.
- Create connections in the community, opportunities to socialise and engage in desired recreational activities using mainstream resources as much as possible

These projects were expected to be in line with the recommendations from the 'New Directions' report¹ which, *inter alia*, recommends a move away from day care service provision within sheltered workshops towards a more community and employment focused approach. In addition, the New Directions report strongly recommends a move towards individualised planning and delivery of services, which is also a key theme of the 15 projects under consideration.

The overall research questions which the study addressed, focused in particular on the individualisation of service provision aspect of their activities as well as trying to obtain an indication of the cost impacts of this mode of service delivery. Specifically, these research questions were:

- What is the impact of an individualised model of service with a focus on supporting mainstream employment, education, training and recreational opportunities?
- How did the services implement this model?
- What are the direct costs of this model?

These research questions were addressed in a variety of ways, but they involved collecting information from project staff, service users (and sometimes their parents) as well as documentary sources. The data collected provide solid indications of the answers to these research questions within the limits of the study design and the details of how they were addressed is provided in the remainder of this Chapter.

¹ New directions (2012). Review of HSE day services and implementation plan 2012 - 2016 personal support services for adults with disabilities. <http://www.lenus.ie/hse/handle/10147/215139>

1.2 APPROACH TO THE STUDY

The approach adopted in this study could best be described as Tailored Programme Evaluation in that the procedures implemented were customised to the needs of the stakeholder, in this case Genio. It was also responsive in that it oriented more towards project activities rather than goals and objectives and took into account the different needs and values of the actors and the information needs of the key audience who include Genio, the Project Staff and their organisations and sector policy makers and funders. The purpose of the evaluation was formative rather than summative in so far as it attempted to generate evidence that could be used by Genio and the participating projects to identify strengths that could be built on in moving forward and areas for improvement that could be addressed in future approaches. In essence, the study does not set to assign a value to each project on the basis of the extent to which it delivered on the objectives set out in the project application, but to pick up on the ingredients of projects that were valued by participants and that could inform good practice even if some of these elements were unintended effects of the project.

The development of the evaluation approach was theory-driven in two ways. Firstly, it emanated from an a priori position that Quality of Life Impact was a 'good' and that it provided a useful reference point for gaining an insight into the aspirations of the projects and the perceptions of their participants. Secondly, a program logic model approach provided a basis for elaborating the 'theory' that underpinned each project's approach to delivery.

From a broader perspective, the evaluators were acutely aware of the multivariate post-New Directions world of complex forces within which the Genio-supported projects were attempting to fulfil the promises they made to Genio and the expectations of their organisations participants and extended beneficiaries. For a variety of reasons, it was considered highly unlikely that any simple and direct causative link between action and outcomes could be established not least because of the challenge in distinguishing between a deficient model which has being well implemented, a good model being poorly implemented or simply that the measurements being used were insensitive to impacts. In the absence of appropriate baseline and outcome data, the possibility of a random assignment to treatments options and the heterogeneity of project goals and participants, the approach to generating some useful hypotheses is best described as qualitative integration which has more similarities with benchmarking than programme evaluations. The information available for the qualitative integration came from three sources: the participants and/or significant others (perception on the quality of life impact of the projects and comparison services); the project leaders and their staff (perceptions of the theory and practices of the projects) and the evaluators (perceptions of how these two perspectives could be integrated into a credible model capable of transfer to other people and other contexts).

1.2.1 System Context within which the study was implemented:

The HSE framework for the delivery of personal support services for adults has been laid out in the New Directions report. It provides a menu of 12 individualised and outcome focused supports to assist people with disabilities to make life choices that relate to their needs, wishes and aspirations.

These are outlined in the report and include:

1. support for making choices and plans;
2. support for making transitions and progression;
3. support for inclusion in one's local community;
4. support for accessing education and formal learning;
5. support for maximising independence;
6. support for personal and social development;
7. support for health and wellbeing;
8. support for accessing bridging programmes to vocational training;
9. support for accessing vocational training and work opportunities;
10. support for personal expression and creativity;
11. support for having meaningful social roles;
12. support for influencing service policy and practice (pp 20-21)

New Directions creates a number of challenges for service providers in reconfiguring and modernising services, changing programme delivery mechanisms and individual planning processes, building the capacity of staff and reforming organisational culture.

The approach to employment, training and work services needs to fit within the remit for health and personal services. This involves the transfer of responsibility for employment services to the Department of Jobs, Enterprise and Innovation (DJEI). This requires a blueprint for ensuring that work and non-work services are available to people along a continuum on a needs basis and the development of new partnerships between the providers of health and social services and employment services.

As part of a previous and separate study conducted by WRC, a series of focus groups were held with service providers of work related services to gain their perspectives on the new approach². A number of concerns were identified including:

- A perception of a lack of integrated policy making between the Department of Health, the Department of Jobs, Enterprise and Innovation and the Department of Social Protection,
- The availability of funding to support the new approach,
- The continuing prevalence of medical model approaches that change the person but not the environment,
- Lack of cooperation between agencies that are in competition for funding,

² Wynne, R. & McAnaney, D. (2010) HSE day service review of work and employment provision for people with disabilities. Dublin: Work Research Centre

- Resistance to change within the organisations,
- Lack of staff training opportunities,
- Geographical barriers in terms of access to mainstream facilities,
- The lack of flexibility for people with significant disabilities in mainstream education and training services, as evidenced by the approach to Supported Employment which was reconfigured as a service for people with a disability who were job ready and needed a level of support to succeed in long-term and sustainable employment rather than for people with complex needs.
- The lack of mechanisms to operate on the basis of person-centred rather than block funding,
- The economic conditions in Ireland as a result of the economic crisis.

The implementation plan for New Directions has a number of elements that address these concerns and includes both national and organisational components. Specifically:

1. A national change management plan (2012);
2. A three year implementation plan to reconfigure services in each organisation that provides specialist services (2013);
3. A national lead function to manage the coordination of supports delivery within the context of the sectoral plans;
4. Integrating New Directions into each sectoral plan (2012);
5. The establishment of local collaborative structures (2012-2013);
6. Development and implementation of person-centred planning (2012-2013);
7. Ensuring access to advocacy services (2012);
8. Links to mainstream guidance structures (2012);
9. Facilitating continuity of support throughout the lifecycle, particularly for people over the age of 65 years (2012);
10. Access to primary care and multidisciplinary specialist services (2013-2014);
11. Transition of sheltered employment service to the Department of Social Protection (2013-2014);
12. Addressing the issues relating to work related services (2011);
13. Transition of Supported employment to the Department of Social Protection (2012);
14. Integrating rehabilitative training into New Directions (2014);
15. Ensuring service quality (2013);
16. Aligning funding with the new approach to services (dependent of the Value for Money Report);
17. Dealing with additional attendance and top up allowances (2012);
18. Facilitating person-centred budget control (2013).

The core values of New Directions are person-centeredness, community inclusion, active citizenship and high-quality service provision. In this regard, there appears to be a good fit between the objectives of the Genio-supported projects and the values

and aspirations of New Directions. Consequently, this study is being carried out at a very opportune time.

1.2.2 Approach to addressing research questions

The call for innovative proposals, to which the projects that are the focus of this research responded, specified that they should provide innovative responses to delivering individualised supports to prepare school leavers for independent lives as active citizens, work-focused supports, job-focused training or further education and create connections in the community, opportunities to socialise and engage in desired recreational activities. 15 projects were accepted that varied in terms of duration, scope and number of participants, complexity of participant support needs and distance from the labour market. On the assumption that these projects represent instantiations of a unique individualised model of service, the first research question explored the impact of such a model with a focus on supporting mainstream employment, education, training and recreational opportunities. There are in fact two elements to this question, the first of which relates to whether indeed there exists a single model of which the projects are examples and a second question that relates to the impact of the model as characterised by the results of the projects. The supplementary research questions were about the ways in which the model was implemented and the costs associated with the model.

1. *Was there evidence of a shared model of individualised delivery of support and interventions?*

An individualised approach to service design and delivery has been in existence for over a quarter of a century³. Person-centred planning comes in many forms some of the more common include Personal Futures Planning⁴, Essential Lifestyle Planning⁵, McGill Action Planning System (MAPS) and Planning Alternative Futures with Hope⁶. Some of these were explicitly referenced by individual projects. In 2002, the National Disability Authority established a person-centred planning project which published guidelines for the provision of person-centred services in Ireland⁷.

In a context in which individual assessment of needs and planning is a standard practice in most services in Ireland, a key question to be answered in this study was whether the model being implemented by the Genio-supported projects could be distinguished from other models. This was explored through a qualitative integration procedure in which the processes inherent in the logic models of all participating projects and comparison services were benchmarked to assess the likelihood that

³ O'Brien, J. and Lyle O'Brien, C. (1988). *A Little Book About Person Centred Planning*. Inclusion Press, Toronto

⁴ Mount, B. (1992) *Person centred planning - finding directions for change using person centred planning*. Inclusion Press, Toronto

⁵ Smull, M. W. & Sanderson, H. (2005). *Essential Lifestyle Planning for Everyone*. Stockport, Cheshire: HSA Press Ltd.

⁶ Amado, A. N. and Mc Bride, M. (2001). *Increasing Person Centered Thinking: Improving the Quality of Person Centered Planning: A Manual for Person-Centered Planning Facilitators*. Minneapolis, Minnesota: University of Minnesota, Institute on Community Integration.

⁷ Guidelines on Person Centred Planning in the Provision of Services for People with Disabilities in Ireland Available at:
<http://www.nda.ie/cntmgmtnew.nsf/0/12AF395217EE3AC7802570C800430BB1?OpenDocument>

Genio-supported project processes represented an underpinning individualised model of service that could be distinguished from the programme theories of comparison services.

This question was addressed by working with project leaders and staff to establish a programme theory for each project which was illustrated in a logic model that showed the link between, on the one hand, project inputs (personnel, facilities and equipment and the complexity of participant support needs) and activities and, on the other hand, intended outcomes of the projects and their aspirations for extended impact for the individual and the wider community. Logic models of comparison services were generated from data generated through a previous project that explored work related HSE funded work related services and programme specifications of commonly available transition to work services reference needed.

2. What was the impact of the model?

Measuring the impact of the model as represented by the outcomes of the Genio-supported projects and comparison services was fraught with difficulties. Baseline data of the pre-project status of participants was not available. The study was required to be implemented while the projects were still being implemented and as a result outcome data was not available. In addition, both participant and project characteristics varied widely.

The approach to overcoming these challenges was to use the perceptions of the participants of service impacts. This choice of criteria of merit was based on the rationale that participants and/or their significant others were in the best position to rate the impact of the supports and interventions they were receiving and that participants in projects which were operating effective person-centred planning would be more aware of the intended impacts of the services.

The criteria of merit selected were related to impact on the participants' quality of life. They were based on a model of quality of life that was developed by a research working group of the International Association for the Scientific Study of Intellectual Disabilities⁸. The group worked in three teams over a period of 24 months to develop a multi-element framework of quality of life that was relevant at the levels of public policy, evaluation of services, innovation and the identification of support need of individuals. The group proposed a set of principles and guidelines to guide researchers and professionals in implementing initiatives relating to quality of life (QOL).

According to the group, QOL has two meanings. The first meaning is based on the generally accepted aspects that represent a life of quality. This includes objective measures such as material possessions, social connectedness and participation. The second meaning is based on the perceptions and values of each person about what is important and the degree of his or her satisfaction in key domains of life including family life, friendships, work, housing, health, education and standard of

⁸ Schalock, R. L., Brown, I., Brown, R., Cummins, R. A., Felce, D., Matikka, L., Keith, K. D. & Parmenter, T. (2002) Conceptualization, Measurement, and Application of Quality of Life for Persons With Intellectual Disabilities: Report of an International Panel of Experts. *Mental Retardation* 40:6: 457–470.

living. In this regard, the measurement of QOL has an objective and a subjective component.

The approach acknowledges that people know what is important to them and that choice and control over activities, interventions and the environment has an emancipatory dimension. People's perception of QOL are neither right nor wrong, it is about what the person feels at a specific moment in his or her life. It is important to distinguish between the person's own perceptions and the perceptions of others including family members. In this regard, it is important to develop non-verbal ways of responding for those who have difficulty expressing themselves through language. Another person's perspective can be used in the case where a person is unable to express themselves even through non-verbal methods.

QOL as a criterion of merit for project evaluation has a number of limitations. Firstly, linking objective measures of QOL to project activities is complex as many of the objective measures are dependent on a wide range factors beyond the project including family income, geographical location, economic conditions and community facilities. Secondly, there can be a time lag between the provision of a service and its impact on objective quality of life, for example in terms of income and employment. Thirdly, subjective QOL perceptions may relate less to the service a person receives and more to how they feel about themselves at a particular time. Fourthly, measuring the actual QOL impact of services requires repeated measures of QOL, prior to receiving the service, directly afterwards and in a follow up survey after at least 12 months.

The costs associated with this approach reduce the feasibility of using it as a standard approach to monitoring service impacts on a regular basis. To address this, a tool was developed by the Gaia Vocational Rehabilitation Centre (Centro de Reabilitação Profissional de Gaia, CRPG) in Portugal which measured the perceptions of its service users of the extent to which the services were making a difference to them at an individual level. These tools have been used by 11 services in seven countries over a number of years in combination with programme theory and logic models to benchmark service improvement. These were selected as the tools to operationalise perceptions of quality of life impact in the current study⁹. The model of QOL upon which the measurement tools used in this study is described in detail in Section 3.2.2.

3. How did the services implement this model?

Given the heterogeneity amongst the participating projects, it was important to create a framework which could provide a systematic profile of each project that allowed comparison. The approach adopted was to work with the project leaders and staff to build a programme theory for each project and to gain agreement with them on the

⁹ EPR (2012) Benchmarking the Quality of Life impact of vocational rehabilitation services: The EPR bench learning tool for vocational education, training and rehabilitation services. Brussels, European Platform for Rehabilitation. Available at:

<http://www.epr.eu/images/EPR/documents/miscellaneous%202012/New%20website/Manual%20for%20administration%20-%20final%20version.pdf>

Huttunen, M. (2013) Demonstrating the added value of VET and Special Needs VET in Finland. Presentation to Workshop on Outcome Measurement. EPR Annual Conference 10 - 11 June 2013, Dublin, Ireland

components of the logic model for the project. This approach involved an iterative process that began by requesting the project specify the content and intended outcomes using a set of standard descriptors. A Programme Content and Outcome Questionnaire (PCOQ) was developed that allowed the project to specify the ways in which they believed that the project was innovative, the types of activities they were delivering and the Personal Outcome Measures which they prioritised.¹⁰ The Personal Outcome Measures reflect the values of self-determination and self-advocacy and can be used to monitor person-centred planning. It comprises of 21 measures organized in three factors relating to the person, his or her life experiences and decisions; where he or she works, lives, socialises and belongs; and the person's hopes, dreams and aspirations. The questionnaire also included outcomes relating to changing the environment in terms of the organisation, the community and the system.

The responses of each project were formulated into an initial logic model which was changed and elaborated over the period of the study. The result was that despite the variability amongst projects on the wide range of variables described above, each project was profiled using a framework that captured their processes in a similar way.

This allowed the projects to be compared to each other and to comparison services and provided a useful way of linking the quality of life impact ratings of participants to particular project components specified by more than one project. Finally, the logic models of all Genio-supported projects were distilled into a summary logic model that could be compared to the logic models of comparison services based on case studies developed in a previous review of HSE work-related services¹¹.

This approach provided a basis for describing how the projects implemented their own models of service and how these related to a more general model representing the Genio approach as reflected across all projects. While the heterogeneity of the projects represented a major challenge in coming to overall conclusions, those conclusions that could be generated are likely to be relatively robust and potentially generalizable to other contexts and participant characteristics.

¹⁰ Personal Outcome Measures. The Council on Quality and Leadership. Available at: http://www.thecouncil.org/Personal_Outcome_Measures.aspx

¹¹ Wynne, R. & McAnaney, D. (2010) HSE day service review of work and employment provision for people with disabilities. Dublin: Work Research Centre

4. *What are the direct costs of this model?*

The issue of the costs of new ways of providing services was also investigated as part of the study. In addressing this issue, the approach taken was informed by the biggest single study of the costs of disability services conducted in Ireland – the Value for Money study.

This study pointed to a number of issues that are relevant for the current study:

- Obtaining information on costs is often very difficult
- Comparing costs between projects is difficult
- The nature of the services provided by projects and services differs significantly in terms of intensity, duration, whether services are residential or not, types of activity as well as cost
- Direct pay and other costs are relatively easy to characterise but indirect pay and other costs for supporting staff and overheads are more difficult to compare, as organisational policies in this regard differ.

Taken together, these issues led to the conclusion that for current purposes only direct costs should be examined. It was not intended that the 15 Genio-supported projects should be compared with each other in relation to these costs, as the projects differ so much in terms of activities, and objectives. However, this approach enables comparisons to be made with broadly similar services from the Value for Money study, where national level data is provided on direct costs for broadly comparable services.

One further comparison that was possible in the case of some projects was with the costs of comparable services that would be provided by the same organisation that was running the project.

These two comparisons provided useful answers to the question of whether the new projects were more or less costly than traditional models of service provision.

1.3 A DESCRIPTION OF THE PROJECTS

There are 15 projects being funded under the current tranche of funding by Genio. The client group for these projects are school leavers or people who have left school (be it mainstream or special schooling) in the recent past. The main features of these projects are summarised in the Table below.

The projects come from many locations throughout Ireland and they range in size from small scale pilot projects catering for one individual to projects catering for more than 60 people. In all, the projects catered for 177 clients, though only 5 of the 15 provided services to more than 10 clients. In general terms all of the projects could be regarded as pilot projects as they catered for only a subset of the service suppliers' clientele and they all represented new initiatives that were organised in radical different ways to traditional services.

Table 2.3.1: Description of the 15 projects

Project	Duration	Main Activities
1	3 years	The project creates opportunities for 5 School Leavers to experience community-based training, work placement, recreational activities, social roles and community connections.
2	1 year	In alliance with community groups, a consortium has been set up to enhance the opportunities for people with intellectual disabilities in mainstream settings. It focuses on individualised planning, personalisation and active citizenship.
3	3 years	This project is designed to reconfigure Sheltered Occupation Services and Rehabilitative Training Programmes from a service led to a user led, person centred and individually focused service. It transfers ownership of viable business ventures to clients by helping the transition into entrepreneurs. Data collection and formal research are an integral part of the project.
4	3 years	This project examines the supports required for school leavers on the autistic spectrum. Training and supports are provided to families and support staff in behaviour management. The supports are specific to people on the autism spectrum, focusing on the management of severe challenging behaviours which is a major issue for this age group.
5	3 years	This project partners with organisations such as education providers, mental health services, advocacy agencies. Based on the guidelines in New Directions, it uses Personal Outcomes Measures and applies a PCP system. It focuses on the skills needed for long term work and/or further training such as time management, inter personal skills, travel skills and money management. It includes a support component for the participants' families. It prepares participants to pursue their own goals and to negotiate their way through their communities in an individualised manner.
6	1 year	This project has no specific premises, as all meetings and activities take place in the community. This stops a traditional centre based service developing. It uses some existing ideas, e.g. supported employment, employer based training, lifelong learning, further education, normalisation, and social role valorisation. By placing emphasis on the person making choices, they will gradually develop the ability to direct themselves. It combats the effects of negative labelling by reinforcing labels such as customer, commuter or individual as opposed to client or service user.
7	3 years	This project aims to provide young adults and school leavers with autism and high support complex needs through individualised programmes of day activity.
8	1 year	This project supports access to a variety of work placements, courses and interests in the community. Goals relating to career, relationships and a social life are included. Components include individualised support for people in their final year in school; support staff and a resource teacher who spend time with each student in a variety of contexts to ascertain their assets and interests; and one day a week attendance at a local mainstream school where they attend subjects that are not available in the special school. Peer mentoring is an element of the project also.
9	1 year	The project supports a young adult school leaver with complex needs to remain living at home with his family while engaging appropriately in activities in his community. It includes an individualised day activity programme tailored to his needs (identified in consultation with the person, family, school and other professionals).
10	1 year	This project supports 4 young school-leavers with physical and sensory disabilities to access mainstream further education and training; progress to 3rd level education; enhance their personal, social and training related skills and increase their autonomy. The project includes a preparatory year for progression to 3rd level education; individual training; work placements; and further support by mainstream community services and training where appropriate. The project is delivered on campus, and participants get a sense of

Project	Duration	Main Activities
		student life and integrate with their peers.
11	2 years	This project develops new ways of promoting the social inclusion of Individuals who have profound and complex needs. Project objectives include developing a model of Individualised Lifestyle Planning; a process that includes all stakeholders to ensure commitment and implementation of the model; a 'Circle of Supports' for each individual and a 'Decision Making' policy. The project works towards an Individualised Budgets model. Using a 'Lifestyle Planning' approach, it focuses on expanding the social roles of the Individual, the enhancement of the individual's participation and contribution in his own her own community and 'Transitional Planning' for Individuals who are moving from Children Services to Adult Services.
12	3 years	This project provides participants with the individual attention and support to achieve social inclusion. This means doing the ordinary things that everyone else does, and facilitating the individual to become as integrated as possible into their local community. Each individual is provided with a personalised approach and service. They interact with mainstream services to achieve their goals. Examples of this include getting a passport form and completing it, joining the local gym or library, using online banking and making transactions in the local post office/bank or credit union.
13	3 years	This project provides individualised support to ensure that participants lead independent lives in their community. It promotes participation in locally based activities and local training opportunities. A characteristic of the project is that services are not based within the organisation.
14	1 year	The project adapts, develops and shares materials and resources on self-employment supports for people with disabilities; assists participants to explore and plan a micro business or social enterprise in their local area with family and community involvement. The focus of the project is on experiential and shared learning; support for exploring self-employment options and opportunities for income; working with families, services, community partners and project champions; establishing a network of business supports and mentors from the community; encouraging and showcasing creative ideas for micro business and social enterprise. The project involves drawing on community and business sector, facilities and expertise, shared resources and knowledge, engaging with volunteers as mentors and natural supports, identifying project champions, providing supports and training to participants and developing a support network.
15	1 year	This project is implemented by a coalition of agencies that work with people with intellectual disabilities and a 3 rd level college. It explores ways to make learning opportunities available to people with intellectual disabilities, and how the principles of inclusion can be implemented within the college system. The model provides participants with a college experience as close as possible to that of their peers. It involves full inclusion - there are no separate courses or modules, the students are not identified as a group and students are part of academic departments. The students choose their modules, attend classes, complete course work, engage in social activities and undertake employment experience.

The projects vary considerable in terms of their duration – seven were scheduled to last 1 year, one was scheduled to last 2 years, while 7 more were scheduled to last 3 years. This variation in duration had major impacts on how the study was designed – the major project outcomes could not have taken place within the lifetime of the evaluation project and so the focus of the evaluations was less on project outcomes and more on project processes.

2 METHODS AND PROCEDURES

2.1 STUDY DESIGN

2.1.1 Constraints on study design

A number of considerations informed the design of the study. These included:

- *The stage of development of projects* – The evaluation study was to have taken place over a 12 month period (in the event it ran for 14 months) while the duration of the projects varied from 12 months to 36 months. This discrepancy means that a longitudinal study design was not possible, thereby precluding the possibility of tracking the development of projects over time. In addition, many of the projects effectively began their operations after the evaluation began. This meant that projects had a relatively short experience of operation with consequent effects on the stability and reliability of the data that was collected. In practice, it was clear that some of the data collected (which referred to experiences at the time of data collection) did not reflect the mature operation of some of the projects – many planned activities/processes had not taken place at that time, though they were scheduled to do so within the lifetime of these projects.
- *Differences in project clientele* – the service users for each of the projects differed markedly. While most projects targeted service users with some form of intellectual disabilities, some also included people with a physical disability. Moreover, the level of need of the service users varied considerably between the projects.
- *Differences in project aims* – projects had different aims in relation to what they were trying to achieve. Even though all evaluated projects used similar methods in terms of personal needs planning, some had the aim of providing education and training related to employment, while others were providing more developmental activities for their clients.
- *Differences in project intensity* – most projects did not provide full time activities for service users, though some did.
- *Reducing the workload on project informants* – Projects often had limited resources available and consideration had to be made not to overload either projects or the clients with data collection activities.
- *A focus on activities rather than outcomes* – the projects were evaluated either in mid process or at an early stage of their development. The time available for evaluation (12 months) did not allow for the assessment of outcomes in any meaningful sense, as projects could not have been expected to produce longer term outcomes during this time frame. Consequently a longitudinal design for the study was not possible and a cross-sectional design was used where data was collected as late as possible during the 12 month period in order to allow for as much project experience as possible to be evaluated.
- *The availability and time frame of data* – Given the delayed start for many projects, only limited data was available for some of the main areas of enquiry. For project financial information, full scale data was not available and some costs were not necessarily typical of full scale operation. For client interview

data many clients had only been in the programme for limited periods and would not necessarily have had the opportunity to experience the full range of services that were planned for them.

- *Comparison group constraints* – It was not possible to include a matched control group within the study design. There were a number of reasons for this – the diversity of the client groups within the 15 projects meant that it was not possible to identify suitable controls within the 15 organisations under study. In many cases, the projects did not have another cohort of similar clients from which a control group might be drawn. As a result a comparison group of clients was established (for details see section 3.4 below) that enabled some level of control, but which fell short of the ideal.
- *The type and comparability of projects* – The 15 projects under study varied considerably in relation to a range of parameters. These included size (ranging from 1 to more than 80 clients); the type of clients they catered for (there was a range of disability types and severity of disabilities among the client groups); the nature of the interventions undertaken by the projects; and the duration of the projects. Despite these differences, there were a number of common elements to the processes that they engaged in which enabled valid and useful comparisons to be made.

2.1.2 Types of data collection

Allowing for these considerations, a study design was conceived which focused predominantly on process rather than outcomes and which minimised the data collection load on project organisers and project participants. The evaluation project aimed to collect data from 3 main sources:

- *Project organisers* – these provided information using 5 main tools:
 - Project input questionnaire – this short questionnaire investigates the nature and amount of inputs that are necessary to provide the project service. It is used as a first step in building the Logic Model for the project
 - Programme Content and Outcome Questionnaire – this provides an initial description of project activities and outcomes
 - Project activities, outputs and outcomes questionnaire - A series of three questionnaires were used to capture the project coordinators' understanding of the main activities of each project and the intended outputs. This information was also used to help build the Logic Model for each project.
 - Person Needs Profile (PNP) - this is based on the Comprehensive Assessment Tool (CAT) developed for use in related contexts. It is an assessment tool for assessing clients' status along multiple dimensions. It was used by project staff to rate the level of support needs of participants in a number of domains of competence including personal and social and vocational needs. This was considered an input variable in the logic model.
 - Costs information – An instrument was developed to estimate the additional costs associated with developing and running the project services. It contrasted the costs for the new services with those of

more traditional approaches to service provision. In addition, an assessment of any costs savings associated with the new initiatives was made.

- *Client or guardian interviews* – the main data source here was the QOLIS which enabled participants to rate the way in which the services and supports provided by the projects were impacting on their Quality of Life. Two versions of the instrument were used; an easy read version for clients who required simpler language and a self-administered version for people who could complete the questionnaire independently. Where appropriate a proxy was used to respond on their behalf. QOLIS data was collected from a sample of project participants as well as a comparison group.
- *Documentary sources* – where available, these were used to inform the evaluators about the general aims and activities of the project. Sources here mainly involved project descriptions.

These instruments are described in detail in Section 3.2.

2.1.3 Comparisons

The disparate nature of the 15 projects, their aims and their participants mean that a classical quasi-experimental study could not be used. In addition, the short time frame for the project meant that the longitudinal design for the study was not possible. Accordingly, a case study design was adopted, in which descriptive material for each project is described and the likely or predicted outcomes of the project are charted.

This design does not mean that no comparisons can be made. Comparisons between projects are not made for the reasons outlined above. However, four major types of comparison are made:

- Comparison of data sources within projects – in particular, ratings of client satisfaction with the service they receive can be compared to the activities that they take part in
- Comparison group - this group consisted of service users drawn from 4 service provider organisations who were broadly similar to those taking part in the Genio-supported projects. The main criteria for selection in this group was that they would be eligible for participation in the Genio-supported project and that they were participating in a type of service in which the Genio-supported project participants would have received had they not been part of a new project. Participants were therefore of a broadly similar age and disability profile, but were not matched to those taking part in the Genio-supported projects. Comparison between these groups took place in relation to Person Needs Profiles and the QOLIS measure.
- Comparison of costs data – the costs of the project can be compared with data from comparable project or services, either supplied by the project itself or with the Value or Money Study.
- Comparison of logic model data – the researchers had previously developed logic models in relation to day services for people with disabilities in relation to

rehabilitative training and therapeutic work. These were compared to the logic models of the current projects.

Taken together, these comparisons enable a level of analysis to be undertaken which relate to the main research questions of the study.

2.2 INSTRUMENTS

2.2.1 Logic modelling and associated instruments

A logic model¹² is a tool that can be used for a variety of purposes including the evaluation of programmes. At its simplest, it focuses on identifying the inputs, activities, the allocation of inputs to activities and outputs of a project or programme. It has the advantage of being able to organise both qualitative and quantitative information and it can be used for both programme design and evaluation. At its core, it is concerned with documenting the relationship between inputs and outputs for a programme or project.

The logic models provided a graphical representation of the way the components of each project were interrelated to achieve its aims and objectives as understood by the projects themselves.

Project Inputs

Information was gathered about:

- The indirect structural supports for the project including human resources, programme design, and administrative support that each project has at its disposal.
- The direct project inputs such as the number of staff and proportion of their time allocated to the project, the duration of the programme and the materials and equipment allocated.
- The nature of the needs of the participants in terms of level and complexity of assistance required including level of independence, competence in communicating, problem solving and following directions.

Project Processes

¹² For more information see, for example:

Julian, D. (1997). *"The utilization of the logic model as a system level planning and evaluation device."* Evaluation and Program Planning 20(3): 251-257.

McLaughlin, J. A. and J. B. Jordan (1999). *"Logic models: a tool for telling your program's performance story."* Evaluation and Program Planning 22(1): 65-72.

Taylor-Powell, E., B. Rossing, et al. (1998). *Evaluating collaboratives: reaching the potential.* Madison, WI, University of Wisconsin Cooperative Extension.

Mayeske, George W. and Michael T. Lambur (2001). *How to Design Better Programs: A Staff Centered Stakeholder Approach to Program Logic Modeling.* Crofton, MD: The Program Design Institute.

W. K. Kellogg Foundation (2001). *W. K. Kellogg Foundation Logic Model Development Guide.*

The programme processes were broken down into:

- The range of activities offered by the project to participants.
- The way in which the inputs were allocated to each of the activities and how these were measured including, for example, in terms of the ratio of staff time to number of participants.

Project Outcomes and Impact

Information on intended outcomes included:

- The immediate outcomes that were specified for each project activity.
- The intermediate outcomes which were in effect the intended outcomes that one would expect were participant to successfully complete the project. These are normally closely linked to the programme objectives as specified in the formal programme specification and to the targets to be measured at the end of the project.
- The long term outcomes or sustainable effects of the project for successful participants such as increased earned income and sustained improvements in quality of life.
- The impact or extended benefits which the project could achieve beyond the individual for the community, stakeholders, families and funders such as reductions in disability payments, increased tax revenue and improved activity rates for people with disabilities.

The approach to generating logic models for the evaluation was adapted from a methodology was used to benchmark vocational rehabilitation services in eight countries¹³. The process involved an incremental consultation with the coordinators of the projects using a Project Content Questionnaire and three relatively short Logic Model Tables (LMTs). Completed final logic models were validated by project staff.

The detailed logic models for each project are presented in Appendix 1 and full details of the logic modelling procedures and tools used in this evaluation are presented Appendix 2 of this report.

2.2.2 The Quality of Life Impact of Service Questionnaire

The Quality of Impact of Services (QOLIS) is a tool based on a quality of life assessment tool developed by Gaia Vocational Rehabilitation Centre (Centro de Reabilitação Profissional de Gaia, CRPG) with the objective of measuring the outcomes of rehabilitation services at an individual level. The QOLIS has been tested for usability and relevance by services users in Portugal, France, Germany, Ireland, Norway, Finland and Slovenia.

This outcome measure aims to relate the achievements of individuals, in terms of their quality of life, to the programmes and services they've received from the service provider. It involves a process of gathering and analysing information about the

¹³ European Platform for Rehabilitation Outcome Measurement in Vocational Rehabilitation Benchmarking Group <http://www.epr.eu/index.php/activities/professional-development/262-outcome-measurement-in-vocational-rehabilitation>

effects of diverse interventions. The primary function of the QOLIS is to provide evidence to inform programme improvement processes.

When used in conjunction with a logic model, the results and conclusions generated by the QOLIS allow the activities of a program to be adjusted to the characteristics and needs of service users.

The model of quality of life on which the tool is based, is a multidimensional framework proposed by Schalock comprising of 3 structural dimensions, which are elaborated into 8 variables¹⁴. The measurement is based on the individual's perceptions and for each variable there is a set of questions that allow the impact of the services on the individual's quality of life to be inferred.

The QOLIS scales are:

Personal development which addresses the competences required to manage relationships and life challenges effectively and includes two sub-scales **Interpersonal Relations** and **Self-determination**.

Social inclusion which refers to the opportunity to take control of one's interaction with the environment and to influence the decisions which have an impact on a person's life projects. This dimension is comprised of 3 variables: **Employability**, **Citizenship** and **Rights**.

Wellbeing asks questions about the extent to which people perceive themselves to be better off in terms of areas such as their abilities and disabilities, life satisfaction, mobility, leisure, daily life activities, property, and income. This dimension is sub-divided in three sub-scales: **Emotional**, **Physical** and **Material Wellbeing**.

Two versions of the questionnaire were used in the evaluation:

- The full version for people with an independent level of literacy and abstract understanding which consists of 55 self-completion items. This version has been used by 11 service providers in 7 countries over a number of years to benchmark their results.
- An easy to read version for people who required additional support to complete the questionnaire (QOLIS-ER). The QOLIS-ER was piloted on a number of volunteers from the Genio-supported project participants and revised prior to application in the main evaluation.

The appropriate version to be used with each interviewee was determined in consultation with project staff.

For people with complex needs and communication difficulties the QOLIS-ER was administered by proxy. In most cases the proxy was a family member who knew the participant well.

¹⁴ Schalock, R. L., & Verdugo, M. A. (2002). Handbook on quality of life for human service practitioners. Washington, DC: American Association on Mental Retardation.

Full details and copies of the questionnaire are included in Appendix 4 and Appendix 5.

2.2.3 Person Needs Profile

The Person Needs Profile (PNP) comes from a Comprehensive Assessment Tool that had been developed to document the support needs of people with disabilities in a residential setting in Romania. The original instrument (ROM-CAT), in collaboration with professionals and stakeholders, was designed to identify residents who had the potential for living more independent lives. It was applied in over 500 assessments and a validation follow study of people who had been moved to community living or group homes indicated that the tools had a high predictive validity.

The Person Needs Profile was designed to be completed by project staff who were requested to estimate the level of support that person required in a range of domains of personal, social and vocational competences. The scales used in the PNP were designed to gain an insight into the strengths as well as needs based on the level of support that a person needed in order to carry out activities of daily living and deal with situations in his or her everyday life.

It consisted of 6 Modules, a short section that gathered information on the person's characteristics and 5 modules that explored a different aspect of a person's level of independence in terms of Health, Social and Care, Communication and Cognition, Psychological and Behavioural Needs and Vocational Potential and Readiness for Work

Further details of the PNP and a copy of the instrument are provided in Appendix 5.

2.2.4 Project Finances Questionnaire (PFQ)

The project finances instrument aimed to:

- Obtain an overview of the costs of providing the service
- Obtain an assessment of the relative costs of providing the service
- Obtain an assessment of possible future costs of service provision

The PFQ was developed on the basis of consultations among the project team and Genio with a view to obtaining an instrument which could identify major changes in the costs of providing services under the new model when compared to more traditional services. It was not intended that this instrument should enable line by line cost comparisons, rather that it should identify the major costs categories and the major changes in costs that might occur in providing the new service. In addition, the projects should be able to explain the cost structures that they had and to make comments on the costs of service provision.

The final instrument had four sections:

- **Background information** – this asked for some basic descriptive information on the project

- **Pay related costs of the new and old services** – this asked for information on the amount of money spent on pay for various categories of staff, be they direct or indirect. It also asked about the time inputs by volunteers¹⁵.
- **Non-pay elements of the new and old services** – this asked about the various non-pay cost elements such as overheads, professional fees and so on.
- **Your perceptions of costs and savings** – this asked respondents to give their opinions on whether they thought that costs would increase, decrease or be about the same when comparing traditional services with the new ones. They were also asked to say why they held their opinions.

The full version of the PFQ can be found in Appendix 6 to the report.

It should also be noted that the PFQ was not designed nor intended to be a financial audit tool. Conducting a full scale costs study was beyond the scope of the study. Full data on costs were not available, given the relatively early stage of the development of the projects and it was not clear whether certain categories of costs would be once off (due to the fact that projects were taking place for the first time) or recurring. In addition, there may be a front-loading of support staff in the skills acquisition phase of a project that then reduces, sometimes quite significantly. As a consequence, the data collected were likely to be suggestive rather than definitive.

2.3 ETHICAL FRAMEWORK

The study to be undertaken contained within it a number of elements that required a comprehensive approach to ethical issues and data protection. These elements were:

- Information was to be collected from and about a vulnerable group, i.e. people with disabilities, many of whom have learning disabilities
- The information to be collected was potentially sensitive and should not fall into the public domain. In addition, the information to be collected in some cases came from very small groups, thereby placing restrictions on the reporting process.

These issues required the development of an ethical framework that takes into account good practice in ethical approaches to undertaking research with people with disabilities, as well as ensuring that data collection and reporting processes had high standards of data protection.

The work of the project was subject to the National Disability Authority's '**Ethical Guidance for Research with People with Disabilities**¹⁶'. This document lays out the main principles of undertaking research with people with disabilities and in the context of this project involve:

1. Promoting the inclusion and participation of people with disabilities in research and research dissemination

¹⁵ Volunteer time was not included in the overall calculations of direct pay costs

¹⁶[http://www.nda.ie/cntrmgmtnew.nsf/0/232F61AE5397A93D802576650052B3B9/\\$File/ethicsfootnotes.html](http://www.nda.ie/cntrmgmtnew.nsf/0/232F61AE5397A93D802576650052B3B9/$File/ethicsfootnotes.html)

2. Ensuring that research is accessible to people with disabilities
3. Avoiding harm to research participants
4. Ensuring voluntary and informed consent before participation in research
5. Understanding and fulfilling relevant legal responsibilities
6. Maintaining the highest professional research standards and competencies.

These principles were addressed in the following ways:

Promoting inclusion

A Research Advisory Committee (RAC) was established which includes people with disabilities or their representatives. Membership of this committee includes:

- Research advisors
- Project representatives

Ensuring that research is accessible

All relevant project materials were prepared and drafted so that they were accessible to participants in the study or their guardians.

Avoiding harm to participants

This was ensured in two main ways:

- Obtaining ethical approval for the study
- Only using trained staff in interviews, thereby ensuring that signs of distress may be recognised and mitigated

Ensuring voluntary consent

All participants or their guardians in the study had the right to opt in and to opt out of the project. Informed consent was sought and obtained from all participants prior to their participation, either directly by themselves or through their guardians. This was done through developing an accessible project description that described their role within the project that was distributed to potential participants. Participants or their guardians were required to sign a Voluntary consent form. Participants could also withdraw their consent at any stage during the project.

Complying with legal requirements

The WRC has complied with all relevant legislation¹⁷, specifically those concerned with data protection and legislation on the protection of vulnerable adults. This ensures that the rights of the individual are protected and that data is collected, stored, maintained and reported upon according to the highest standards.

Obtaining ethical approval

¹⁷ The Data Protection Act, 1988, 2003; the Freedom of Information Acts, 1997 and 2003, and the Equal Status Act, 2000 and 2004.

The project applied for and obtained ethical approval for the work of the project. This was done in two stages. Initially, ethical approval was sought and obtained from the UCC University Hospital ethical committee. However, this approval was limited in terms of its geographical coverage and the process of obtaining full coverage of the country would have entailed applying to each University hospital in the country.

It was recognised that the original ethical approval needed to be supplemented and this was done by obtaining an ethical opinion from an international expert on ethics in research¹⁸. This opinion agreed that the research was consistent with the principles of good ethical practice.

2.4 DATA PROTECTION AND CONFIDENTIALITY IN THE PROJECT

Procedures to ensure data protection were followed so that data was kept in a secure manner and that no individual could be identified in any reports from the project.

The following principles of data protection and confidentiality were applied:

- Anonymous data recording and storage – All data has been collected and stored on an anonymous basis. Individual recording forms have been coded and codes have been kept separate from data.
- Confidentiality – As face to face interviewing formed a major part of the data collection activity during the project, it was impossible to have completely anonymised data recording. Accordingly, data collected in this way has been treated confidentially. In addition, the data on projects themselves has been treated confidentially.
- Anonymised reporting – Reports on projects have been appropriately anonymised so that it is not possible to identify individuals who participate in them. This is especially important given the fact that many projects have a small number of participants. In addition, steps have been taken to anonymise the projects themselves in order to further ensure that anonymity of individuals is preserved.

2.5 PROCEDURES

2.5.1 Developing logic models

Logic models are best developed in stages, as this allows for the interactive clarification of the inputs, outcomes and the relationships between the two. In many situations, this involves making the implicit explicit for both the projects and the

¹⁸ Obtaining ethical approval for the projects activities proved to be difficult, not because of what was being proposed, but because the project was being undertaken by an organisation which was not part of a University or a Hospital. It appears that all ethical committees in Ireland are based in one of these institutions and there is a need for an ethical committee to be set up that grant national ethical approval for research agencies outside of these institutions

investigators and accordingly, a multi-stage process was followed in obtaining the information needed to construct the logic models. These stages were:

- Stage 1 - Project input questionnaire: this short questionnaire investigated the nature and amount of inputs that are necessary to provide the project service. It is used as a first step in building the Logic Model for the project.
- Stage 2 – Initial model development and Clarification: this stage involves drafting the first version of the model and consulting with the project to ensure that it is correct
- Stage 3 - Project activities and outputs questionnaire: this short questionnaire is used to describe what the main activities of the project and the intended outputs are. This information is also used to help build the Logic Model for each project.
- Stage 4 – Final model development and clarification: This stage involves drafting the complete model and consulting with the project to ensure its accuracy.

This iterative approach to model development has a number of advantages. Firstly, it ensures that projects and investigators have the opportunity to define and clarify the various elements of the model in a systematic way, thereby ensuring that the each element of the model is correctly specified. Secondly, it allows for a gradual build-up of the richness and complexity of the model. This is an important feature, as the projects were only beginning to develop new services and their thinking on the nature of project outcomes and activities, and especially the relationships between them is often not clear. Finally, this approach allows for the investigator to return to the projects with questions for clarification on a regular basis.

2.5.2 Obtaining QOLIS-ER data

The procedures involved in obtaining data using the QOLIS-ER are outlined in the Table below.

Table 3.3.3: Procedures for collecting QOLIS-ER data

Step	Description
Sampling of individuals	<ul style="list-style-type: none"> • The first step in the process was to identify the numbers of individuals that were participating in the projects during their first year of operation. These were then randomly sampled (see section 3.4 for details) and invited to take part in the evaluation study.
Obtaining consent	<ul style="list-style-type: none"> • Consent to take part in the study was obtained through contacting persons within each of the projects. Informed consent was obtained either from the individual client or from their parents/guardians. This consent emphasised that participants understood what would be required of them, that they had the right to have someone present during the interview and that they could withdraw at any time.
Arranging interviews	<ul style="list-style-type: none"> • Once informed consent had been obtained, the contact person within the project made arrangements for the interview to take place. These generally took place on the premises of the project,

Step	Description
	<p>but a number of them took place in the homes of participating clients.</p> <ul style="list-style-type: none"> • Potential interviewees could have a parent, guardian or project worker present at the interview should they desire this. In cases where a staff member from the service provider were present, these were not project workers, i.e. they were not involved directly in providing services to the participating client. • In some cases, the participating clients communication and other difficulties were so severe, it was decided by the parent or guardian that they would respond to the interview on their behalf.
Conducting interviews	<ul style="list-style-type: none"> • All interviews were conducted by a team of 4 trained and experienced WRC staff members. • Pilot interviews were run to ensure that the study interviews ran as smoothly as possible.
Recording and storing data	<ul style="list-style-type: none"> • Responses to the interviews were recorded anonymously at the time of interview. • Additional information was recorded in relation to the interviewer's perceptions of the level of understanding of the interviewee, whether they had a parent/guardian present and any other relevant information which related to the quality and reliability of the interview data. • All data was then transcribed onto anonymous Excel files and was held on computers which were password protected.

2.5.3 Obtaining Person Needs Profile data

Information on the needs of clients was obtained using the Person Needs Profile (PNP) questionnaire. The procedures for collecting data from the projects using the PNP were similar to those adopted for the QOLIS-ER. In particular, informed consent was sought from the individual or the guardian, but in this case the informant for the PNP was not the individual client, but a project worker. Project workers completed the PNP on the basis of existing information available to them through needs assessments that had been previously carried out.

The aim of the (PNP) is to provide a measure of the complexity of needs of project clients. It collects information on the individual, but for present purposes (i.e. the estimation of the needs of clients across the project), it does not need to be related on a one-to-one basis to clients who were providing QOLIS-ER data. This feature of the project design reduced the information collection load in relation to individual clients, this was because the aim in using this measure was to estimate the intensity of needs of all service users rather than of specific individuals.

2.5.4 Obtaining project finances data

The process of obtaining project finance data was relatively simple. Initially, a draft Project Finances Questionnaire was drafted for comment by the projects. The comments received were incorporated into a final draft of the questionnaire. Questionnaires were then distributed to project representatives who completed them offline. Support in completing the questionnaire was available to respondents, but only a small number of requests for help were received.

Following receipt of the completed questionnaires, these were checked for completeness before the data from them was analysed. In some cases it was not possible to obtain complete data – reasons for this included:

- Data was not easily available to the respondents within the projects
- Data on 'old' services was not available because no previous service existed
- The new services was not stable enough to provide representative data on finances – many projects were quite late in starting and costs were not necessarily stable at the time of data collection

Some of these problems of comparative data could be overcome using data from the Value for Money Study¹⁹. This enabled the costs for the new projects to be compared to national average costs for comparable services. In addition, the project finance data included information on respondent's perceptions on differences in costs between old and new services.

2.6 SAMPLING

¹⁹ Department of Health (2012). Value for money and policy review of disability services in Ireland. <http://www.lenus.ie/hse/handle/10147/263329>

The study design called for the sampling of clients from within the participating projects. It had been agreed that approximately 60 interviews with clients would take place as part of the study, with these to be divided between clients from the new Genio-supported projects and clients from more traditional services. The sample from the projects was to constitute roughly two-thirds of the overall set of interviews. The overall parameters of the sample are set out in Table 3.5.1 below.

There were a number of issues considered in drawing up the sample:

- Prevention of overload of the projects – it was recognised that the projects were in a start-up phase and that the demands on them to establish their working methods and procedures as well as recruiting clients were considerable. In order to lessen their workload, it was decided not to sample more than 50%-60% of the project participants.
- Size of projects - One of the projects was providing services to a single client. It was decided that this was too small a project to provide representative information and was therefore excluded from the sample

The resources available to the project allowed for approximately 60 interviews to be carried out with project clients. These took place using the QOLIS-ER instrument and were to be split roughly 2:1 between the new project clients and users of more traditional services. Given that approximately 90 service users were scheduled to take part in the projects within the first year, approximately half of the participants in the projects were included as part of the sample. It was aimed to include a further 20 service users from comparator services – these were accessed through 5 of the larger project organisations.

Table 3.5.1: Parameters of the study sample for QOLIS-ER interviews

Organisation	Clients overall	Clients year 1	Sample	Comparison group
1.	5	2	1	
2.	12	12	6	4
3.	62	21	8	4
4.	12	4	2	
5.	8	3	1	
6.	6	6	3	4
7.	16	5	3	
8.	8	8	4	4
9.	1	1	0	
10.	4	4	2	
11.	5	3	1	
12.	18	6	3	4
13.	7	2	1	
14.	8	8	4	
15.	5	5	3	
Total	177	90	42	20

The Person Needs Profile was used as a means of characterising the level of need for support for typical clients of the project services. It was also used to characterise the level of support needs for comparator services. Each project and comparator service was asked to provide one or two PNPs for this purpose.

Fulfilling the sample parameters

There were a number of dropouts from the sample which occurred as the study progressed. These occurred mainly on the day of interview and therefore were not easily replaceable from the reserve lists. However, as there was oversampling in the initial sample, these few dropouts did not compromise the overall integrity of the study design.

3 DESCRIPTIVE RESULTS

3.1 INTRODUCTION

Structure of the results

The results presented in this chapter are initially presented on a project by project basis. These are descriptive results which briefly describe the project in terms of its background and aims, the clients of the project in terms of their needs, the activities of the project, perceptions of the project, the costs of the project, and difficulties facing the project.

This section concludes with a comparative analysis of each the findings from each of the main instruments. The aim of these analyses is not so much to compare projects, but to explore common themes and issues emerging from the project descriptions.

Client needs

The level of intensity of support needed for clients was measured by the Person Needs Profile. This instrument provides an assessment of needs in terms of low, moderate or high support intensity in relation to 10 dimensions of potential support. These are:

- Health
- Self-care
- Communication & Cognition
- Socio Emotional
- Vocational Potential
- Physical Readiness
- Vocational Readiness
- Psychological Readiness
- Social Readiness
- Work Readiness

The data that are reported upon here are taken from a set of PNPs that were completed in relation to 'typical' service users rather than from the clients that were interviewed in relation to the QOLIS. This was because the aim in using this measure was to estimate the intensity of needs of all service users rather than of specific individuals. This then allows for a commentary to be made upon the level of inputs to a project which is project wide and not just in relation to the needs of a few individuals.

Project processes

All projects were asked to help in the construction of a project Logic Model. These characterise the relationship between project inputs (in terms of staff (direct and indirect, volunteers), other infrastructural inputs; project activities and a range of

results starting with outputs, outcomes (immediate, medium and long-term) and impacts.

Logic Models are a means of structuring the main processes of a project in such a way that they allow for the detailed characterisation of activities. This is appropriate at this stage of development for most of the projects as it is too early in their lifecycle to obtain a meaningful assessment of their outputs, especially longer term ones. As a consequence, the activities that are reported on below are more accurate than the outputs, which mainly take the form of objectives at this stage.

A brief summary of the main features of each project logic model is contained within the project descriptions below. For reasons of space, the Logic Model Diagrams have been placed in Appendix 1.

Client perspectives

The perspectives of clients were obtained using the QOLIS questionnaire, which provides results in relation to three main domains and eight dimensions. In addition, it provides a measure of the impact of services on overall quality of life. These are:

- Personal Development
 - Interpersonal Skills
 - Autonomy
- Social Inclusion
 - Rights
 - Citizenship
 - Employability
- Wellbeing
 - Emotional
 - Physical
 - Material
- QOL

It should be noted that the QOLIS does not measure Quality of Life *per se*, but it aims to measure the impact of services on the dimensions outlined above.

The results from this measure are reported in the analytical section at the end of this Chapter, rather within the descriptions of the projects themselves. This is done in order to help preserve the anonymity of clients – in some cases only one or two clients were interviewed from a project.

Some notes of caution are warranted when interpreting the results on this measure.

- Some projects had hardly begun their activities when at the time when clients were interviewed. In this situation, activities which were planned for clients may not have taken place at that point in time, thereby leading to a relatively negative perception of the service
- Some service users had memory difficulties, thereby leading to a situation where it was unclear whether an activity had not taken place or whether it was just not remembered.

Of course, it may also be the case that service users may have misremembered in a positive way also, thereby leading to an unjustly positive view of the impact of project activities. However, it was clear from the interview that the first two factors definitely played a role in underestimating whether some project activities took place or not.

Costs information

As noted earlier, it was difficult to obtain full information on the precise costs of providing the new services which the projects provided. In general, direct pay costs were obtainable and in some cases indirect pay costs were also obtainable. However, the costs associated with equivalent services that clients would use were they not on the project were more difficult to obtain. In part this was because there was not always an equivalent service available, but also because such data was often difficult to obtain.

One source of comparative cost data which is available is that provided by the Value for Money (VFM) study. Comparing costs with those published in the VFM study also presents some difficulties. These include:

- The data available from the projects with regard to overheads was not always available, and in some cases may not always be reliable.
- The appropriate comparator service from the VFM study is not always clear. For example, some of the projects provide services which do not have a direct equivalent in the traditional services.

Table 4.1.1 below is extracted from the VFM report – it gives information on annual direct pay costs for service provision for adults with ID who undertake work like activities in HSE and non-HSE settings and it also provides similar information for day services for people with physical and sensory disabilities only. The data are broken down by the level of support provided to clients in the case of clients with intellectual disability – this is an indicator of the numbers of staff involved in supplying the service per client. Only a global pay cost is available for services for clients with physical and sensory disabilities.

Though overhead costs for these services are available from the VFM study, it was not possible to obtain sufficient data from the projects that would serve as a useful comparator. In some cases, data was not available at all, while in others, complete and accurate data were not available. Accordingly, the comparisons made were for direct pay costs only.

It is essential to allow for the intensity of staff inputs when comparing cost data. The comparisons that are outlined in the project descriptions in Section 4.3 in relation to the VFM study are made on the basis of the staff to client ratios of the projects themselves. Table 4.21.1 shows a comparative analysis of staff intensities across the projects for which data are available.

Table 4.1.1. Direct pay costs for HSE and non HSE providers (VFM report) broken down by level of support²⁰.

Service type	Level of support	Non-HSE
Day services for adults with ID – work like activities	Intensive	€33075
	High	€16783
	Moderate	€15686
	Low	€12449
	Minimum	€2767
Day services for people with P&S disabilities only	NA	€9090

Note: Staff ratios for service provision are – Intensive (1 to 1 or above); High (between 1 to 2 & 1 to 3); Moderate (between 1 to 4 & 1 to 5); Low (between 1 to 6 & 1 to 9); and Minimum (staff to client ratio is 1 to 10+).

The most appropriate comparator from the VFM study is with non-HSE services, i.e. services which are provided by the voluntary sector. All but two of the projects under study come from the voluntary sector and only one of the HSE projects was in a position to provide data on costs.

The data from the pay costs VFM study were collected in 2009. No information on changes in pay costs are available for the intervening period and so no assumptions have been made about pay inflation or deflation since that time.

3.2 DATA ANALYSIS STRATEGY

This section outlines the strategy that has been followed with regard to data analysis of the three main sources of data collected within the project – process, client needs and costs data. The overall strategy for data analysis is dictated by a number of considerations:

- There is great diversity in the projects, and comparison between them is difficult as a result
- The projects are at different stages of development – most were of more than 12 months duration and therefore did not have full (or sometimes any) data on outcomes and impacts. Even for the shorter duration projects, they were still in mid process when data was collected
- Complete data sets were not always available for each project

As a result of these constraints the strategy for analysis mainly consisted of treating each project as a mini case study (these are reported on in Sections 4.3 to 4.16). In addition, thematic analyses were carried out in relation to each of the 4 main data types – project processes, client needs, client perspectives and project costs. The aim here is to identify common themes and trends across each of these data types.

²⁰ Extracted from Table 5.12, p.104, VFM report

Process data

The data relating to project processes comes from the logic models and in particular the activities which are described there. These activities for each project are described in the remaining section of this chapter. In Chapter 5, the logic models from the project are synthesised into one and compared with two other high level generic models that have been developed elsewhere by WRC – therapeutic work and rehabilitative training. These other models represent the two main alternative services in which Genio-supported project participants might have been involved and are therefore legitimate comparisons to make.

Client needs data

Client needs were measured using the Person Needs Profile and this measure provides information on the intensity of support needs of service users. This information was used to provide a measure of the intensity of service inputs for each project and for comparison projects. This comparison is reported on in Chapter 5.

Client perspectives

Client perspectives were measured using the QOLIS-ER which provides information on satisfaction with a range of elements of the services the respondent receives. The data from this measure was used in two separate analyses, apart from reported in its own right (see Chapter 5). In the first, client perception data has been used to compare the experiences of clients from the 14 projects with those from the comparison group. In the second, client satisfaction ratings have been used to compare the different project activities with the aim of identifying activities that are more satisfying to clients. Both of these analyses are reported on in Chapter 5.

Costs data

No statistical analysis was undertaken in relation to costs data, as the main purpose of collecting it was to try to establish in general terms the parameters of project costs. Cross project comparisons are not appropriate in this context.

However, a number of indicators have been used in relation to the data that were collected on costs. These are:

- Numbers and types of directly paid staff – This data was available for all projects that provided financial information
- Numbers and types of ‘in kind’ or indirectly paid staff – these were available from the projects that provided data. It should be noted that the classification of such staff as being indirect varied somewhat across the projects. In addition, it may be the case that there were underestimates of this type of staff contribution on some projects
- Volunteer staff – this was available for all projects that provided information, though it should be noted that not all projects used volunteer resources, and some who did had not yet reached their full complement of volunteers. Also, in many cases the level of volunteer effort and cost was estimated as

accurate figures were not available. For these reasons, volunteer effort was not included in the direct pay costs reported on below.

- New project intensity of staffing – this indicator was calculated from the data on the number of project clients divided by the number of staff (direct, in kind and volunteer) corrected for the number of hours input provided per week.
- Old project intensity of staffing – this indicator was calculated for comparable 'old' projects, i.e. services in which the clients would have participated had they not been involved in the Genio-supported project. This latter indicator was not available for each project, as in some cases there was no equivalent service data available for comparison.
- New project direct pay costs per client – This data was available for 14 projects
- Old project direct pay costs per client – This data was available for 11 projects
- VFM study direct pay costs per client – this data was available for comparable services broken down to 5 levels of client need

Allowing for caveats regarding the strength of some of these indicators, they nevertheless enable a set of comparisons to be made between the Genio-supported projects, equivalent or comparable projects in which the service users would be likely to participate and the costs of equivalent (in terms of staff intensity) services taken from the VFM study.

The findings from these comparisons should be viewed as being suggestive rather than definitive. In some cases the data collected involved estimates. In all cases, the equivalence of the services being provided is open to interpretation. Nevertheless, the comparisons that are reported upon below provide sufficient basis for preliminary answers to questions regarding costs to be proposed.

Data was also collected on non-pay costs for the projects and on the financial contribution of agencies external to the project. However, this data was not available for most projects and was available only in the form of estimates for most types of non-pay cost. As a result, these costs are not reported on below.

3.3 PROJECT 1

Brief description

The project currently has 5 students with intellectual disability in 2012 and will run for 3 years. It aims to create opportunities for them to experience community based training, work placement, recreational activities, social roles and community connections. The specific aims of the project are:

- To connect people to their community
- To provide meaningful supports as an alternative to traditional day service settings
- To give people the opportunity to sample the world of work
- To promote inclusion in established community groups
- To work in a multi-agency approach to achieve these objectives

The main difference between this project and previously available services relates to its community emphasis and its personalisation of services.

Who are the clients?

5 clients had taken part in the project at time of evaluation. Overall analysis of the needs of typical clients showed that they had moderate needs in relation to all elements of the Person Needs Profile.

Table 4. 3. 1. Profile of Needs for Project 1.

Support intensity	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

In meeting these needs, the project devoted quite a high number of staff to the project – in all, there were approximately 0.8 staff per client, which is one of the higher ratios of all 15 projects that were reviewed.

Activities

Inputs

The main project inputs consist of staff, be they direct or indirect. Direct staff consists of project care workers and project care assistants, and these are backed up by a range of indirect service providers of social and health care. Significantly there are relatively large inputs from volunteers and a range of community resources. These latter resources come from families, workplace mentors and a range of educational and vocational training sources.

Finally there are other related inputs in terms of administrative back-up and overheads for the project.

Processes and outputs

As the mains aims of this project relate to engaging with community resources and the personalisation of services, it might be expected that these aims are reflected in the project activities and processes. This is the case, where the main activities are concerned with assessment of needs, and the identification and engagement with a range of community supports. It is also notable that many activities are concerned with the development of work related competences and the provision of work experience.

Outcomes and impacts

The main outcomes envisaged for the project in the short term are concerned with the development of personalised plans and their implementation in terms of engagement with community resources and the take up of vocationally related education and work placement. In addition, mental health outcomes are specified.

In the intermediate and longer term, it is expected that the individual would have enhanced choice and control over their lives and a better quality of life. In addition, it is anticipated that there would be a higher level of community engagement with the service users. It is notable that it is also expected that there would be significant levels of organisational development and innovation as a result of the new approach taken to service delivery.

In the longer term, it is expected that the project would contribute amongst other things to greater integration of service users in the community and work settings as well as higher levels of employment and income for service users.

Cost estimates

At the time of data collection in September, there were a total of 5 clients receiving the new service from the 'Creative Opportunities' project. This represents the full complement of clients for this project.

Is the new service more or less costly?

Direct pay costs in the new service are considerably lower than comparable previous service offers – they are almost exactly 50% lower in the new service. The reason for this drop is because of increased numbers of input hours being supplied by volunteers, family members and the community. Direct pay costs for the new service are approximately €1750 per client per month in the new service compared to €3370 for the old service. Volunteer costs (if they were paid) would be approximately €1256 per month, while the management costs associated with these volunteers are estimated at €966 per month. These costs do not include the time of family or other community members.

The staff intensity of the service provided by the new project is almost directly comparable to that of the old service – the staff intensity of the new service is 0.81 while that of the old service is 0.82. However, approximately 20% of the effort expended on the new project comes from volunteers, which explains much of the wage costs difference of the new service.

It was not possible to obtain an estimate non-pay costs for previous service offers, but it was reported that these costs should be lower in the new project, since more community resources are used.

Is the new service more or less costly than average costs (VFM)?

The direct pay costs for this project are somewhat higher than those from the VFM study. Current pays costs are approximately €1750 per client per month, which compares to €1399 for comparable services quoted in the VFM study.

Does the new service have significant once off costs?

There were no such costs reported.

What are the biggest elements of cost difference between the new and the old services?

The biggest cost differences relate to the nature of the service and the personnel providing it. The new service requires less direct input from care or service staff and this input is largely taken up by volunteer and community resources. However, it should be noted that these resources need managing, and that this is a new direct source of costs when compared to older projects.

In conclusion, it would appear that the costs of the new service are lower than that of previous service offers, mainly due to the use of volunteers in the service provision offer.

3.4 PROJECT 2

Brief description

Starting in October 2012 and with a grant for one year, this project developed and implemented individualised plans for 13 individuals who were on Rehabilitative Training. Their plans were self-directed and developed with the people of their choosing.

The aims of the project are:

- To inform/educate the individuals and their families about the possible benefits of a self-directed life, with minimum support, in a mainstream setting
- To gain paid employment, in socially valued roles, for the individuals who have chosen to work
- To support individuals to enrol in further education/training of their choice in mainstream settings
- Establish a consortium of appropriate community members to achieve the above aims and to enhance the social inclusion of people with disabilities

The main distinction between the project and previously available services relates to the mainstreaming and community based elements of the project. In addition, the project aims for a significant element of personalisation of services.

Who are the clients?

11 clients took part in the project during the evaluation, which is one less than the full complement of clients. The needs profiles of clients showed that there are high support intensity needs in relation to vocational readiness, physical readiness, social readiness and communication and cognitive needs. All other needs were rated as being moderate.

Table 4. 3. 2. Profile of Needs for Project 2.

Support intensity	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

The staff intensity ratio of the project was 0.36 staff per services user, which places the project in the mid-range of the 15 projects. This is about the same as the services that clients would have received in more traditional services (0.34).

Activities

Inputs

This project’s inputs show that there is a large role for community based resources and volunteers. These inputs are expected to provide mostly teaching services as well as increasing the role for family support. Professional inputs are provided by project teaching staff, life coaches and others. The project is physically located within a HSE facility which in addition to providing a premises, also provides work experience for service users and a range of infrastructural back-up services.

Processes and outputs

There are 6 main activities of the project which relate to planning of services on an individualised basis, providing a range of support services and also to project management and the mentoring of staff. Significantly, one of these activities is concerned with providing support to families through the provision of training for family members. The aim here is to develop the skills of family members to support service users in the provision of the new services of the project.

Outcomes and Impacts

The project aims to produce short term outcomes in relation to such issues as each service user having their own personalised development plan; each user should have completed a FETAC accredited course and have obtained work experience; improved staff development and improved social skills for the service users.

Intermediate and longer terms outcomes for the individual service user were specified in terms of increased levels of choice and control by service users; greater inclusion on education, training and work; improved quality of life; and having a more positive self-concept.

However, a significant element of the project was concerned with producing organisational and community level outcomes. The project sought to mobilise and develop community resources and it also sought to act as a model for organisational change for the wider service provider organisation and other service providers.

In the longer term, the project hoped to have impacts on the service users in terms of having personalised budgeting, individualised choice of their own supports and eventually having sustainable employment. The project also aimed to develop strategic alliances with community groups and to change their own method of organising themselves as a result of the project activities.

Cost estimates

Is the new service more or less costly?

The new services are marginally less costly than the old service (about 9% lower) in terms of direct and indirect pay costs. However, if the costs of volunteers are included (though these are not paid for) then the costs of the new service would be marginally higher by a factor of 7-8%.

Non-pay costs are definitely lower, as the new service does not need to pay for accommodation, heat or light. This results in a saving to the new project, even if the one-off costs for IT and the recurring costs of c. €1500 per month for client allowances are added in.

Is the new service more or less costly than average costs (VFM)?

The direct pay costs of the new service are approximately €1050 per client per month. This compares with €1145 for the old project and €1399 for comparable services examined within the VFM study. The new project and the old project have similar levels of staff intensity per client – the ratios of direct staff to clients were 0.36 and 0.34 respectively. Volunteer hours accounted for approximately 30% of the effort expended in the new project.

Does the new service have significant once off costs?

The project did incur one-off costs for IT (€5000). These are not thought to be significant in relation to the overall costs of the project.

What are the biggest elements of cost difference between the new and the old services?

The biggest differences relate to the costs incurred for clinical staff under the old service. Staff such as job coaches, literacy and numeracy teachers and social skills instructors are not part of the new service.

In addition, significant savings are made on accommodation related costs. However, the cost savings for the new project would possibly disappear if these costs were being paid for.

In conclusion, the new project is marginally less costly in terms of direct pay costs than the old service, and is considerably less expensive than comparable services reported on in the VFM study. Volunteers provide a considerable part of the manpower in the new project.

3.5 PROJECT 3

Brief description

This project aims to provide an individualised alternative to Sheltered Occupation Services. The project aims to implement individual person centred and New Directions focused plans, to support the person to independently access work, training or recreation services within their own rural or urban based community. In addition, it aims to reconfigure the enterprise section of the service by closing non-commercially viable sections and changing the viable sections into standalone businesses that will be owned and run by Service Users.

The main client group served by the project are people with intellectual disability. The project supports 62 individuals of which 20 are school leavers and/or young people. The project started in September 2012 and will be grant-aided for the first three years. The aims of the project are:

- To teach service users who wish to be entrepreneurs the skills they require to set up, run and grow a business. It will transfer ownership of the businesses to service users who wish to own and run them. It will support these entrepreneurs/business owners to work with the County Local Development agency and other statutory agencies that can assist them.
- To facilitate individuals to achieve their objectives and goals within the community. It aims to support the individual in understanding their own community and the options that are available to them within that and the wider community.
- To experientially teach the individual how to make choices, advocate for themselves and integrate into the community. It will teach them how to manage their time effectively, to plan to reach their goals and to identify what those goals are.
- To teach the communities how to recognise and focus on the abilities of the individuals rather than their disabilities.
- To facilitate the meaningful integration of individuals into their own local communities and/or other communities of their choosing. It will facilitate the acceptance of individuals with an intellectual disability into the sporting/recreation clubs of their choice. It will facilitate the accessing of mainstream training opportunities that are available to all citizens.
- To facilitate and support the accessing of on-the-job training in various types of businesses that the individual is interested in. It will enhance the relationship between the individual and the family where focus shifts from dependence to independence

The main distinction between the new project and previously available services relates to the move towards a community basis for services and the personalisation

of services for clients. In addition, the project has a significant element relating to an orientation towards the open labour market through entrepreneurship supports and supports for commercial enterprises.

Who are the clients?

The new project has 62 Clients. At time of evaluation, 21 clients were due to have joined the project. The level of needs of service users were all in the moderate range, with the exception of physical readiness for work.

Table 4. 3. 3. Profile of Needs for Project 3.

Support Intensity	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

Activities

Inputs

Project 3 is the largest one to have been funded under the Genio programme and its aims relate not only to its service provision, but also to organisational change – the organisation is closing community workshops completely in order to develop new services.

The scale of the project means that there are large numbers of direct staff involved – more than 20 in all. 11 of these are described as ‘facilitators’ with a further 3 each being ‘community facilitators’ and project management. These direct staff are supplemented by a wide range of mainstream community supports from such organisations as local employers, sports clubs, Chambers of Commerce, the Garda and family members.

Non-staff inputs include transport, travel and subsistence and a range of administrative inputs.

Processes and outputs

The project specifies no fewer than 17 activities that take place. These are based on the individual planning process and extend to a wide range of personal development training activities such as advocacy skills, practical life skills, life coaching and personal health care. In addition, there are a range of activities related to training and employment such as supported education and training. There are also activities related to the community – these relate both to service users taking part in a range of community activities and to the activation of community resources. In addition, the project runs activities to develop the supports provided by the families of the service users. Finally, the project undertakes activities in relation to implementing an organisational change programme and providing feedback to service users and staff about the progress of the project.

The outputs from these activities are generally concrete and measurable – they include specifications of time to be spent on activities, the numbers of specific types of meetings that should take place, the delivery of specific training programmes, and the frequency of staff meetings of specific types.

Outcomes and Impacts

The outcomes which are being targeted by the project relate closely to the activities and outputs specified. At the level of the personal development of the service user, immediate outcomes include the development of personalised plans that are regularly reviewed, service users should become more independent, they should start to see the benefit of the various training programmes that are provided - they should start to move from training towards the practice of these skills in real life settings. In the longer term, the outcomes of these interventions are expected to lead to increased personal choice and control, improved personal capacities, inclusion in work settings, greater community participation and enhanced quality of life.

The activities that are directed at organisational development are expected to have intermediate impacts in terms of the development of new skills and attitudes amongst staff (more directed at the labour market and at the community) and the introduction of new systems for managing the very different service delivery model. In essence, a good deal of organisational learning is expected to occur and the organisation is expected to act as an example of good practice to others operating in the area.

The activities directed at the community are expected to contribute to the mobilisation of community resources and the promotion of more positive attitudes towards people with disabilities in the intermediate term.

The longer term impacts of the project include improved family relations and higher expectations of families of the capabilities of service users. Service users are expected to benefit in terms of increased uptake of and participation in mainstream society in areas such as employment, leisure and general living.

Cost estimates

Is the new service more or less costly?

The old projects costs for direct pay were approximately €765 per client per month. These compare to direct pay costs of €1083 per client per month for the new project. This may appear to be higher than the old project, but the intensity of staff effort is much higher in the new project (by a factor of about 4 – 0.32 vs. 0.08). Project staff believe that new project costs are less than old project costs, even though there is no volunteer input to the new project.

Is the new service more or less costly than average costs (VFM)?

The direct pay costs of the project compare favourably with those of the VFM study – the project costs are almost 25% lower. Currently, direct pay costs run at about €1083 per client per month, and this compares to a cost of €1399 per month for equivalent services (VFM report).

Does the new service have significant once off costs?

There are significant once-off costs relating to the release of staff for training and to client training. In particular, training course costs for 'Enabling Excellence' and the 'Immersion Project' were significant, according to the service provider.

What are the biggest elements of cost difference between the new and the old services?

Under the new project, the incidence of challenging behaviour has reduced and this has reduced the need for staff input as well as the costs associated with this task.

In conclusion, this project is in the process of moving clients from sheltered workshops to a more community based model which involves, *inter alia*, promoting social enterprise and self-employment. The staff profile of those providing the service has changed somewhat and the level of intensity of staff input has increased. As a result, the direct pay costs of the project are somewhat higher than heretofore, but are still lower, than comparable services costs as outlined in the VFM study.

3.6 PROJECT 4

Brief description

This project aims to provide an individualised response to the diverse needs of school leavers with autism who require support to transition into adulthood. Many of these school leavers present with severe challenging behaviours which can be a barrier to engaging in community activities. The project started in 2012 with 12 school leavers and will be grant-aided for the first three years.

The aims of the project are:

- To provide an individualised response to the diverse needs of the school leavers who require support to transition into adulthood.
- To engage with the school leavers in a manner that accommodates their individual needs and builds upon their abilities.
- To help them to manage stressors within their community and stressors that are routine in daily life which can be difficult for these individuals to tolerate.

The major difference between the services provided by the project and previous services relates to the personalisation of these services.

Who are the clients?

The PNPs for service users on the project revealed that their needs were predominantly in the moderate to high range. Their health needs were either low or moderate, while in relation to social and emotional supports, vocational potential, psychological readiness, social readiness and work readiness, the level of need was high. All other types of need were in the moderate range.

Table 4. 3. 4. Profile of Needs for Project 4.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

This relatively intense needs profile is reflected in a high staff ratio – there are 1.09 staff assigned to each project participant. (It should be noted that no volunteers are included in this total).

These findings would suggest that the typical service user is relatively far from the labour market and would need considerable inputs to prepare them for employment.

Activities

Inputs

This project has a very heavy input from staff and these constitute the main project inputs. In all there are 14 staff involved directly or indirectly in providing the service to 12 clients. These staff are mainly made up of activity facilitators (11 staff) who are supported by a project co-ordinator and a range of professional back-up staff.

In addition to these, indirect staff provide administrative and other back-up services. There are also direct inputs in terms of premises and infrastructure and transport.

Processes and outputs

The bulk of the main activities of the project are concerned with the development of personal skills for clients. Personalised planning takes place, as do activities related to job and employment skills. However, the other five activities relate to the development of personal development activities such as communication and social skills, skills for daily living, and stress and anxiety management. In addition, there are activities related to exploring further education and specific training modules.

Outcomes and impacts

It is notable that this project does not explicitly address the development of community resources nor does it have explicit activities related to community participation at this stage of development. This is reflected in the immediate and intermediate outcomes that are expected from the project, which largely relate to the development of specific skills that would enable participation in mainstream settings. For example, service users are expected to have developed the skills needed for greater choice and control and for greater community participation.

In the longer term, outcomes are framed in terms of greater participation in the community and employment, as well as in terms of greater independence and self-management. However, the activities that may be needed to achieve these long term outcomes are not necessarily part of the project plan.

Cost estimates

Is the new service more or less costly?

The project was not able to provide data on more traditional services that could be compared to the current project costs, as they had not provided such services before. However, the costs data from the project can be compared to broadly similar projects from the VFM study.

Is the new service more or less costly than average costs (VFM)?

The project had one of the highest staff ratios of all of the projects and as a consequence their direct pay costs were higher than any other project. In addition, no use was made of volunteer staff, which may reflect the high personal needs that they had. Overall direct pay costs were €3893 per client per month, which is higher than the nearest equivalent figure from the VFM study of €2756 per month.

In addition to these figures, there are further non-payroll costs which amount to €643 per client per month. These are largely made up of administrative costs and rent which account for more than €500 per client per month.

Does the new service have significant once off costs?

There are no significant once off costs associated with the project.

What are the biggest elements of cost difference between the new and the old services?

It was not possible to make this comparison formally, as no figures were available for a comparable service. However, the project staff believe that the costs of the project are in line with those of day centre costs. According to the service provider, service users who had previously been involved with mental health services cost disability services far less in their current placement. The current model provides value for money, as funding goes directly into support provision as opposed to covering the cost of administration.

3.7 PROJECT 5

Brief description

This programme is run by a service provider that provides supports such as job coaching, social support and family support for adults with mild intellectual disabilities. Many of the people they support have dual diagnoses. The project provides work and supported employment for 140 people.

The programme which started in September 2012 is intended for school leavers with disabilities who are not quite ready for work or further education. It has 8 participants and it is a two year programme. It offers school leavers an alternative to entering campus based facilities such as sheltered work. This programme will access community based support providers such as the VEC, the Adult Literacy Service, the National Advocacy Service and Youth Services.

The aims of the project are:

- To offer school leavers an alternative to services provided on a single site
- To tailor the programme to the skills of the participants
- To base learners in their communities
- To enable participants to pursue certified training in their local VEC
- To enable participants to gain access to local job clubs and access community based work experience
- To enable participants to learn basic skills such as time and money management and relationship skills

The main distinction between the programme and previously available services relate to its emphasis on community based activities, and mainstreaming in further education and employment.

Who are the clients – number and type?

This project will run for 2 years and expects to have 8 participants in all. The intensity of the support needs of service users is outlined in Table 4.3.5. Uniquely among the projects under study, the needs of Project 5 service users are either low or high. Low levels of need were reported in relation to health, self-care, and communications and cognition supports. In contrast, high levels of need were reported in relation to work related elements, i.e. readiness in terms of physical, vocational skills, psychological skills, social skills and general work readiness as well as socio-emotional needs.

Table 4. 3. 5. Profile of Needs for Project 5.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

Despite these high levels of need, the numbers of staff involved in providing the service is relatively low – there is a staff to service user ratio of 0.19 staff per service user. No volunteer staff were included in the staff time estimates on the project. This compares to a ratio of 0.07 under more traditional models of service delivery.

However, given the aims of the project to use community resources, it is likely that the estimate of indirect staff inputs is lower than the reality of implementing the project.

Activities

Inputs

The only direct staff inputs for the project related to education support workers. There was also indirect staff input from management, a job coach, and community support workers. Community resource inputs were specified for employers, co-workers, families and teachers, though no estimates of the level of input required was available.

There was also direct and indirect material resource input in relation to such issues as premises, travel and subsistence payments and a range of administrative back up functions.

Processes and outputs

The main activities of the project were based on the project aims of increasing community integration of clients as well as helping to develop a new model of delivery. These concerned developing personal capacity through personal development and employment focused training, providing inputs to families and volunteers so that they are more active, improving the organisation and effectiveness of service provision and developing a fit for purpose service.

It is notable that these activities take a proactive view of community and family development – providing inputs to their development as resources for the client group.

Impacts and outcomes

The immediate outcomes of the project activities are defined in terms of measurable outputs. For example, the personal development outcomes are framed in terms of

such issues as knowledge of rights, increased motivation, and assertiveness. The employment focused training should result in clients obtaining FETAC recognised qualifications and the organisational development activities should result in lower costs and engagement with major stakeholders to develop new models of service organisation. In addition, there should be a higher level of engagement by community volunteers and families in providing services.

In the longer term, impacts are expected in relation to improvements in community integration, engagement in the world of work, greater levels of choice and a range of markers that indicate greater community integration and involvement as well as better quality of life.

Cost estimates

Is the new service more or less costly?

It is believed that the new service is currently more costly than the old services, primarily due to higher levels of skilled staff input. This is needed in order to ensure that clients reach the individualised goals that are set for them. Current direct pay costs are running at approximately twice the levels of the previous service per client per month (€725 vs €381), while non-pay costs are comparable. However, it should be noted that the intensity of staff inputs are much higher in the new programme – in the old project these were 0.07 staff per client, while in the new programme this runs to 0.19 staff per client. As a consequence, direct staff costs are higher for the new project.

However it is felt that the new service will be more cost effective in the longer term, as clients will be more independent than heretofore. There will be less need for specialised staff input over time.

Is the new service more or less costly than average costs (VFM)?

This project reports having lower direct pay costs than comparable services reported on in the VFM study. In the current project these costs run to €725 per client per month compared to €1307 for comparable services from the VFM study.

Does the new service have significant once off costs?

There were no significant once off costs associated with the new service.

What are the biggest elements of cost difference between the new and the old services?

The personalisation of services leads to a need for greater levels of input from skilled staff at least in the initial stages. It is expected that this cost will reduce over time, in part because of reduced need and also because of a rise in community supports.

Overall, it would appear that the new project will cost less over time and that it currently costs less than comparable services from the VFM study. Even with higher levels of staff input, overall, costs would seem to be lower than those for comparable services.

3.8 PROJECT 6

Brief description

The project is a community based programme which aims to provide employment supports, training options and personal growth opportunities to a group of 6 individuals with intellectual disabilities. The project started in Sept 2012 and was grant aided for the first year. It aims to develop the participants' capacity to exercise choice and self-direction in finding and maintaining a job in the open labour market.

Essentially the project is about participation in real, normal life situations and contexts and learning from that participation and developing the attributes to continue participating with no support or little support. It does so without operating from a single centre or building, thereby reinforcing the emphasis on interactions taking place in everyday situations and locations.

The aims of the project are:

- Employment Support (Long-term Work Experience, Job Sourcing and Maintenance)
- Employment Training and Preparation (Options, Education, Awareness)
- Personal Growth Training (Options, Choice, Decision making)
- Recreation (Quality of Life, Friendships, Inclusion)
- Community Life (Social Capital, Valuable Social Roles, Inclusion)

The distinguishing features of this project relate to mainstreaming and personalisation of services. It also has an orientation towards the open labour market for clients who are able and interested.

Who are the clients?

There are 5 service users in this project. The profile of needs for typical service users is outlined in Table 4.3.6 below. Clients typically have low needs in relation to health and self-care, but have high needs in relation to supports for physical readiness and social readiness. The Person Needs Profile on the other 6 dimensions of need are all in the moderate range.

The staff inputs to the new project are relatively high compared to most other projects – there are 0.94 staff per client, which is the fourth highest of the projects examined. In-kind staff accounted for almost 68% of staff, which is a far higher ratio than any of the other projects. A reason for this high level is that no fewer than 16 distinct in-kind staff were reported to be involved with the project to varying levels.

Table 4. 3. 6. Profile of Needs for Project 6.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

Activities

Inputs

There are relatively few direct staff inputs on this project – in all there is 1.5 employment support specialists directly providing services. However, there is a wide range of indirect staff input from professions such as employment support, psychologists and social workers, as well as a range of managerial and administrative support. The project also calls on the services of a number of external supports from employers and others. In all, no fewer than 16 people from different professional backgrounds provide services to the project on an indirect basis.

There are also a number of volunteers providing inputs to the project – these provide support for out of hours social activities.

This project has one of the more varied staff complements of all of the projects and it reflects a strong emphasis placed on both open employment and engaging in community activities.

Processes and outputs

The project specifies that 11 main activities take place. These are based on an assessment of support needs while the remaining 12 activities can be divided into developmental activities for the service users, e.g. discovery learning, professional skills training, personal skills training and education. Another type of project activity is directed at the development of resources in the community rather than at the service user. An example of this is community mapping. Finally, there are a number of activities that are directed at developing a new model of service and ensuring that the project becomes sustainable in the longer term. These include

activities such as management meetings and activities geared towards sustainability on the longer term.

These activities all have outputs specified in terms of measurable units – training is specified in terms of the numbers of input hours and the content of training, the frequency of meetings is specified and the amount of time devoted on specific activities is detailed.

Outcomes and Impacts

The immediate outcomes of these activities are also specified in terms of concrete deliverables. For example, the personal planning process leads to specific plans and goals for each individual, as well as specific planning meetings. The immediate outcomes of professional skills training should lead to work experience and employer based training, for example. In the area of community mapping, it is expected to develop a list of community resources and contacts. In the area of project management, it is expected that a new approach to service agreements will be developed.

In the longer term, it is expected that the project will contribute to such longer term outcomes as independent living and increased levels of choice for service users and a better model of service delivery. This should lead ultimately to clients that are more engaged in mainstream employment and leisure and community activities. A major theme of these outcomes is engagement in the labour market and less reliance on service providers.

Cost estimates

Is the new service more or less costly?

The costs of the new service for direct pay costs are somewhat higher than is the case for the more traditional service provision – the new service costs approximately €1400 per client per month compared to €1000 per month for the old service. It should be noted however, that is largely due to the greater proportion of staff input, particularly from indirect staff – there are 2.7 staff in the new service compared to 1.05 in the more traditional service.

Information on indirect pay costs would indicate that these were higher for the new service – €5785 per month compared to €2500 under the more traditional models.

Estimates of non-pay costs amount to a further €1275 per month (excluding rent). It is not clear whether these are higher or lower than under traditional models of service provision.

Is the new service more or less costly than average costs (VFM)?

Despite the apparently higher costs of the new service, its costs are equal to the costs for comparable services under that are costed in the VFM study - €1400 versus €1399.

Does the new service have significant once off costs?

There are some once off costs – these relate to:

- Purchase of ICT – to be community based, non-centre you require modern mobile technology e.g. iPad, Smart Phone
- Need for specialised training from external agency

However, it was felt that this external training was vital to the success of the project.

What are the biggest elements of cost difference between the new and the old services?

The biggest elements of costs difference relate to the increased indirect staff ratio that applies to the new service. Despite the figures that were provided showing that the new service is somewhat more expensive, it is felt that in the longer term that the new service will cost less or about the same to run. Rent would be a major saving under the new service model.

3.9 PROJECT 7

Brief description

The project aims to provide individualised day activity programmes for young adult school leavers with autism and high support complex needs, who have no current dedicated service provision in their locality. Some of those attending will be young adults who have just finished school, some will be in HSE residential care with no existing day provision.

The proposed service meets identified emerging need and the service will link to each identified client from age 16 to develop a successful and comprehensive transition to adult life. This project aims to make more effective use of existing resources currently allocated to individual clients currently travelling long distances, as it will provide a local alternative. The project started in 2012 and will be grant-aided for the first three years. It aims to support 16 individuals, of which 7 are school leavers. However, the number of clients joining the service in the initial months was below expectations.

The aims of the project are:

- to provide a seamless transition for school leavers with high support needs
- to facilitate transitional planning for school leavers in partnership with each young person and their families, schools, HSE Occupational Guidance services and HSE support services
- to acknowledge and build on each individual's capacity for continuous learning beyond school

- to enable school leavers to live the life they wish to live within a safe and nurturing community environment which promotes options and choices and which will be underpinned by a person-centred, needs led approach
- to maximise the use of existing community facilities and support service users to develop occupationally fulfilling lifestyles
- to respectfully promote self-responsibility for each individual
- to provide individualised programmes of day activity that promote social inclusion and service user choice and control
- to provide a person-centred approach to the identification of individualised needs and support plans
- to promote active citizenship for the young people through its activities and to ensure full active participation in the local community. It will promote diversity and value the individual

The main distinguishing features of the project are the move to personalised service provision and in some cases, the provision of dedicated services for a group with complex needs. It should be noted that employment opportunities and experience are of relatively low priority for the client group of this project.

At the time of data collection, the project had been slower than anticipated in getting up to full capacity, both in terms of recruitment of service users and of community resources.

Who are the clients?

Three service users were participating in the project at the time of data collection, though five had been scheduled to take part by that time. According to the PNP data, the typical service user had high intensity needs in relation to all of the PNP dimensions, with the exception of vocational potential.

Table 4. 3. 7. Profile of Needs for Project 7.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

Not surprisingly, given the profile of needs, the ratio of staff on this project was the highest of all of the projects surveyed by a considerable margin (2.27 staff per service user). In part this is because some of the service users had high support needs, but it should also be noted that at the time of data collection, the project had been expecting to have a higher number of service users. However, even allowing

for having a full service user complement with current staffing ratios, the numbers of staff per client would still be the highest of all of the projects surveyed.

Activities

Inputs

The main direct staff inputs come from a project manager and 2 support workers. These are supported by indirect staff from administration and psychology backgrounds. The project also had significant involvement of parents, in relation to the design of the service. Other community resources include teachers and employers who are expected to provide advice and employment and work experience opportunities. In addition, the project was in the process of arranging for volunteers from the community to provide up to 40 hours of services for clients.

Processes and Outputs

14 main activities of the project were specified by project staff. The personalised planning activity was at the heart of the other activities that are undertaken. Three of the initial activities related to this process – the first involves transition planning for each client, while the second is concerned with communication and with producing a ‘passport’ from the initial induction period into the full range of service of the project. The third element of planning relates to the implementation and monitoring of the full service plan for each individual.

The other activities of the project relate to providing a range of services and activities for clients. These can all be broadly categorised as either personal development or training activities. Training is provided in relation to, for example, communication, social skills, life skills, numeracy and managing money. Other activities relate to managing challenging behaviours, physical activity and ensuring the safety of vulnerable adults.

Outcomes and Impacts

The planned immediate outcomes of the project are specified mainly in terms of the acquisition of skills that have been acquired through the various training activities that have taken place. Thus, service users are expected to be better able to manage money, to understand the triggers that lead to problematic behaviour, to be better able to keep safe and so on. In addition, there are a range of immediate outcomes specified in relation to the personalised planning process, such as the existence of a range of plans and the occurrence of continuous monitoring of these plans.

The planned intermediate outcomes for the project participants relate to making a successful transition from school to post-school life, having more choice and control over their lives, having a more positive self-concept and being able to take advantage of the training and educational opportunities available to them. In addition, it is expected that clients will have better social integration and a better quality of life.

Longer term impacts have been specified in terms of more independence for service users, better quality of life and more social interaction in a more engaged community.

Cost estimates

Is the new service more or less costly?

Full information was not available on costs, especially in relation to previous services. However, it was clear what the costs of the new project were, both in terms of pay and non-pay costs. Average pay costs for the new service were estimated at €3221 per month, while a further c. €5000 per month was estimated as being the costs of volunteers (were they to be paid). A very high level of volunteer hours (c. 400 per month) is the basis for this calculation. The costs of managing volunteers (included in the above pay estimate) were thought to be c. €350 per month. (It should be noted that these volunteer costs were considerably higher than most estimates from other projects).

Despite the lack of data on old services, the project estimated that the new project would cost more than older ways of providing day care, mainly due to the increased range and volume of activities that are organised under the new project.

Is the new service more or less costly than average costs (VFM)?

This project requires a relatively high staff intensity given the nature of its clientele. Overall, the current staff intensity was running at 2.27 staff per client, though approximately half of this input was provided by unpaid volunteers. The costs per month per client were of the order of €2450 per client per month and this compares to €2756 per month for similar services in the VFM study.

Does the new service have significant once off costs?

The new services did involve significant one-off costs in relation to decorating and furniture, some building modifications and some IT costs. However, these costs would not recur for further projects in the same premises.

What are the biggest elements of cost difference between the new and the old services?

The major differences between the cost structures of the old and the new projects relate to once off costs for setting up a new premises and infrastructure. These are largely one-off costs, but the increased range of activities available under the new project as a result of the personalisation of services does incur higher labour costs. However, the project felt that the new method of project organisation would be more cost effective in the longer term, as it would help to prevent the institutionalisation of clients.

In conclusion, it is difficult to compare the costs of the project with previous services, as estimates were not available. However, it would seem that the costs of the project were about 10% lower than this for comparable services in the VFM study.

3.10 PROJECT 8

Brief description

The project is a Person Centred Planning initiative, in which eight students with a moderate general learning disability in their final year in a Special School participate. A PCP meeting is held for each student every three months. Key interventions of the project include capacity building, developing self-advocacy and self-determination skills, community participation and positive relationships. It is planned to use an experienced job coach from to support the students in sampling a variety of work placements and in developing independent travel skills. The project aims to provide a peer support mentor to each student from Transition Year in a Community College whom they will meet each week with the aim of learning skills along with developing relationships and interests with peers in their local community. The project started in 2012 and was grant-aided for the first year.

Amongst the aims of the project are:

- For staff to receive training in person centred facilitation skills.
- For a Person Centred Transition Plan to be drawn up for each student.
- For students to have achieved the goals set out by them and for them, with the support of members of their circles of support and the job coach.
- For each student to have gained meaningful, relevant and varied work experience in line with their values, strengths and interests.
- For each student to have developed new skills, interests and relationships that are community based
- For students to have developed self-determination skills and self-advocacy skills
- That positive and long lasting links will have been developed with businesses, schools and recreational outlets in the community.
- That natural community based supports will be activated to support the young people moving forward.
- For an increase to be found on the Person Centred Planning Quality of Life Indicators as measured before and after the project.

One of the main features of the project is that it directly addresses students moving from second level schooling to new arrangements. In addition, the project has a significant focus on open labour market employment possibilities.

Who are the clients?

The project has 3 participants in the first year of operation. The profile of client needs indicates that there was a need for high intensity support in relation to social-emotional needs, vocational potential, physical readiness for work, social readiness for work and overall work readiness. There were moderate needs in relation self-care, communication and cognitive needs, vocational readiness for work and psychological readiness for work (see Table 4.3.8). There were low needs in relation to one other dimensions – health needs.

Table 4. 3. 8. Profile of Needs for Project 8.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

The project has one of the higher staff ratios of all projects – there are 1.40 staff per client, which is the second highest of all projects. This level of staffing reflects the relatively high needs intensity of the client group.

Activities

Inputs

The main direct staff inputs to the project concerned were from a job/coach, a teacher, an educational psychologist and a social worker – these accounted for 1.75 people. Indirect inputs came from both inside and outside of the service supplier. These included volunteer input from peer mentors and inputs from various community resources. These include family members, resource teachers and others from the school where clients came from, educational resources within the community, and local employers, who provide work experience for service users.

Non staff resources provided by the project include premises and equipment, while there was also a range of administrative and financial supports (e.g. travel and subsistence) provided by the service organisation.

Processes and outputs

As many as 17 activities were specified by the project and these can be broadly divided into client oriented activities, community oriented activities and organisational development activities. Activities of the first type include:

- Preparation for planning meetings
- Planning meetings
- Developing communication skills
- Travel training
- Job Coaching
- Anxiety management

Activities relating to developing community resources and community participation include:

- Developing relationships with the family
- Liaison with external agencies
- Organisation and supervision of peer mentors
- Using community facilities and resources

Activities related to organisational and service development include:

- Planning meetings
- Team meetings

It is clear from the listing of activities that considerable emphasis is placed on the development and support of infrastructure (e.g. families, community resources, outside agencies) as well as on the direct provision of services. In addition, there is a strong management component to the activities of the project.

Outcomes and impacts

The immediate outcomes of the project relate strongly to the activities that have been undertaken. These include, for example, having a better relationship with service users and parents, involving families in planning, expansion of the range of social skills of service users in a range of settings and the development of supportive infrastructures in the community.

Intermediate outcomes include increasing the choices available to service users regarding work, leisure and personal goals and improving their personal capacities to take advantage of these. Quality of life is expected to improve for the service user.

It is also expected that community supports and resources will be increased – clients will have more opportunities for work and community participation as a result of the community development activities that take place.

Finally, it is expected that organisational change will be enhanced and that the organisations will improve its systems of service provision along the lines developed within the project.

In the longer term, it is hoped that the project will contribute to the mainstreaming of service users into everyday life settings. This is seen as a function both of the individual as well as the opportunities available to the individual – society must develop attitudes and structures that make this possible.

Cost estimates

Is the new service more or less costly?

The pay costs per client per month work out at approximately €2645 per client per month. Figures for a comparable older service were not available, but it was considered that the new service would be more costly, as extra labour costs would be incurred by a job coach and a facilitator. In addition, the travel expenses for this type of work are not incurred under current models.

Non-pay costs were considered to be a little higher than heretofore, by about €70-80 per month per client. This is largely due to extra travel costs allocated to the Job Coach for the project.

Is the new service more or less costly than average costs (VFM)?

No figures could be calculated in relation to the staff intensity of the project when compared to previously available services, but it is clear that the new project has a relatively high staff intensity compared to most of the other projects –including volunteers, there was a ratio of more than 1 staff member per client. (Volunteers accounted for about 58% of overall input in terms of time). Comparison of costs revealed that the new project direct pay costs were marginally lower than those of comparable services from the VFM study (€2644 vs €2756)

Does the new service have significant once off costs?

There were some additional equipment costs incurred in relation to IT and video equipment, but these items would be amortised over any future projects that might occur.

What are the biggest elements of cost difference between the new and the old services?

By far the biggest cost differences related to additional staff employed as job coaches and facilitators. The other cost differences could largely be characterised as being one off in nature.

This project spends roughly the same amount per head as comparable services from the VFM study. In addition, it also mobilises high levels of volunteer input, though it is not possible to say if this is higher than other services provided by the organisation.

3.11 PROJECT 9

This project is concerned with providing integrated services to a single client with multiple disabilities and challenges. It has not proved possible to obtain information from this project during the evaluation process and it has been agreed that in view of its unique focus on a single individual, that it would not be included in the evaluation study.

3.12 PROJECT 10

Brief description

The project aims to provide a number of training places at Fetac Level 5 for young people with physical disabilities in a mainstream setting. This would then enable them to access 3rd level courses in an Institute of Technology. Up to now, young persons with physical disabilities could access post leaving cert courses managed by VECs and accessed in second level schools. This course is no longer available.

Six individuals with physical and sensory disabilities started on the project which began in 2012 and was grant-aided for the first year.

A facility has been made available in the Institute of Technology to run the programme. Running the course in such a mainstream, student-focused setting should further enhance the learning and life experience of these school leavers and allow them the freedom and opportunity to mix with other students daily.

The main aims of the project are:

- to equip participants with the necessary personal, social and training related skills to enable them to progress to greater levels of education
- To enable participants to become more independent and to integrate into student life.

The key features of this project relate to the preparation of clients for entry into mainstream education within a mainstream setting.

Who are the clients?

Table 4.3.9 below outlines the intensity of the support needs of a typical participant in Project 10. Project participants were rated as having high support needs in relation to vocational potential and physical, vocational and social readiness for work. They also had high support needs in relation to overall readiness for work. They had moderate support needs in relation to psychosocial readiness. Service users did not have a typical profile in relation to supports for health needs – low, moderate and high needs for health supports are all in evidence.

Table 4. 3. 9. Profile of Needs for Project 10.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

Despite this profile of quite high needs intensity, the project had only a moderate staffing intensity, with 0.39 staff per participant. This staffing ratio is in the mid-range of staff ratios across all of the projects. However, what might appear to be a relatively low staff ratio might best be explained by the nature of the activities undertaken, where participants spend time on mainstream training courses rather than in the company of project staff.

Activities

Inputs

In all, there are nine separate staff types providing direct input to the project. By far the largest time inputs come from a co-ordinator, a personal assistant and a vocational trainer, each of which work more than 2 days per week on the project. Other direct staff inputs generally take place at 1 day per week or less. There are also sizeable indirect inputs from families (1 full time person) and a vocational trainer. Volunteers also provide some time input as do a range of community resources which provide different experiences for project participants.

Non staff inputs (direct and indirect) relate to such functions as premises and equipment, transport and administration and ICT.

Processes and Outputs

Eight activities are specified by the project. Four of them are concerned with training, the main one involving a FETAC Level 5 course. Other training includes driving theory and practice, and a money management training course. Work placement is also a significant activity for project participants.

Other activities are concerned with speech and language inputs, social skills development and becoming involved in local clubs and courses. All of these activities are underpinned by an assessment of the participants' needs and goals leading to an individualised plan.

Other short term outputs and outcomes relate to improved skills in money management, improved communications skills, improved interpersonal skills and gaining experience of different work and social environments. Participants are also expected to obtain a FETAC qualification. Overall, the immediate outputs and

outcomes of the project relate to an enhanced skill set, improved social integration and higher levels of self-confidence.

Outcomes and impacts

In the intermediate term, it is expected that participants will experience increased levels of choice and control over multiple aspects of their lives and enhanced self-confidence that will enable them to take part meaningfully in a range of life settings. In particular, it will support greater levels of self-management, and integration into community based social activities.

It is also expected that these enhanced capacities would lead to greater participation in education and in work settings and ultimately lead to a better quality of life for participants.

The project also aims to achieve outcomes that go beyond impacts on the individual. In this regard, it is expected that intermediate outcomes will include changed attitudes towards people with disability in local communities, more mobilisation of the community resources, more cost efficient services being provided, and organisational change and innovation for the service provider.

In the longer term, it is expected that project would contribute to greater self-reliance by participants and a range of community impacts concerned with higher levels of participation by participants and more sustainable and effective service provision.

Cost estimates

Is the new service more or less costly?

There is no older service with which direct comparisons can be made, but it was pointed out that if the new service did not exist, clients would need to avail of HSE day services at costs of approximately €15,000 per annum. This can be compared to direct pay costs of €2076 per month per client for the new project. In addition, an additional 56 hours volunteer effort per month was noted, which if it was paid for at the minimum wage, would cost c. €125 per month per client.

Despite these apparently increased costs, the project were of the opinion that the new approach will be more cost effective in the longer term, since clients will function increasingly in mainstream settings, with less need for sheltered services.

Is the new service more or less costly than average costs (VFM)?

The costs of running this project in comparison to comparable services from the VFM study appear to be much higher – direct pay costs run at €2076 per client per month compared to €1099 per month for comparable services from the VFM project. Though the VFM study does not provide cost breakdowns in relation to the intensity of serviced provision for services for people with physical or sensory problems (it could be the case that this project is more labour intensive than comparable services), it would still appear to be the case that this project is relatively expensive.

Does the new service have significant once off costs?

There is no comparable 'older' service to compare the project to in this regard.

What are the biggest elements of cost difference between the new and the old services?

As there is no comparable older service, it is not possible to answer this question. However, the project did point to the difficulties of accurately costing the new project and in future projects of this sort, new accountancy procedures will be installed so as to allow for realistic estimates of true costs.

In conclusion, this project appears to be relatively expensive to provide, though the reasons for this are not entirely clear. It would appear that some of the relatively high level of costs are due to the high costs of involvement of the project management team which account for approximately 25% of all direct pay costs. For most other projects this costs was either not included as a direct cost or was proportionately lower.

3.13 PROJECT 11

Brief description

The project aims to develop a personalised programme for 5 individuals with very high support needs, who have no other service available to them. A particular focus of the project is on reviews and reflections within the service to find efficiencies and methodologies to make this project sustainable. The project started in September 2012 and will be grant aided for the first two years.

The aims of the project are:

- To provide a personalised service to 5 individuals with very high support needs
- To enhance the life and lived experience of new high support users in the roll out of a new model of service delivery that focuses on the person, the family and the local community.
- To develop a new model of day service provision incorporating the aims and objectives of New Directions, i.e. for services to become person centred and person led, and creative, and for clients to be more active citizens.
- To develop the competences confidence of staff within the day service to plan and develop this new model
- To develop new thinking within the day service through implementing the new project.
- To work collaboratively with mainstream agencies in the rollout of a joint project focussed on creatively realising work, training and recreation opportunities

A key feature of the project is that it seeks to not only develop new services that are client centred, but that an explicit goal is to develop the capacity of the organisation to deliver person centred services in the future.

Who are the clients?

Table 4.3.10 below provides an overview of the intensity of service needs for typical service users. From this it is clear that typical clients have high service needs intensity in relation to all of the dimensions of the PNP.

Table 4. 3. 10. Profile of Needs for Project 11.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

The high intensity of needs of service users is reflected in the staff ratio – there are 0.72 staff per service user on the project (including volunteers) which is about more than twice as much as the 0.31 staff per service user of more traditional services. This reduction in staff ratios can be attributed to the relatively high usage of volunteers and in-kind staff to provide the service.

Activities

Inputs

The main project inputs in terms of direct staff are 'Community Connectors' who account for 2.5 staff. There is also a mentor/co-ordinator who works full time on the project. These are supplemented by indirect staff inputs of about 0.6 people from 6 different occupations, including key workers and a communications care worker as well as a number of administrative support roles.

The project has significant inputs from volunteers (about 10 hours per week) and from community resources. These latter resources consist of time inputs from various community service providers such as family members, bus drivers and swimming pool personnel.

The project also notes a number of non-staff related project inputs. These relate to the provision of premises, equipment and management functions to the project.

Processes and Outputs

The project identifies eleven separate activities. These are concerned with:

- Service provision
 - Accessing community services
- Individualised planning
 - Discovery process – this is concerned with identifying needs for service users
 - Contacting stakeholders – identifying possible service providers/ activity supporters
 - Sampling experiential learning
 - Developing circles of support
- Organisational and system development
 - Staff awareness and training
 - Evaluation of process and model
 - Mainstreaming of model

It is notable that these activities are have been framed very much in developmental terms – the organisation is clearly piloting a new approach to service provision and is seeking to generalise it to all of the services it provides.

Outcomes and impacts

The project specifies a number of intermediate outcomes. These include four outcomes related to the service user – increased levels of personal control and choice, greater levels of inclusion in training and employment, greater community participation and enhanced quality of life.

The project also anticipates higher levels of community based activities for service users.

Impacts are also anticipated at the organisational and systems levels. It is expected that organisational change and innovation and changes to staff attitudes will take place. In addition, it is expected that other organisations can learn from the approach, thereby supporting overall system change.

In the longer term it is hoped that impacts will be achieved in the areas of personalisation of services, greater levels of integration with the community in leisure, education and employment terms. It is also hoped that the new model of individualised activity planning will become embedded in the service supplier organisations and in the system at large. Ultimately, it is hoped that the project can contribute to a transformation of services and perceptions such that integration of service users occurs at a deeper level in all fields.

Cost estimates

Is the new service more or less costly?

The pay costs for the new service are about €2200 per month per client. This cost compares to approximately €1074 per month for the old service. In addition, the new service uses about 60 hours of volunteer time, which if costed at the minimum wage, comes to an additional €70 per month per client.

However, it is envisaged that costs could reduce over time, depending on the level of independence that clients achieve. At minimum, the cost of €155 per week per week client charged by the service provider may be reduced or eliminated over time.

Is the new service more or less costly than average costs (VFM)?

Previously available services for people with the needs profile of clients for this project had about half the levels of staff per client – staff ratios were about 0.31 per client. However, under the new project system are higher – 0.72. The direct labour costs for the new project are consequently about double the costs of the old project (€2200 per client per month vs. €1074 per client per month) but are somewhat lower than comparable projects from the VFM study (€2200 vs €2756 per client per month).

Does the new service have significant once off costs?

No significant one-off costs were cited.

What are the biggest elements of cost difference between the new and the old services?

The new service costs more than twice as much as the old service to run. Most of the difference in pay costs (€1350 per month per client) is due to the employment of 'Community Connectors', i.e. people who liaise between the project and the community at large. It is also clear that the new project has more intensive staff inputs – currently there are 5.5 FTE staff inputs per month for 5 clients, while the old service had 7.8 FTE staff inputs for 25 clients.

In conclusion, the labour costs for the project are relatively high in comparison to previously available services, but are somewhat lower than those contained in the VFM study.

3.14 PROJECT 12

Brief description

This project provides a community-based day service for 18 school leavers with intellectual disability and/or autism who would otherwise be seeking a day service within a traditional, centre-based programme over the course of 3 years. In year one 6 school leavers will start in the project.

The programme is in line with the model of service provision outlined in New Directions and will meet the work, education, training and recreation needs of the young people within mainstream community facilities. Each person will have a person-centred plan which will be continually monitored, reviewed and revised. Accredited blended learning programmes are offered to improve literacy, numeracy, technology and employability skills are available through NALA.

The aims of the project are to:

- To move 18 young people currently availing of day services into community-based programmes with the support of a project worker.
- To implement a new model of day service provision that can become the model for school leavers as they leave school/RT programmes in the future.
- To demonstrate to staff and others involved in centre-based models of service delivery that an alternative model will meet the needs of people with ID/Autism that is more person-centred, individualised, inclusive and cost effective than current models of service provision.
- To facilitate the reconfiguration of all current day services within the service provider
- To establish sustainable models of work, education, training and recreation for people with ID/Autism
- To prove that blended learning is an effective strategy for individually tailored education provision to the target group.
- To establish a sustainable model of online accreditation provision.
- To mainstream future participation in community education/training centres attached to consortium partners
- To ensure that the young people involved in the project actively participate in their local sports clubs/facilities.

The project has a number of distinctive features including the establishment of new services from new premises that are more person centre, community based and mainstreamed than the sheltered workshops from which clients originated. In addition, the service intends to use the project as a model for redeveloping their existing services.

Who are the clients?

Table 4.3.11 below outlines the level of intensity of supports needed in relation to typical clients of the project. In general, service users had low to moderate levels of need. Low levels of support were needed in relation to the self-care, communication and cognitive supports, socio-emotional supports and physical readiness for work. Moderate levels of need were reported in relation to health, vocational potential, work and vocational readiness dimensions as well as social readiness for work and overall work readiness. Typical clients did not have any high levels of support needs.

Table 4. 3. 11. Profile of Needs for Project 12.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

Overall, this is quite a moderate level of needs when compared to some other projects and this is reflected in the intensity of staffing on the project. The project has 0.06 staff per service user, which is about half of the staffing level of comparable, more traditional services (0.11 staff per service user for sheltered workshops in this case).

Activities

Inputs

The main inputs to the project are direct staff. However, only one direct staff was specified – a project worker (full time). There was also indirect staff input from central organisational functions such as human resources, IT and others. It was also intended to engage with volunteers, but at time of data collection, this had not yet been done. Community resources were also seen as providing inputs – these related to such resources as mainstream vocational training, wider community resources, NALA and the Enterprise Board.

The staffing inputs were supplemented by a range of direct and indirect inputs from inside and outside of the organisation. These include premises and infrastructure as well as allowances for transport. Some central administrative support is also provided.

Processes and Outputs

The project specifies nine activities as taking place. Initially the first activity is concerned with assessing the individual's needs and drawing up an activity plan.

This is followed by the provision of a range of services that may be appropriate for service users. These include training opportunities, education, work and work experience, recreation and leisure activities, engaging with community resources, health and wellbeing and other supports. In addition, there is a monitoring and evaluation activity which is directed at improving the design of the service.

The first outcome of these activities is an individualised activity plan which directs the set of activities that the service user follows. The main outcomes for the service users relate to boosting their ability to function in a range of everyday settings. For example, it is expected that all users will be able to use public transport, to use money, to know their rights and the procedures involved in seeking and finding work. In addition, they should be able to use some community resources, to use the health services and to access community supports on an as needs basis.

In addition, the monitoring activity will provide inputs to improving the processes of the project for service users as well as helping to generate resources and materials for subsequent groups of service users who move through the project.

Outcomes and Impacts

In the intermediate and longer term, the project is seen as contributing to improved quality of life for service users as well as providing them with more chances to participate in society as well as assisting them to become more involved in the world of employment and training. Some specific outcomes include testing whether blended learning can be an effective tool for developing the skills of participants and an exploration of the potential role of social enterprises to provide employment experiences for clients.

It is expected that project will also contribute to some impacts at societal level, i.e. reducing poverty for clients, increasing their social inclusion and their overall contribution to society.

Cost estimates

Is the new service more or less costly?

The new service in terms of pay costs for direct and indirect staff is less costly than the old service by approximately 50% per client per month (€685 vs. €1367). This is in part because there are fewer direct staff involved in service provision and that community based activities account for much of the difference in staff inputs. However, it was not possible to obtain valid estimates of the level of volunteer input to the project.

In addition, there were €1600 overhead costs incurred for the month in which data were provided for the entire group of clients (6 in all). Recurrent overhead costs would be higher than this in some months, as costs for items such as administration, maintenance and office expenses were not incurred in the month under examination.

Is the new service more or less costly than average costs (VFM)?

The costs of the new project are considerably less than those cited in the VFM report for equivalent services – direct pay costs are approximately 30% less than those quoted in the VVFM study. This is probably because of the lower staff intensity of the new project compared to previous services.

Does the new service have significant once off costs?

There were some initial start-up costs incurred as a result of establishing the project. These amounted to almost €11,000 or about €1800 per client for the first year's activities.

What are the biggest elements of cost difference between the new and the old services?

There are significant cost savings in relation to the number of vocational trainers that are needed for clients under the new service. The time and cost savings arise as a result of activities such as work experience that are being arranged in the community with other providers, such as employers and the vocational education system.

A further reason for the cost reduced inputs needed for the client group relate to the fact that they have a lower level of needs than the client group of the old service – hence the reduced need for vocational trainers. Whether these cost reductions will continue would depend on the needs profile of future clients of the service. Nevertheless, the project itself estimates that cost for the new service would be lower into the future.

3.15 PROJECT 13

Brief description

The project aims to provide a community based service to 6 individuals, including one school leaver, with intellectual disabilities/autism. The project started in 2012 and will be grant-aided for the first three years. The emphasis, based on a Personal Outcomes interview and planning process, is to support each person to get a job, to develop a range of social roles, to connect to community groups, to pursue relevant training, to make a contribution to their community, to begin to explore living options in due course, to develop friendships so that each of the participants has a full and meaningful life.

The specific aims of the project are:

- To support participants to draw up an individualised plan that focuses on key priorities in their life
- To support participants to connect to existing community supports and services, in areas such as employment, training and continuing education, and community participation
- To have tailored supports, both natural and paid, to achieve priorities in their lives

- To encourage support staff to develop alliances with key community supports that may be relevant to the lives of clients, e.g. Gardai, General Practitioners, Mental Health Services, Community Welfare Officers, and the VEC in order to ensure a coordinated approach
- to support each person to greater independence, focusing on their entire day but not limited by a 9 to 5 approach
- to explore the use of assistive technologies in supporting independence in people's lives

Some of the key features of the Community Connections project are its community focus – it seeks to mobilise a wide range of mainstream community assets in support of the goal of integrating clients into all aspects of community, social and employment life.

Who are the clients?

Seven clients were taking part in the project at the time of data collection. Table 4.3.12 below outlines the intensity of service needs of a typical client on the programme. Clients typically have moderate needs, though there are high support needs in relation to the health and communication and cognitive dimensions.

Table 4. 3. 12. Profile of Needs for Project 13.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Mod										
High										

The staff to client ratio on the new project is 0.30, while for a comparable older project it is 0.25. This level of staff intensity is at the middle of the range in comparison to the new other Genio-supported projects.

Activities

Inputs

The only direct staff input to the project is a community facilitator. This role is supplemented by inputs from another community facilitator, a social worker, speech therapy, psychology and the staff training department. Volunteers are also involved in supplying the service and there is indirect input from community resources such as family members and community project workers.

There are also indirect inputs related to transport, premises and a range of background management functions.

Processes and outputs

The project identifies eight separate activities as taking place. These relate to service provision related to individual needs (e.g. counselling, independent living), employment related activities (paid work, voluntary work, work experience), community involvement (interacting with community groups, volunteering) and to individual planning.

The outputs of these activities are to provide intensive preparatory input to service users in these activities. The most frequent of these relates to the personal planning process, while the most intensive input (1:1 staff ratio) relates to independent living. Of the activation measures, the most frequent concerns engagement with community groups (10 hours per week). The most intensive of these activities concerns work experience, where each participant receives 7 hours per week on a 1:1 basis in work experience.

Outcomes and Impacts

The immediate outcomes for the activities undertaken by the service users relate to easily discernible types of markers – the creation of personalised plans, greater usage and uptake of community activities, gaining entrance to mainstream training facilities and so on. They also relate to less observable markers such as improved self-esteem, self-confidence and better wellbeing. Other immediate outcomes relate to elements of the ‘system’, such as increased mobilisation of community based supports, development of natural support networks and improved relationships between the service provider and other community agencies that can help the integration of service users into the mainstream.

The intermediate outcomes specified by the project mainly relate to personal outcomes for the service users in terms of increased choice and control and improved wellbeing. In particular, it is hoped that service users will be able to have more choice of accommodation, work, and training, the services that they use and their personal goals. These and other choices will be accompanied by improved quality of life in the areas of health, safety, and personal and social wellbeing.

Other intermediate outcomes that are specified relate to community participation and participation in the work and training setting. It is expected that community resources will be mobilised and that the system will become more effective in terms of service provision. The service also expects the project to contribute to internal organisational change and to more effective services being delivered.

In the longer term, it is hoped that project can contribute to greater integration of service users into a society and a set of services that are more sensitive and appropriate to the needs of service users. This is to be achieved through system change, to which the project hopes to contribute.

Cost estimates

Is the new service more or less costly?

The project itself estimates that the new service is less costly than the old services. This is mainly due to the reduced need for personal assistants in the new service. In terms of pay costs, the new project costs approximately €758 per client per month with an additional €92 per month per client input from volunteers. This compares to €1307 per month per client under the old system.

Non-pay costs amount to €137 per client per month and these are broadly comparable to costs under the previous system.

The project considers that there will be a reduction in the level of paid supports needed in the new system when compared with residential services. Clients will use a variety of community resources which carry fewer direct costs for the project.

Is the new service more or less costly than average costs (VFM)?

The project costs of direct staff are considerably less than for comparable services quoted in the VFM study – the reduction is of the order of 40% (€758 vs. €1037). This is despite the fact that the staff intensity of the new project is approximately the same as the older service (0.30 vs. 0.25).

Does the new service have significant once off costs?

There have been some initial start-up costs, but these are regarded as being minor. They largely relate to the acquisition of IT equipment, Assistive Technology and mobile phones.

What are the biggest elements of cost difference between the new and the old services?

The old services are regarded as being more costly. Largely because of a greater dependence on Day services for clients. 'Service users are gaining more independence which enables them to interact in more community based projects.'

One possibility that may occur as a result of the lower costs is that this may free up resources that may be used in areas of higher need.

In conclusion, costs in the project are lower than those for previous services and in relation to the VFM study, at least in relation to direct pay costs for staff. In the main, these costs are reduced because of a lower staff intensity in the new project, with significant amounts of manpower being expended by in-kinds staff and volunteers.

3.16 PROJECT 14

Brief description

This project provides a service to 8 individuals including 6 school leavers/young people, with intellectual disabilities/autism. The project started in 2012 and was

grant-aided for one year. This project intends to bring together interested individuals and community based support networks who understand the social enterprise philosophy and have a track record of success in this area.

The planned outcome of the project is a field tested step by step guide for self-employment that can be shared country wide. Other services and RT programmes will be invited to adopt this process from 2013.

The aims of the project are:

- To identify up to 8 candidates who are motivated to set up their own micro business or small social enterprise locally.
- To develop a staged project outline that dovetails with and complements steps on a job placement program.
- To work with entrepreneurs to help get business off the ground, drawing on resources that are available locally.
- To identify experiential learning opportunities/training and visits to successful businesses to help understand what needs to be done next.
- To nurture business mentors/support circles and third party expertise to help with tasks that are difficult.
- To help with advice on marketing, adaptive equipment and quality control during start up stage.
- To identify how each entrepreneur can sustain their business beyond initial start-up stage.
- To develop and print a Let's Get Started guide

The key aim of the project is to develop and test a guide for promoting self-employment amongst the projects target group. It is firmly employment focused (self-employment in this case) and its success depends on the support of a range of community based support structures.

Who are the clients?

Fifteen clients were taking part in the project at the time of data collection. Table 4.3.13 below outlines the intensity of service needs of a typical client on the programme. Overall, the typical client for the service has a moderate profile of needs in relation to all of domains of competence measured with the exception of vocational readiness, where clients have a low level of needs. Staff intensity for the project was 0.30 staff per client, which is in the mid-range of the staff ratios seen in the projects.

Despite relatively high levels of needs, the project is close to the labour market in terms of the types of aim that it sets itself.

Table 4. 3. 13. Profile of Needs for Project 14.

Intensity of Supports	Health	Self-care	Communication & Cognitive	Socio Emotional	Vocational Potential	Physical Readiness	Vocational Readiness	Psychological Readiness	Social Readiness	Work Readiness
Low										
Moderate										
High										

Activities

Inputs

The main direct inputs to the project are a project leader. This role is supplemented by a life coach, trainers, PR/business and marketing and a researcher/evaluator. Indirect staff (especially support staff) provide considerable input - even more than the direct project staff. There are also indirect staffing inputs to the project. Direct volunteers are the main resource here, but there is also input in terms of community based resources.

Non staff inputs include accommodation, infrastructure and administrative support.

Processes and outputs

The main activities of the project (11 in all) relate to 3 main areas:

- Planning for the individual e.g. person centred delivery process design, training and skills needs analysis
- Engaging with the community e.g. community mapping, volunteer recruitment
- Service development, e.g. action research
- Preparing for work, e.g. personal mentoring, business planning

It is clear from these activities that the project aims to prepare service users for the labour market.

The outputs of these activities are closely defined in terms of specific outputs and specific skills. There are highly defined amounts of time that are spent on the 13 activities, not just in relation to each week, but over the course of the entire project.

Outcomes and impacts

The main immediate outcomes of the project have been defined in terms of the results of the activities that have taken place. Thus, for example, personalised planning activities lead to specific personal plans and goals, the development of opportunities for training will have taken place and CVs will be developed as will personal statements. Other specific immediate outcomes relate to having engaged community volunteers, increasing the PR and local media profile of the project and to improving relationships between the project and local community based agents.

There are also immediate impacts envisaged in relation to the action research activity – here it is expected that a research methodology will have been developed.

In the longer term, the largest area of outcomes are expected in relation to developing training and employment opportunities for service users and to developing the service further. In addition, the project expects to contribute to organisational change and innovation and to the development of community based resources. It is also hoped that the project will contribute to personal outcomes for the service users in terms of more choice and control over work and service access as well as improved self-concepts for the service users.

In the longer term, the project hopes to achieve impacts in the areas of service development, increased employment and higher expectation for service user's families. There should also be more inclusive social enterprise programmes available for potential service users and higher levels of social inclusion for them.

Cost estimates

Is the new service more or less costly?

The pay costs per client per month were €1059 per client per month. No information was available on the costs of a comparable old service.

There was a considerable time input by volunteers in relation to a wide range of activities. These included members of a project Steering group (6 volunteers); business mentors (4 volunteers); a Plain English editor (1 volunteer); staff for a Bookery (4 volunteers); Members of an Inclusive research group (3 volunteers); and staff from the local Inclusive communities festival (10 volunteers) - in total as many as 28 volunteers were involved with the project and they provided an average of 90 hours input per month at an estimate cost of €238 per client per month.

The staffing ratios on the project are relatively low compared to other projects (no figures were available for a comparable service as none is provided by the service provider).

No information was available on the issue of overhead costs and it was not possible to obtain information on the pay costs of a comparable old service.

Is the new service more or less costly than average costs (VFM)?

The direct pay costs for the project are significantly less than this for similar services cited in the VFM study – the projects costs of €1059 are about 19% less than those cited in the VFM study (€1307).

Data from comparable services provided by the project organisation were not available, but it is probable that the reduction in costs is mainly due to significant levels of in-kind and volunteer support. These account for almost 60% of the manpower input to the new project.

Does the new service have significant once off costs?

No information was available on this issue.

What are the biggest elements of cost difference between the new and the old services?

No information was available on this issue.

In conclusion, it is difficult to compare this project with alternatives except for the VFM study. Nevertheless, this comparison shows that current project costs are probably less than comparable services organised in more traditional ways.

3.17 PROJECT 15

Brief description

This project aims:

- To support 5 students with intellectual disability to attend and complete mainstream modules in a third level college as part of their second year of a three year programme.
- To employ an exploratory approach at a practical level, to identify the students interests and needs: the lecturer(s) needs; and the supports needed for educational engagement.
- To review pedagogy, assessment methodology and examination criteria for each student in collaboration with the relevant lecturer/department.
- To identify the support structures required for each student in terms of formal and informal natural supports and paid and unpaid supports for each student.
- To identify the existing structures and processes within a University which facilitate the provision of individualised supports to a learner with an intellectual disability.
- To document the process at both a micro and macro level to enable the initiative to propose a model for providing individualised learning opportunities for students with an intellectual disability in third level educational institutions.
- To disseminate the findings of this initiative to the partner organisations and to consider employment supports for the summer period.
- To develop a sustainability plan for this initiative post 2014.

The key aims of this project are to enable the integration of clients into mainstream third level education programmes. It also has significant social goals in terms of facilitating the integration of the clients into the main student body. There is also a significant self-evaluation element to the project.

A notable feature of the project is that has taken a formalised partnership approach between service suppliers and a major mainstream organisation to deliver mainstream educational experience. In this way it differs from other approaches which tend to adopt more temporary alliances or coalitions.

Who are the clients?

The clients for this project were 5 people with intellectual disabilities. No information was available from the project with regard to the Person Needs Profile.

Activities

Inputs

The main inputs to the project come in the form of staff. The project is managed by a full time co-ordinator and there is also part time support from the higher education policy and adult and community support functions within the 3rd level institution. Between 15 and 20 volunteers also supply time to the project – these include an academic subject mentor, a social support mentor and mentors in the area of systems support, assistive technology and employment. In addition, there is resource available from the many of the general offices of the institution such as the library, student records, the student's union and some specific faculties.

Indirect inputs are available from the mainstream institution in terms of administration and infrastructure.

Processes and outputs

The project cites 8 distinct activities as taking place. These may grouped into needs assessment in relation to interests and learning goals; participation in educational and social activities within the institution (e.g. taking academic courses, developing academic skills, participation in clubs and societies); project management (i.e. collaboration with the coalition of services involved in the project); and infrastructural development, i.e. the development of supports within the range of networks in which service users live.

A further point of note is that the project is carrying out its own research work on the implementation of the project. This is expected to drive the process of organisation change, which is an explicit goal of the project as well as providing input to service users.

These activities are closely planned – specific amounts of time are allocated each activity and specific staff and volunteers are assigned to engaging in these activities and the level of time commitment by service users is high.

Outcomes and impacts

The immediate outcomes of the project are closely related to the activities of the project. For example, these include the development of individualised learning plans, participation in various academic activities and the acquisition of skills in the areas of training. In addition, immediate outcomes are concerned with the development of infrastructure, e.g. integrated circles of support, better inter agency service provision and better knowledge of what happens to the service user throughout the educational experience.

In the longer term, the majority of the outcomes that are aimed for are related to mobilising community and voluntary resources, organisational change and innovation and providing appropriate environmental support. Relatively few of the intermediate and longer term outcomes are concerned with the individual, through it is clear that service users are expected to benefit in terms of having better wellbeing,

greater inclusion in education and employment, enhanced quality of life and a greater level of social inclusion. These outcomes will contribute to longer term impacts in areas such as social inclusion and the development of more inclusive higher education approaches for people with intellectual disabilities.

Cost estimates

No comparable service was provided by the Project in the past, and this limited the information that might be available for comparative purposes. The project felt that it was not appropriate to provide costs information in this circumstance.

4 ANALYTICAL RESULTS

4.1 PROJECT FINANCES

The assessment of project finances involved making two broad comparisons between the data collected and with external sources:

- Comparison of current costs with the costs of running a more traditional project
- Comparison of costs with average costs from the Value for Money (VFM) study

The first of these comparisons are made with data that was collected using the Project Finances Questionnaire (PFQ). The final comparison is made between the cost data from the project costs questionnaire with the average costs taken from the VFM report. These comparisons were confined to the direct pay costs of the projects, as the amount and consistency of data available for non-pay costs from the projects varied considerably. Nevertheless, the data that are available do allow for a number trends to be identified and a number of tentative conclusions to be drawn.

Table 5.1 below provides an overview of the direct pay costs data for each of the 13 projects for which data were available. In this Table, the following data and indices are used:

- Project duration in months
- Number of hours per week for clients
- Number of participants on the project²¹
- Intensity of support needs – this has been taken from the Person Needs Profiles provided by the projects and relates to the social and personal needs as well as the work needs of the project clientele.
- Direct staff numbers (Whole Time Equivalents – WTE)
- In-kind staff WTEs
- Volunteer WTEs
- New project intensity – this indicator is calculated as the amount of staff input (direct, in-kind and volunteer) divided by the number of clients presently participating in the project
- Old project intensity – this indicator is calculated in the same way but in relation to comparable the services the clients would use if they were not participating on the project. Such data were not always available.
- Costs VFM – this data was taken from the VFM report and reflects the type of service and staff intensity of comparable services. It relates to direct pay costs per client per month only.
- New project costs – this calculation is the direct pay costs per client per month

²¹ For purposes of calculating the direct pay costs per client per month, the number of clients currently participating on the project is used. For multi-annual projects, this figure is lower than for the overall number of participants.

- Old project costs – where available, this calculation is the direct pay costs per client per month

In making the calculations and comparisons it is clear that the numbers of people involved are low. As a result, the conclusions that can be drawn are suggestive rather than definitive.

A key factor in determining whether the direct pay costs of providing project services was higher or lower than comparable or alternative services is the staff intensity of each project, i.e. the numbers of staff per client. In the case of the new projects it is important to take into account the contributions of in-kind staff and volunteers, as these can play a significant role in delivering the new service. However it should be noted that a number of projects seemed to underestimate (or were not able to provide an estimate) of the time expended on providing services to clients from mainstream service providers. As a result, the estimate of staff inputs (indirect and volunteer) is probably lower than in reality.

Intensity was also looked at in relation to the needs of clients. Here the data from the Person Needs Profiles was used. It should be borne in mind that while the numbers of PNPs are low, projects were asked to provide such data from 'typical' clients, so that the levels of need indicated in the Table are likely to be quite representative of the overall needs of the full complement of clients that participate on the project.

According to this measure, the needs of clients of the project are generally of moderate intensity. Client needs in relation to work related skills are generally higher than those in relation to personal and social development.

However, the measure of staff intensity for each project does not necessarily relate closely to the intensity of support needs. For example, clients of Projects 5 and 10 have relatively high levels of personal needs, but the intensity of staff input is no more than moderate. This apparent discrepancy may result from some projects not providing the range of services that are needed to meet the full needs of clients, or it may also occur because projects have not yet geared up to full staffing levels. It may also be the case that projects are able to meet client needs with the skill mix and intensity that have been identified.

It should be noted that the costs associated with the new projects may not be carried over into the long term operation of the project. Over time, once off costs may be amortised over a number of years. It may also be the case that the direct staff costs reported on below may reduce over time as experience of running a project increases. Also relevant here is that support needs for clients may decrease over time as their independence increases. There is also a front-loaded investment of support staff needed in the skills acquisition phase that then reduces, sometimes quite significantly. This is in contrast to traditional day supports which cost the same year on year.

Table 5.1. Comparison of direct pay costs and other indicators across 13 projects.

Project	Duration (Mths.)	Hrs. per Week	No. of Participants	Intensity of Support Needs -		Direct Staff	In Kind Staff	Volunteer	New project intensity	Old project intensity	Costs VFM	New project costs	Old project costs
				Personal & Social	Work								
1	36	19 (5-27)	5	Mod	Mod	1.84	1.40	0.83	0.81	0.82	1399	1754	3370
2	12	30	12	Mod	Mod	2.35	0.55	1.40	0.36	0.34	1399	1048	1145
3	36	30	65	Mod	Mod	20.60	0.10	0.00	0.32	0.08	1399	1083	765
4	36	14.00	12	Mod/High	High	7.10	6.00	0.00	1.09	-	2756	3893	-
5	24	30	8	Low/High	High	1.00	0.55	0.00	0.19	0.07	1307	725	381
6	12	35	5	Mod	Mod	1.50	3.20	0.00	0.94	0.61	1399	1400	1000
7	36	37.5	3	High	Mod	3.00	0.50	3.30	2.27	-	2756	2454	-
8	12	15	3	Mod	High	1.75	0.00	2.45	1.40	-	2756	2644	-
10	12	22.5	7	Mod	High	1.88	0.40	0.47	0.39	-	1399	2076	-
11	24	18.75	5	High	High	2.50	0.60	0.50	0.72	0.31	2756	2200	1074
12	36	30	20	Low	Mod	1.00	0.10	0.10	0.06	0.11	1037	685	1366
13	36	15	7	Mod	Mod	0.50	1.20	0.40	0.30	0.25	1307	758	1360
14	12	6	15	Mod	Mod	1.45	2.05	0.75	0.28	-	1307	1059	-
15	36	-	5	-	-	1.00	0.50	15-20	-	-	-	-	-

Perhaps the most striking finding regarding projects costs, is that 11 of the 13 projects have lower direct pay costs than comparable services that were costed in the VFM study. Though wage rates have probably not increased in the period between the VFM study and the present (they may even have declined somewhat), it would appear that the new methods of project organisation are cheaper to run than older, centre based models of service provision. The reasons for this are complex, but potentially include the usage of volunteer inputs²² to provide services for clients. The majority of projects provide estimates of volunteer inputs, and in some cases these are quite significant. In two projects, volunteer inputs are higher than those of directly paid staff, while in many projects more than 20% of the time inputs come from volunteers.

Comparison between the new project direct pay costs and those for services that the client would use if not participating on the project (old service costs) produced a less definitive picture. Such comparisons were possible in nine projects and in four of these the costs of the new project were higher. The reasons for this generally relate to the wider range of activities that are being offered to clients in the project services – personalising service delivery can require more staff, especially if most or all activities are being provided in-house.

In the projects where the costs per client are lower than those of the old services, it is interesting to note that the level of volunteer input does not seem to be systematically related to this. In at least one case, the lower costs were attributed to a reduction in the need for high levels of input from staff. In project 3, it was noted that less staff time was needed to deal with problem behaviours by clients under the new system. Though this may not be a general finding, it was noted by many of the projects that cost reductions would result from clients becoming more independent and more community based in their activities than under more traditional service models. This would result in less project staff input being needed. However, it was also noted by many projects that engaging with community resources is difficult and the extent to which this would be possible had yet to be established.

Volunteer hours were reported in 11 of the 14 projects. In some cases these were significant time inputs in comparison to paid staff. Most projects used volunteers, and in some cases they had not yet realised the full complement of volunteers that they intended.

4.2 THE QUALITY OF LIFE IMPACT OF GENIO-SUPPORTED PROJECTS:

The opinions of participants in the projects and participants in comparison services about the impact of interventions on their quality of life were measured using the Quality of Life Impact of Services tool (QOLIS). Some respondents completed a self-administered version of the questionnaire,

²² Volunteer inputs in this sense refer to the time expended by people from the mainstream (e.g. education, workplaces) as well as inputs by parents or family, for example.

others completed an Easy Read version and in some cases the questionnaire was completed by a proxy. The QOLIS scale allows users of services to rate the extent to which the services they are getting impacts on their lives in terms of three domains: Personal Development, Social Inclusion and Wellbeing.

The responses of 39 participants from the Genio-supported projects and 19 participants from comparison services were analysed using a series of ANOVAs in which the independent variable had two levels (Participating in a Genio-supported project and Participating in a Comparison Service) and the dependent variables were QOLIS ratings. The initial ANOVA was carried out on the Total QOLIS rating and subsequent analyses were carried out on individual QOLIS subscales to identify the source of the variance identified in the total QOLIS score. The results are presented in Table 5.1.

The analyses of QOLIS ratings indicated that participants in the Genio-supported projects rated the quality of life impact of services and supports significantly higher than the participants in comparison services ($p < 0.05$). The QOLIS ratings by participants exceeded the ratings of participants in comparison services on all variables except Material Wellbeing although the difference in QOLIS ratings on this variable was not significant.

The significant effect in the Total QOLIS rating could be attributed to significantly higher ratings for impact on the Social Inclusion dimension of the scale ($p < 0.00$) and, in particular, on the Citizenship ($p < 0.03$) and Employability ($p < .00$) variables. In addition, the difference between participant ratings and the ratings of the participants in the comparison services on the Rights variable approached significance. In contrast, the quality of life impact ratings on the dimensions of Personal Development and Wellbeing did not differ significantly.

In interpreting these results, it is important to emphasise that they reflect the views of the participants who were interviewed and that the actual quality of life impact is not reflected in the results. In other words, the results represent the opinion of participants rather than service outcomes. Nevertheless, it is clear that the participants in the Genio-supported projects rated the Social Inclusion impact of the interventions they were receiving significantly higher than participants in the comparison services rated the impact the interventions available to them.

In order to explore the extent to which this significant effect could be attributed to Genio-supported projects in general or to ratings of specific projects, the standard error for each variable, derived from the ANOVAs of all Genio-supported projects and the comparison projects, was used to create a 95% confidence interval for each variable that could be applied to the differences between participant ratings of each project and the comparison group. It should be noted that, at the level of a project, the QOLIS ratings reflect the perceptions of between 2 and 5 participants and are likely to be unstable and that the purpose of this stage of the analysis was to identify projects that were considered by participants to make a significant contribution to their quality of life rather than compare the impact of specific projects. Table 5.2 presents a

profile of the Genio-supported projects based on the extent to which the ratings of their participants exceeded the 95% confidence interval in compared to the ratings of participants in comparison services.

Table 5.1. Comparison of Participant Perspectives on the Quality of Life Impact of Services (QOLIS)

		GENIO	Control	Total	Difference	Sig.
Interpersonal Skills	n	39	19	58		
	QOLIS Score	78.29	75.44	77.36	2.85	0.71
Autonomy	n	39	19	58		
	QOLIS Score	79.66	72.81	77.41	6.85	0.31
Personal Development	n	39	19	58		
	QOLIS Score	78.97	74.12	77.39	4.85	0.42
Rights	n	37	19	56		
	QOLIS Score	70.77	52.63	64.61	18.13	0.06
Citizenship	n	39	19	58		
	QOLIS Score	65.46	43.86	58.39	21.60	0.03
Employability	n	37	19	56		
	QOLIS Score	69.31	41.23	59.78	28.08	0.00
Social Inclusion	n	39	19	58		
	QOLIS Score	67.55	45.91	60.46	21.64	0.00
Emotional	n	39	19	58		
	QOLIS Score	80.70	71.93	77.83	8.77	0.27
Physical	n	39	19	58		
	QOLIS Score	79.00	68.42	75.53	10.58	0.22
Material	n	38	19	57		
	QOLIS Score	57.11	60.53	58.25	-3.42	0.71
Wellbeing	n	39	19	58		
	QOLIS Score	72.31	66.96	70.56	5.35	0.35
QOL	n	39	19	58		
	QOLIS Score	72.94	62.33	69.47	10.61	0.05

The left hand column provides a reference to a specific project and each cell that is highlighted in green indicates the dimensions and variables upon which that project outperformed the comparison services at the 95% confidence interval. Seven of the 13 projects for which data was available were rated significantly higher in terms of overall quality of life impact. Only one project was not rated significantly higher on any of the QOLIS scales compared to the ratings of the participants in comparison services. In interpreting these results it is important to keep in mind that beyond the small numbers of respondents that rated each project, some projects did not set out to meet all the quality of life outcomes rated by the QOLIS scale and others were late in starting and this was reflected in the ratings.

Table 5.2. The Quality of Life Impact of Services Ratings for each project which exceeded the 95% confidence interval compared to the comparison group

	Interpersonal Skills	Autonomy	Personal Development	Rights	Citizenship	Employability	Social Inclusion	Emotional	Physical	Material	Wellbeing	QOL
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												

Taking these reservations into account, seven of the 13 projects, for which data were available, were rated by participants as having a significantly greater impact on personal development, social inclusion and wellbeing when compared to the ratings of participants in comparison services. Further, 12 of the 13 projects were rated significantly higher in terms of quality of life impact on at least one aspect of the QOLIS scale.

Only one Genio-supported project, for which data was available, did not significantly outperform comparison services in terms of the quality of life impact ratings of participants.

Apart from the stage of development of the project, the variance in ratings could be attributed to a number of factors and these were examined in further analyses: the age of the participants (participants in positively rated Genio-supported projects could be younger than respondents in comparison services and be more optimistic), the level and complexity of needs of the participants (Genio-supported project participants in positively rated projects could have a lower level or complexity of support needs) or be related to the cost of inputs (Genio-supported projects rated more positively could cost more than comparison services).

The average age of Genio-supported project respondents was 25 years compared to 30 years for respondents of comparison services. This difference was not significant at the 0.05 level of probability.

4.3 INTENSITY OF SUPPORT NEEDS:

The level and complexity of supports needs of participants in both Genio-supported projects and the comparison service were estimated using the Person Needs Profile tool which was completed by staff in relation to a random selection of participants and validated by project coordinators. The intensity of support needs of the project participants and a comparison service are summarised in Table 4.20.3. The estimate of the intensity of support needs of the participants of both Genio-supported projects and the comparison service is based on small numbers of individuals (between 2 and 8). The service selected for comparison was a day service that had been developed within the HSE Rehabilitative Training framework and which offered work transition and vocational services. The average age of the participants for which needs profiles were completed was 26 years.

Table 5.3 brings together this information in a summary table which includes the intensity of support needs of the participants of the comparison service. The Profiling tool was structured into personal, social and vocational support needs. The personal and social needs addressed in the domains of health, self-care, communication and cognition and social and emotional competence. Competence in the domain of work was addressed in term of non-work behaviours that represented transferrable skills (Vocational Potential) and readiness for work in terms of physical, psychological, social and vocational capacity.

Each scale consisted of a set of positive statements about an activity that related to living an independent life. The person completing the profile was requested to estimate the level of support the participant would require in order to carry out each action on a 3 point scale from None to Intensive. There was also a 'Not Applicable' option in the case where the statement did not apply to a participant. The intensity of support needs has previously been discussed in Section 4.3 in relation to each Genio-supported project. This section relates the intensity of support estimates to the quality of life impact ratings of participants.

The participants in the comparison service were rated as requiring moderate support to carry out activities in the domains of health, self-care, social and emotional functioning, carrying out activities that were indicative of vocational potential and in handling the physical demands of work. High support needs were specified in the domains of communication and cognitive skills and vocational, psychological and social readiness for work.

Table 5.3. Intensity of Support Needs of Genio-Supported Project and a Comparison Service Participants

		Domains of Competence									
		Personal and Social				Work					
Project Code	of Intensity Support Needs	Health	Self-care	Communication & Cognitive	Social & Emotional	Vocational Potential	Physical	Vocational	Psychological	Social	Overall Work Readiness
Comp	Low										
	Mod										
	High										
A	Low										
	Mod										
	High										
B	Low										
	Mod										
	High										
C	Low										
	Mod										
	High										
D	Low										
	Mod										
	High										
E	Low										
	Mod										
	High										
F	Low										
	Mod										
	High										
G	Low										
	Mod										
	High										
H	Low										
	Mod										
	High										
I	Low										
	Mod										
	High										
J	Low										
	Mod										
	High										
L	Low										
	Mod										
	High										
M	Low										
	Mod										
	High										
N	Low										
	Mod										
	High										

The needs profiles generated for participants of the projects varied widely and included profiles in which support needs were estimated to be moderate in all

domains of competence and projects for which high intensity support was considered to be required for all domains. Table 5.4 presents the intensity of support needs profiles of the projects in terms of whether the intensity of support was lower, the same as or more intense than the comparison service. The number of scales upon which participants' ratings of quality of life impact exceeded those of comparison services is specified below each project.

Table 5.4 Support intensity Profiles and QOLIS Ratings for the Genio-Supported Project and Comparison Services

Domains of Competence	Comparison Service	Genio-supported Projects													
		A	B	C	D	E	F	G	H	I	J	L	M	N	
		The number of QOLIS scales upon which each service exceeded the comparison													
		12	12	11	11	11	9	9	6	3	2	1	0	NA	
Health	Mod	↓	↓	=	↓	↑	↓	↑	=	=	↑	↑	=	↑	=
Self-care	Mod	=	↑	=	=	=	↑	=	=	↑	↓	↓	↑	=	
Communication & Cognition	High	↓	↓	↓	↓	=	↓	↓	↓	=	↓	↓	=	↓	
Social & Emotional	Mod	=	=	=	↑	=	↓	↑	=	↑	↑	↓	↑	=	
Vocational Potential	Mod	=	=	=	↑	=	↑	↑	=	↑	↑	=	=	=	
Physical Readiness	Mod	=	=	↑	↑	=	↑	=	=	↑	↑	↓	↑	=	
Vocational Readiness	High	↓	↓	↓	↓	↓	=	↓	↓	=	=	↓	=	↓	
Psychological Readiness	High	↓	↓	↓	↓	↓	↓	=	↓	=	=	↓	=	↓	
Social Readiness	High	↓	=	↓	=	↓	=	=	↓	=	=	↓	=	↓	
Work Readiness	Mod	=	=	=	↑	=	↑	↑	=	↑	↑	=	↑	=	

It is important to note that the participants who rated the quality of life impact were not the same people for whom the intensity of support needs profiles were completed. While there is no suitable statistical analysis to test for a significant pattern in this table, no strong relationship between intensity of support needs and QOLIS ratings is evident. On the one hand, the participants in the two projects that were rated most highly in terms of quality of life impact were considered to have the same or lower levels of support intensity requirements and a project for which the QOLIS ratings only exceeded the comparison services on three scales had a higher support intensity ratings. On the other hand, projects that had higher support intensity profiles exceeded comparison services on 11 of the 12 QOLIS variables and a

project, in which the participants had the same or less intense support needs did not exceed comparison services on any of the QOLIS scales.

The results of the support needs and cost analyses (described in Section 5.1) have been summarised and combined with the extent to which the rating of project participants exceeded the ratings of participants in comparison services in Table 5.5. The details of the support needs analysis are summarised in the Table under the headings Personal and Social and Vocational needs in columns 2 and 3.

The cost of the projects was compared to the standards estimated by the Value for Money Report for level of intensity. Each project was rated as being more or less costly in comparison to equivalent services in terms of staff input. This provided an estimate of the extent to which the model of delivery of each project was more or less expensive than existing services. This is presented in the right hand column of the table.

No discernable pattern is evident between QOLIS ratings, intensity of need as represented by the Person Needs Profile and cost comparisons to the VFM report. While projects in which the intensity of personal and social needs were rated higher were generally rated less positively in terms of quality of life impact, at least one project addressing this level of need outperformed the comparison group in terms of participant ratings.

Table 5.5 QOLIS Ratings of Projects by Intensity of Need and VFM Cost Comparisons

	Intensity of Support Needs		Quality of Life Impact of Services Ratings (QOLIS)											VFM Cost Comparison	
	Personal & Social	Work	Interpersonal Skills	Autonomy	Personal Development	Rights	Citizenship	Employability	Social Inclusion	Emotional	Physical	Material	Wellbeing		QOL
A	Moderate	Moderate													Lower
B	Moderate	Moderate													Higher
C	Moderate	Moderate													Lower
D	Moderate	High													Lower
E	Moderate	Moderate													Lower
F	Moderate	High													Higher
G	Mod/High	High													NA
H	Moderate	Moderate													Higher
I	High	High													Lower

K	NA	NA																	NA
J	Low/High	High																	Lower
L	Low	Moderate																	Lower
M	High	High																	Lower

There were two projects in which the intensity of both personal and social and vocational needs were rated as being high. One of these was rated by its participants as impacting significantly better in terms of rights and employability than comparison services.

From a cost perspective, a number of the projects for which quality of life impact ratings were significantly higher than comparison services, were estimated to be lower in cost terms compared to VFM estimates. At the same time, all of the projects for which data was available, that did not outperform the comparison service ratings were also less costly in comparison to VFM estimates.

On the basis of this analysis, it can be concluded that, overall, the quality of life impact ratings of participants in the projects were significantly more positive than participants in comparison services. Project participants rated the social inclusion impact of their projects significantly more positively than participants in comparison services. Ratings of impact on Citizenship and Employability were significantly higher. These significant effects could not be attributed to the age of the participants, the intensity of needs of the participants or the costs of project.

To explore the processes underpinning the variance in quality of life ratings of project participants, it is necessary to relate their perceptions to the processes, activities and intended outcomes of the projects and to relate these to the processes, activities and intended outcomes of comparison services. This can be done by examining the logic underpinning the projects and comparing this to the logic underpinning comparison services.

4.4 THE RELATIONSHIP BETWEEN PROJECT PRIORITIES AND PARTICIPANT QOL RATINGS

The starting point for the development of project logic models was a Programme Content and Outcome Questionnaire (PCOQ). Project coordinators were asked to consult with their staff on a list of programme activities and outcomes and to rate the extent to which the importance assigned by the project exceeded comparison services²³. The responses were incorporated into the initial version of the logic models and are analysed in the logic model analysis. Projects varied widely on the number and type of

²³ Defined as services that would be generally available to the project participants

programme activities that they considered to be prioritised within their programmes.

These data were cross tabulated with the quality of life impact ratings of participants in order to explore whether specific activities were consistently related to higher ratings by participants. The project activities that were rated by the project staff as having greater importance in projects compared to generally available services are highlighted in green in Table 5.6.

The projects are presented in columns A to M based on the number of QOLIS scales on which they significantly exceeded the ratings of comparison services.

Table 5.6. Priority Assigned to Activities by Projects in Contrast to Comparison Services

	Genio-supported Projects											
	A	B	C	D	E	F	G	H	I	J	L	M
QOLIS Ratings	1 2	1 2	1 1	1 1	1 1	9	9	6	3	2	1	0
Project Activities												
Self-esteem and awareness/Empowerment												
Adult basic education/Lifelong learning												
Community Skills												
Interpersonal skills												
Decision making												
Self-directed leisure activities												
Transitional work												
Holistic person centred planning												
Quality awareness												
Team working												
Job matching/coaching												
Family support programme												
Occupational orientation												
Specialist health & social care interventions												
Advocacy												
Work skills												
Productivity development												
Independent living												
Activities of daily living and self -care												
Supported work												
Flexible income supports/Worker welfare												
Quality of Life enhancement												
Cultural Awareness												
Political Awareness / Citizenship												

Understanding of Responsibility (Rights)														
Coping with consequences														

Four of the five projects that were rated most highly in terms of quality of life impact shared a number of priorities. The type of activities prioritised by these services were both person and community focused. The capacity building activities that were focused on the person included:

- Self-esteem;
- Empowerment;
- Decision making;
- Team working;
- Lifelong learning.

The community focused activities addressed:

- Community and interpersonal skills
- Self-directed leisure activities.
- Holistic person centred planning

One of these projects added a number of additional activities - cultural awareness, political awareness, understanding of responsibilities and rights and citizenship and coping with the consequences of one's own behaviour. These are strongly related to empowerment and community focus.

However, the relationship was not consistent across all projects. Firstly, the staff in one project, which was rated higher by participants on 11 QOLIS scales (Column E), only specified two project activities to be of higher priority. Secondly, the quality of life impacts of a number of projects with similar priorities were not rated significantly higher than comparison services on the majority of QOLIS scales.

While it is not possible to come to any firm conclusions on the basis of this analysis, the relationship between staff and participant perspectives is not straightforward.

It is possible that intervening variables could have influenced participant ratings for projects that were not rated more highly on the majority of quality of life impact scales. These variables include the length of time that projects had been operational, delays in getting up and running, challenges in implementing activities as planned, the diversity of participants and the fit between participant aspirations and the objectives of the projects.

4.5 LOGIC MODEL ANALYSIS:

The logic model analysis set out to identify the model components that were most often associated with higher quality of life impact ratings by project participants and to identify components which were not evident in comparison services. The reasoning behind this approach was that model components not normally associated with generally available services which were explicit in

projects that were highly rated by their participants were likely candidates to be elements of good or effective practice. This is in essence a benchmarking process.

Two comparison services were selected to represent generally available services, Rehabilitative Training (RT) and Therapeutic Work²⁴. These were selected because they reflected the types of services from which the comparison group of participants were sampled and logic models for them had been generated in a previous study on work and employment provision for people with disabilities on behalf of the HSE.

4.5.1 Rehabilitative Training Logic Model

RT is no longer being funded by the HSE but it had been a standard service over many years as a transition programme for people with disabilities who were leaving school and those who were moving from functional and psychological rehabilitation and so was considered to be a suitable comparator for the evaluated projects. The logic model for RT is presented in Figure 5.1.

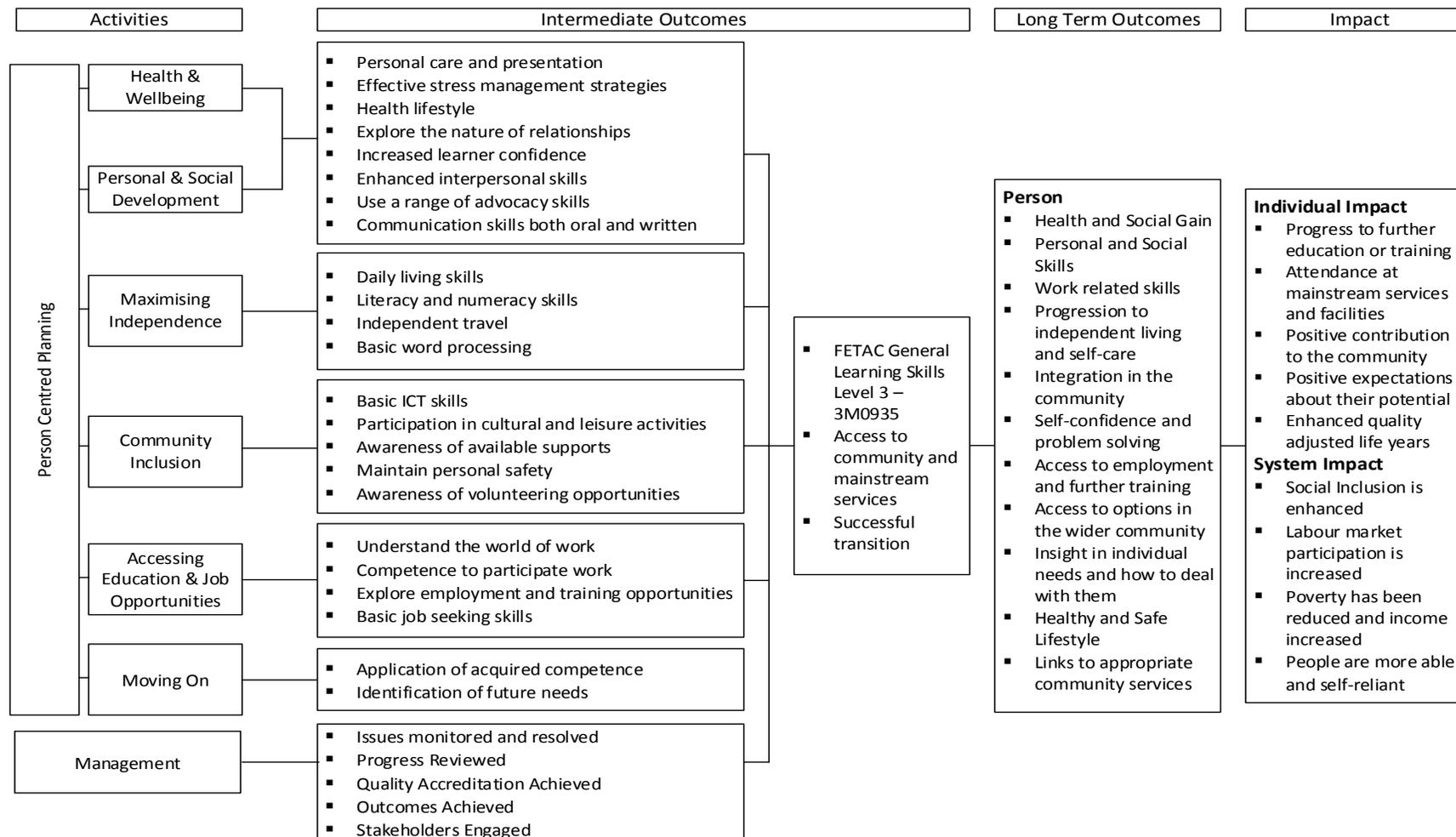
An important aspect of RT is that it was well controlled in terms of content and process and each RT service was required to submit a Programme Specification to the HSE in order to gain approval for delivering the service. In addition, although the HSE is no longer explicitly funding RT, a number of services are still operating transition to work services that are based on the same model. The logic model for RT was developed from a detailed programme specification from a service provider that offered a range of transition to work services. The draft logic model was given to the centre manager of the comparison service from which volunteers for the completion of the Person Needs Profile had been sourced. She reviewed the model and apart from minor updates validated the logic model as representing the main components of the service.

The learning objectives of each module are specified in detail and are evaluated using competence based assessment. Successful completion of the programme is acknowledged by the award of a FETAC Certificate in General Learning Skill at Level 3 of the National Qualifications Framework.

Other intermediate programme outcomes include access to community and mainstream services and successful transition to further education or training or work. The long term outcomes are framed in terms of personal capacities in the health, personal and social domains, independent living skills and greater community participation. The individual impact of RT is specified in terms of progress towards mainstream services, a more positive community contribution and enhanced quality of life. The system impact is framed in terms of enhanced social inclusion and labour market participation, reduced poverty and reliance on support services.

²⁴ Wynne, R. & McAnaney, D. (2010) HSE day service review of work and employment provision for people with disabilities. Dublin: Work Research Centre

Figure 5.1 Logic Model for Rehabilitative Training



4.5.2 Therapeutic Work Logic Model

Therapeutic Work services had been the subject of logic model analysis during qualitative research which explored Adult Day Care Services for people with disabilities in the HSE in the context of the New Directions initiative²⁵. The logic model for Therapeutic Work services is presented in Figure 5.2.

The methods used for developing logic models in that study are similar to the procedure used in the current study. During this process the components of the logic model for Therapeutic Work services was validated by the programme coordinator for the service upon which the model had been developed.

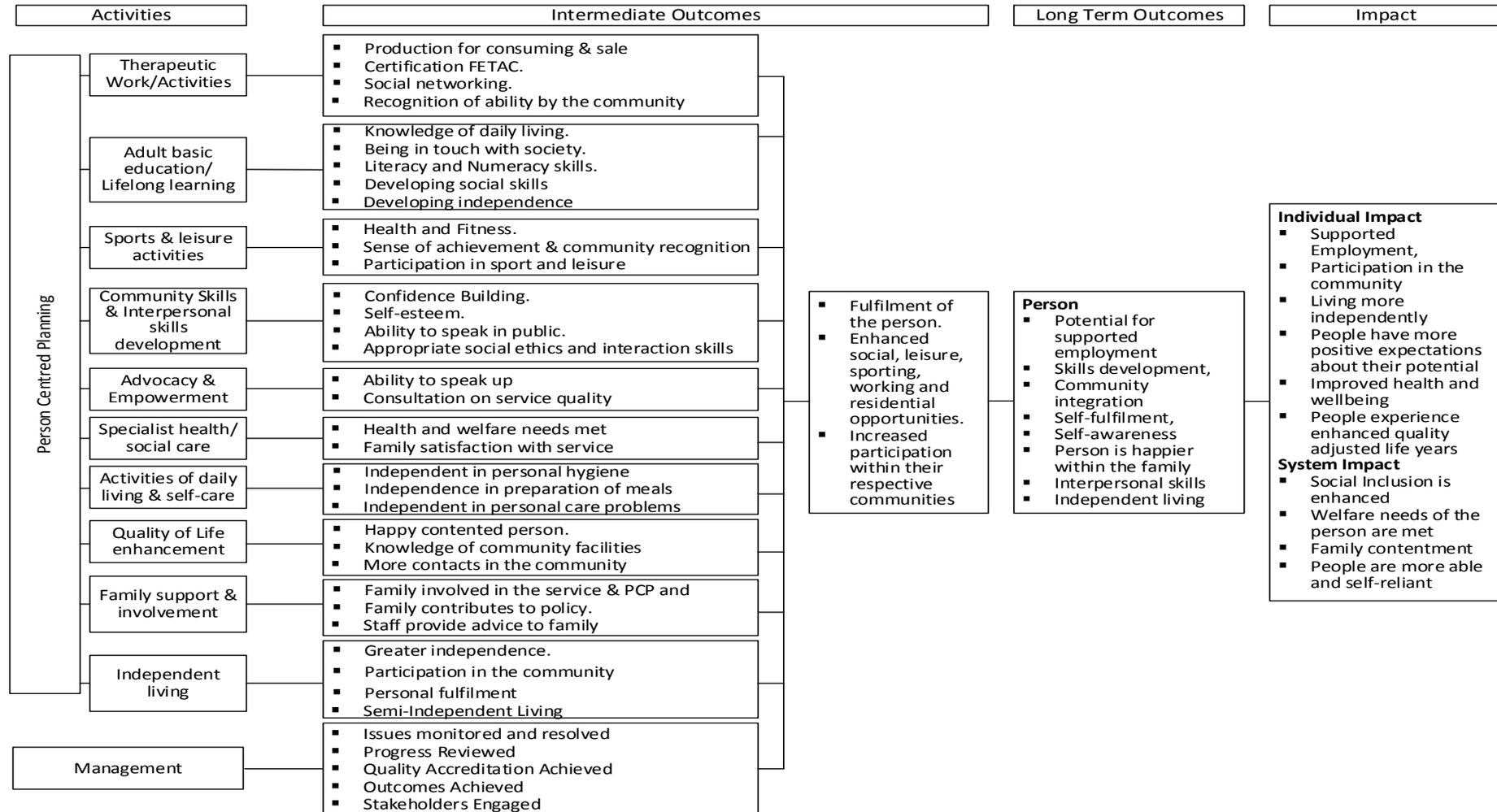
Activities in Therapeutic Work services are also coordinated through a person centred planning process. The core of the programme (at least 40% of the programme) consisted of participation in therapeutic work. Around this programme core a range of modules were clustered that addressed personal and social development and community participation. Capacity building activities included adult learning, sports and leisure, community and interpersonal and daily living skills and skills for independent living. Other modules involved advocacy and empowerment, quality of life enhancement and family support and involvement.

Immediate outcomes of each of the modules were defined in terms of enhanced competences in each of the domains and overall in terms of personal fulfilment, increased opportunities for work, social and leisure activities and enhanced community participation. Programme duration was ill-defined and participants could remain in the program until they were ready to move on.

The long term outcomes specified were: enhanced potential for supported employment; enhanced social and interpersonal skills; self-awareness and fulfilment and improved family relationships. Individual impacts included participation in supported employment, community participation, independence, health and wellbeing and quality of life. System impacts included enhanced social inclusion, addressing welfare needs, less reliance on support services and family wellbeing.

²⁵ Wynne, R. & McAnaney, D. (2010) HSE day service review of work and employment provision for people with disabilities. Dublin: Work Research Centre

Figure 5.2 Logic Model for Therapeutic Work Services



4.5.3 The Genio-Supported Projects Logic Model

An individual logic model was developed for each participating project (see Section 4.3). In order to carry out a benchmarking procedure between the comparison services and the evaluated projects, a summary logic model to represent the overall logic underpinning the projects was developed. This is the focus of this section.

The components of the logic models for each of the projects were compiled and sorted into common categories. The activities components classification is presented in Table 5.7. A further classification procedure reduced the list of activities to eight elements, which are presented in Table 5.8. A similar procedure was used to condense the outcomes and impact components of the logic models. The resulting summary logic model for participating Genio-supported projects is presented in Figure 5.3.

Person centred planning was specified by the majority of projects. Most projects included activities that were intended to build the personal capacities of the participant. Activities to enhance work and learning skills and employability included Education, training and certification, adult basic education, supported work and the development of self-employment skills and entrepreneurship.

In parallel with building the capacity of participants, most projects provided formal environmental supports to participants to engage in community activities and invested effort to mobilise informal supports in mainstream services and the community.

In addition, a number of services engaged in activities aimed at changing the environment within the organisation, the community and the family including changing attitudes to people with disabilities. A minority of projects included a project management module in the logic model aimed at identifying and resolving issues as they arose, monitoring progress towards outcomes and ensuring quality targets.

Table 5.7. The Classification of Project Logic Model Activities

Activities Summary Model	Activity Descriptions in Individual Project Logic Models
Individual Assessment of needs and planning	Assessment of need
	Individualised Planning
	Person Centred Planning
	Person Centred Planning
	Assessment of Supports Need
	Assessment, planning implementation and evaluation with each individual
	Transition Plan for each individual
	Introductory meeting with each participant and family
	Assessment of individual needs and goals
	Co-ordination & Implementation of Plan

Activities Summary Model	Activity Descriptions in Individual Project Logic Models
	Assessment
	Personal outcome interview
	Individual assessment of interests and learning goals
Individual Independence /Personal/Social Skills	Development Individual independence skills
	Skills Training
	Personal Development Skills Training
	Daily Living Skills
	Development of Personal Capacity
	Personal & Social Skills Training
	Teaching Life Skills and putting them into practice
	Training in use of public transport
	Euro Watchers – Money management training course
	Independent living
Further Education and Training	Education and vocational training (at this point relevant for two individuals)
	Supported Education and Training
	Exploring Further Education
	Certification
	Professional Skills Training
	FETAC Training
	Training
Participation in academic modules (see attached list)	
Community Services/Supports	Using generic community services (at this point relevant to two individuals)
	Early Community Based Intervention for Potential Service recipients
	Liaison and networking with external agencies e.g. other schools, training providers, potential employers, community facilities etc.
	Involvement in local clubs and courses – cooking, photography, horticulture
	Access Community activities/services
	Recreation
	Collaboration in multiple contexts: Core NUIM Staff; Disability Agencies; Families; Other HE providers; Volunteers
Learning to learn/Incidental/Experimental Learning	Discovery (Learning not Assessment)
	Incidental learning
	Discovery process
	Voluntary work
	Volunteering
	Module assessment of student learning
	Academic skills development e.g. Library information systems training, information technology, reading and writing skills development
Work Placement/Employment and Self-Employment Skills and Support	Work placement (at this point relevant for one individual)
	Job and Employment Skills
	Job coaching
	Work placement
	Work
	Work experience
Research/Data	Paid employment
	Data collection

Activities Summary Model	Activity Descriptions in Individual Project Logic Models
Collection/Evaluation	Evaluation of process and model
	Monitoring & Evaluation
	Evaluation of student experience
	Research
Identify community based resources, groups and Volunteer	Identify community based resources and groups
	Community Activities
	Community Mapping
	Contact relevant stakeholders
	Community Groups
	Volunteer programme
Mentoring/Life Coaching/Counselling	Mentoring
	Life Coaching
	Counselling
	Counselling
Capacity Building/Rights/Self-Advocacy	Social Skills development
	Advocacy Skills Training
	Communication and Social Skills Training
	Capacity building / Rights / Cultural Identity
Organisational Change	Organisational Change Programme
	Efficient, effective services
	Develop Sustainability
	Mainstreaming of discovery model
Positive Social and Health Life Experience	Positive Life Experiences
	Social / Entertainment
	Promoting Physical Activities
	Health & Well-being
Communication/Interpersonal Skills	Communications Plan/Passport for each individual
	Development of social communication competences
	Speech & Language Therapy
Project Management	Project Management
	Management /Funding bodies meeting
	Team meetings
Community Inclusion and Participation	Community Inclusion qualification
	Increased real community integration/ social roles
	Participation in clubs and societies
Stress Management	Psychology and Psychiatric care (relevant to three individuals)
	Stress and Anxiety Management
	Anxiety management techniques
Family/Volunteer Support	Supporting families
	Inclusion of Families/ volunteers
	Regular face to face and telephone contact with parents (done mainly by job coach and psychologist)
Sourcing direct supports	Sourcing of direct supports
	Circles of Support
Adult Basic Education	Teaching Numeracy Skills
	Education
Risk Management/Care	Personal care for each individual
	Staff awareness and training sessions
	Managing Challenging Behaviours

Table 5.8 Logic Model Analysis: Key Activity Components of the Projects

Core Model Activities	Examples of Elements
Person Centred Planning	Individual Assessment of needs
	Individual Planning
	Discovery Learning
Building Personal Capacity	Individual Independence Skills
	Personal and Self-Care Skills
	Communication and Interpersonal Skills
	Learning to learn, Incidental and Experimental Learning
	Rights and Cultural Identity
	Ability to use community resources
	Stress Management Skills
Enhancing Work and Learning Skills and Employability	Further Education, Training and Certification
	Adult Basic Education
	Supported Work Placement
	Self-employment and Entrepreneurship
Providing Formal Supports	Mentoring/ /
	Life Coaching
	Counselling
	Personal and Care Assistance
	Risk Management/Care
	Managing Challenging Behaviours
Engaging the Community	Community Inclusion and Participation
	Identify community based resources, groups and Volunteer
	Partnerships and Collaboration
	Community and Mainstream Services and Facilities
	Sourcing direct supports
	Informal Supports
	Family Support
	Volunteer Support
Research and Evaluation	Research
	Evaluation
	Data Collection
	Gathering Feedback
Changing the Context	Organisational Change
	Building Staff Capacity and Raising Expectation
	Attitudinal Change and Ability Awareness
	Policy and System Change
Project Management	Leadership
	Business Planning
	Creating Sustainability

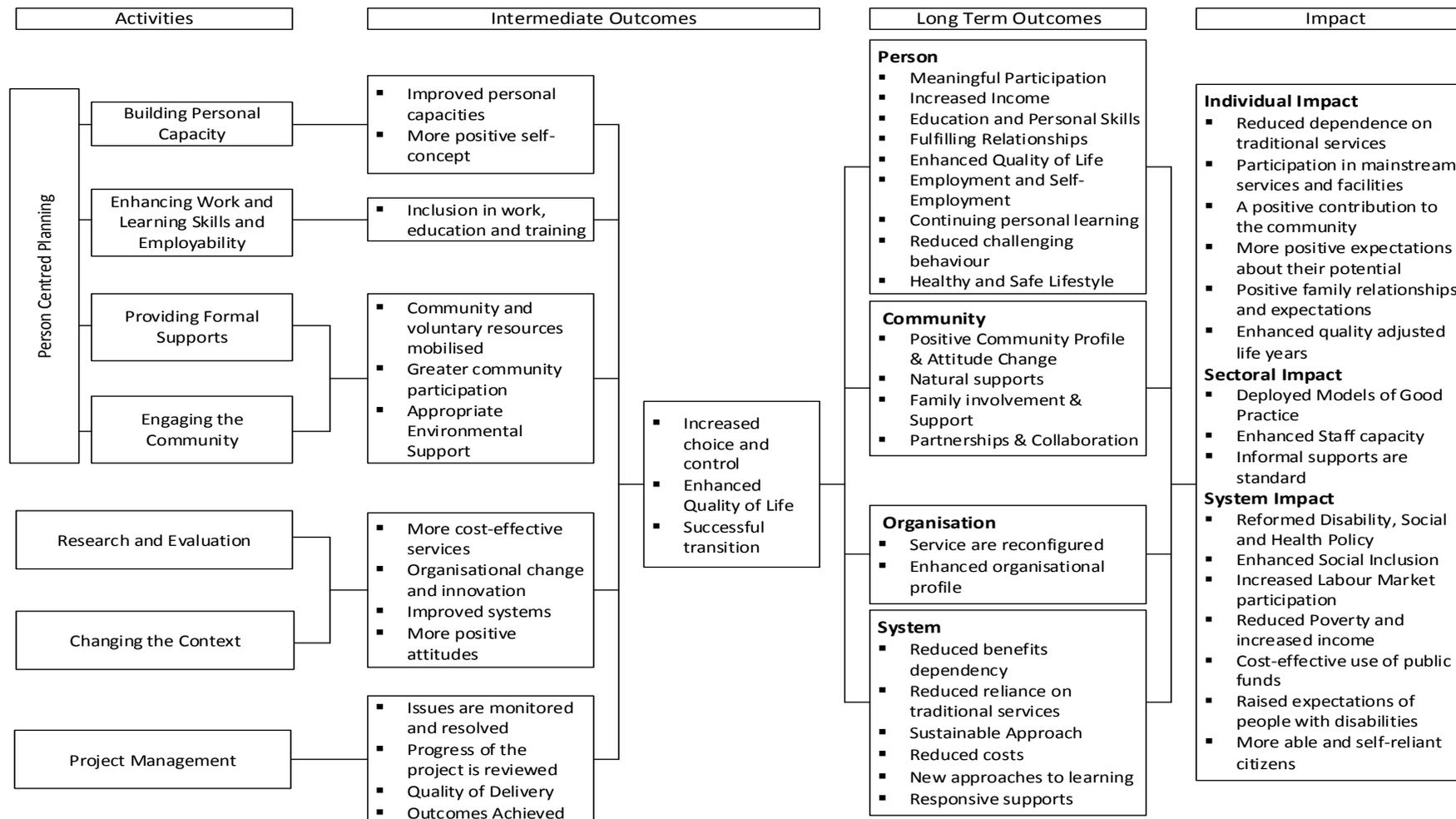
The intended intermediate outcomes of the projects could be summarised as increased choice and control, enhanced quality of life and successful transition to mainstream and community settings. The link between these outcomes and the outcomes of each of the activities could be characterised as being biopsychosocial in nature, as both the person and their or her environment were targeted for change. The outcomes for the person included improved personal capacities; more positive self-concept; inclusion in work; education and training and greater community participation. The environmental outcomes included appropriate environmental supports and available community and voluntary resources.

The biopsychosocial approach was also evident in the intended long term outcomes and impacts. Long term outcomes for the person related to enhanced quality of life and could be classified in terms of meaningful participation; fulfilling relationships, reduced challenging behaviour and a healthy and safe lifestyle; personal learning, education and personal skills; employment and self-employment and increased income.

Community long term impacts included a positive community profile and changed attitudes; effective natural supports; families providing supports and partnerships and collaboration with mainstream and community services and organisations. Long term outcomes for the organisation included reconfiguring services and creating an enhanced reputation. The long term outcomes also reflected the emphasis on creating sustainable system change and, in particular, reduced dependence on benefits and reliance on traditional services through new approaches to learning and responsive supports and more cost-effective delivery.

The intended impacts specified by project staff included individual, sectoral and system impacts. The impact of services based on the approach developed by the Genio-supported project is intended to result in enhanced quality of life for people with disabilities. They will participate in mainstream services and be less dependent on traditional services. They will have more positive perspectives on their abilities, make a significant contribution to their communities and experience more positive relationships with their families. Within the sector the models of good practice will be deployed, staff will have been trained in the new approach and informal supports will be considered standard. Within the system and wider society disability, social and health policy will be reformed, expectations of people with disabilities will be more positive and they will be more able and self-reliant citizens. Enhanced social inclusion and labour market participation by people with disabilities will be achieved through a more cost-effective application of public funds.

Figure 5.3. Summary Logic Model of the Genio-supported Projects



4.5.4 Benchmarking Logic Model Components and Processes

The summary logic model components of the Genio-supported Projects, Rehabilitative Training and Therapeutic work are presented in Tables 5.9 to 5.12.

It is evident from Table 5.9 that person centred planning is a core activity in each model. Further, the personal capacity building activities address similar domains of competence. The major structural distinction between the Genio-supported project approach and the comparison services is the focus on environmental facilitators. An analysis of the learning objectives of the immediate outcomes of RT and Therapeutic Work services reveals that they are consistently formulated in terms of how the person will change as a result of the activities. The immediate outcomes of the Genio-supported projects include both personal achievements and changes to the environment. In particular, the provision of formal and informal supports to participants in the community and in mainstream services and facilities is a distinguishing characteristic of the Genio-supported project approach.

The comparison services specify activities that are intended to enhance community participation. However, these are generally structured as capacity building interventions for the person and the immediate outcomes refer to the person being better able to carry out tasks and better relate to other people in mainstream or community settings. Examples that illustrate this are the Advocacy and Empowerment and Family Involvement and Supports activities in the Therapeutic Work logic model. The immediate outcomes for these activities are specified respectively as being able to speak up and to consult on service quality and the provision of advice to family members, their involvement in the individual plan and their contribution to organisational policy.

In contrast, Genio-supported projects include a wide range of personal achievements and, in addition, environmental activities aimed at mobilising community and voluntary resources, providing appropriate environmental supports and creating positive attitudes towards people with disabilities.

Table 5.9 Benchmarking Logic Model Components – Activities

Genio-supported Projects	Rehabilitative Training	Therapeutic Work
<p>Person Focused</p> <ul style="list-style-type: none"> • Individual Assessment of needs and planning • Individual Independence/Personal/Social Skills • Further Education and Training • Learning to learn/Incidental/Experimental Learning • Work Placement/Employment and Self-Employment Skills and Support • Mentoring/Life Coaching/Counselling • Capacity Building/Rights/Self-Advocacy • Positive and Health Life Experience • Communication/Interpersonal Skills • Community Inclusion and Participation • Stress Management • Adult Basic Education • Risk Management/Care <p>Environment Focused</p> <ul style="list-style-type: none"> • Providing Formal Supports • Engaging the Community • Changing the Context • Community Services/Supports • Family/Volunteer Support • Sourcing direct supports • Research and Evaluation • Organisational Change 	<p>Person Focused</p> <ul style="list-style-type: none"> • Person Centred Planning • Health & Wellbeing • Personal & Social Development • Maximising Independence • Community Inclusion • Accessing Education & Job Opportunities • Moving On 	<p>Person Focused</p> <ul style="list-style-type: none"> • Person Centred Planning • Therapeutic Work/Activities • Adult basic education/Lifelong learning • Sports & leisure activities • Community Skills & Interpersonal skills development • Advocacy & Empowerment • Specialist health and social care interventions • Activities of daily living and self – care • Quality of Life enhancement • Independent living <p>Environment Focused</p> <ul style="list-style-type: none"> • Family support & involvement

The key characteristics that distinguish the Genio-supported Projects logic models from the comparison services are the biopsychosocial values that are explicit in their structure and activities. The comparison services activities and immediate outcomes reflect a focus on changing the person rather than the context within which the person lives his or her life. Mainstream and community participation is an intended outcome for these services rather than an activity. In comparison, the Genio-supported projects invest significant energy in developing the person but they also provide environmental facilitators to enable the person to participate in mainstream and community from the start. This has a number of benefits for the person in terms of broadened experience and incidental learning and also changes the

perceptions in mainstream and community services and facilities and increases the confidence and competence of people in supporting people with disabilities. The provision of formal supports creates an immediate mechanism for inclusive activities and the mobilising of volunteer supports has the potential to create a sustainable basis for community participation.

A number of additional activities in the Genio-supported Projects logic models such as research and evaluation and promoting organisational change, are a function of the innovative nature of the projects in that they focus on wider organisational and systems change. It is not surprising that these types of activities were not specified in comparison services given that they are long established services.

This emphasis on both the person and the environment is evident in all components of the Genio-supported projects logic models. The overview of the intermediate outcomes logic model components of the comparison services and the Genio-supported project summary logic model presented in Table 5.10 illustrates the differences in intended intermediate outcomes. All the intermediate outcomes of the comparison services are specified at the level of the person. In contrast, the Genio-supported projects specified intermediate outcomes that include both individual achievements and changes to the context in terms of supports and positive attitudes. In addition, the Genio-supported projects logic models contained intermediate outcomes which related to their innovative nature including developing more cost-effective services, organisational change and innovation and improved systems of delivery which would not be expected in the logic models of comparison services.

Table 5.10 Benchmarking Logic Model Components - Intermediate Outcomes

Genio-supported Projects	Rehabilitative Training	Therapeutic Work
<p>Person Focused</p> <ul style="list-style-type: none"> • Improved personal capacities • More positive self-concept • Inclusion in work, education and training • Community and voluntary resources mobilised • Greater community participation <p>Environment Focused</p> <ul style="list-style-type: none"> • Appropriate Environmental Support • More cost-effective services • Organisational change and innovation • Improved systems • More positive attitudes 	<p>Person Focused</p> <ul style="list-style-type: none"> • Improved personal capacities • FETAC General Learning Skills Level 3 – 3M0935 • Access local community and mainstream services • Successful transition 	<p>Person Focused</p> <ul style="list-style-type: none"> • Fulfilment of the person. • Enhanced social, leisure, sporting, working and residential opportunities. • Increased participation within their respective communities

The long term outcomes and impacts represent aspirations rather than measurable outcomes. This is particular the case for the Genio-supported projects which are in a very early stage of development. One purpose of including long term outcomes and impacts in a logic model is to gain an insight into the perceived added value of a programme to the beneficiaries, the extended beneficiaries, the community and wider society. The intended long term outcomes of the Genio-supported projects and the comparison services are presented in Table 5.11. A number of distinctions can be extracted from the table. The Genio-supported long term outcomes have four levels of focus the person, the community, the organisation and the system. The focus of the comparison services are primarily focused on the person.

Table 5.11 Benchmarking Logic Model Components – Long Term Outcomes

Genio-supported Projects	Rehabilitative Training	Therapeutic Work
<p>Person</p> <ul style="list-style-type: none"> • Meaningful Community Participation • Increased Income • Education and Skills Development, • Fulfilling Relationships, Communication, Personal skills • Enhanced Quality of Life/Fulfilment • Employment and Self-Employment • Continuing personal learning • Reduced frequency of challenging behaviour • Seamless transition; i.e. stress free, safe, with continuity and development. • Healthy and Safe Lifestyle <p>Community</p> <ul style="list-style-type: none"> • Positive Community Profile and Attitude Change • Natural supports • Family involvement and Support • Partnerships and Collaboration <p>Organisation</p> <ul style="list-style-type: none"> • Service are reconfigured • Raised profile of the organisation <p>System</p> <ul style="list-style-type: none"> • Reduced Dependence on Benefits • Reduced Reliance on Traditional Services • Sustainability of Approach • More cost effective services • ICT Learning/Blended Learning 	<p>Person</p> <ul style="list-style-type: none"> • Health and Social Gain • Personal and Social Skills • Work related skills • Progression to independent living and self-care • Integration in the community • Self-confidence and problem solving • Access to employment and further training • Access to options in the wider community • Insight into individual needs and how to deal with them • Healthy and Safe Lifestyle • Links to appropriate community services 	<p>Person</p> <ul style="list-style-type: none"> • Potential for supported employment • Skills development, • Community integration • Self-fulfilment, • Self-awareness • Person is happier within the family • Interpersonal skills • Independent living

<ul style="list-style-type: none"> • Behaviour support • Assistive Technology Availability 		
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Further, while there are a number of long term outcomes for the person which are similar in each of the models, the Genio-supported project outcomes reflect a more dynamic intention in terms of continuing personal learning, meaningful participation and fulfilment. These reflect the value assigned to the perceptions and experiences of the individual. In contrast, the long term outcomes for Rehabilitative Training specify outcomes without reference to the subjective wellbeing of the person and the long term outcomes of Therapeutic Work are narrowly focused on the person in their current context rather than a changed context in which he or she can play a more constructive role in the family and the community. The long term outcomes of the Genio-supported projects also reflected capacity building in their organisations and within the wider system which related to their innovative objectives.

The impacts of the Genio-supported Projects and the comparison services are presented in Table 5.12.

Table 5.12 Benchmarking Logic Model Components – Impacts

Genio-supported Projects	Rehabilitative Training	Therapeutic Work
<p>Individual Impacts</p> <ul style="list-style-type: none"> • People are less dependent on traditional services • People attend mainstream services and facilities • People make a positive contribution to the community • People have more positive expectations about their potential • Family relationships and their expectations are more positive • People experience enhanced quality adjusted life years 	<p>Individual Impacts</p> <ul style="list-style-type: none"> • People progress to further education or training • People attend mainstream services and facilities • People make a positive contribution to the community • People have more positive expectations about their potential • People experience enhanced quality adjusted life years 	<p>Individual Impacts</p> <ul style="list-style-type: none"> • Supported Employment, • Participation in the community • Living more independently • People have more positive expectations about their potential • Improved health and wellbeing • People experience enhanced quality adjusted life years
<p>Sectoral Impacts</p> <ul style="list-style-type: none"> • Models of Good Practice are deployed • Staff capacity is enhanced • Informal supports are standard <p>Societal Impacts</p> <ul style="list-style-type: none"> • Disability, Social and Health Policy is reformed • Enhanced Social Inclusion • Increased Labour market participation • Reduced Poverty and increased income • Public funds are used more cost-effectively • Expectations of people with disabilities are raised • People are more able and self-reliant 	<p>Societal Impacts</p> <ul style="list-style-type: none"> • Social Inclusion is enhanced • Labour market participation is increased • Poverty has been reduced and income increased • People are more able and self-reliant 	<p>Societal Impacts</p> <ul style="list-style-type: none"> • Social Inclusion is enhanced • Welfare needs of the person are met • Family contentment • People are more able and self-reliant

The impacts aspired to by the Genio-supported projects also reflected their broader biopsychosocial scope. The comparison services specified wider community and societal impacts in terms of social inclusion, labour market participation, reduced poverty and less reliance on services and supports. However, a review of their logic models revealed that the only mechanisms in place to achieve these impacts were focused on changing the person. This implies a logic in which current system and community processes are taken

as being appropriate and effective in responding to people with disabilities. The Genio-supported projects not only aspire to a broader range of impacts at the level of the sector and society but also have processes in place that, if implemented effectively, have the potential to actually change the way in which the community and society respond to people with disabilities.

5.4.5 Identifying Good Practice Elements – An Analysis of Project Activities and Quality of Life Impact:

The statistical analysis presented in Section 5.1 provided evidence that participants in the Genio-supported projects rated their quality of life impact higher compared to participants in comparison services particularly in the domain of Social Inclusion and more specifically in relation to Citizenship and Employability. An Analysis of Variance takes into account not only the difference between means but also the extent of the variance of the data. The greater the variance the larger the difference between means must be in order for it to be statistically significant. This may account for the fact that while no statistically significant effect was identified in the domains of Personal Development and Wellbeing, seven projects were rated more highly by participants in relation to impact on person development and eight projects were rated higher in terms of impact on wellbeing (see table 5.5).

Exploring this variation between the ratings of individual projects by comparing model components associated with projects with higher quality of life impact ratings can shed light on elements that may be important in each of the domains of quality life included in the QOLIS scale.

It is important to note that this approach does not identify the essential elements of a new model of service. This would require a process and outcome evaluation in which the implementation of project activities was observed and outcomes measured over time. In the absence of such information, it is not possible to distinguish between logic model components that are essential to a new model of service but for a variety reasons were not implemented effectively and non-essential components which were implemented well but were not relevant to participants in terms of quality of life.

Table 5.13 presents the categories of activity components from the logic models of the Genio-supported projects in the left hand column. The QOLIS ratings that exceeded those of comparison services for at least one project are presented in the rest of the table. A blank cell indicates that a model component was not associated with higher ratings for a specific QOLIS scale. A plus symbol in a cell indicates where an activity was specified in the logic model of at least one project that was rated higher than comparison services on a specific QOLIS scale. In cases where the component was specified in the logic models of projects that were rated higher and not in the rest of the projects the plus symbol is bold and the cell is highlighted. The components that are associated uniquely with highly rated projects in at least one domain or variable are indicated by bold font and a highlighted cell. For example, the provision of support to families and volunteers was specified as a logic model component by projects that were rated higher than comparison services for

their impact on interpersonal skills and physical wellbeing. Projects that were not rated higher in these variables did not include this activity in their logic models.

Table 5.13. Genio-supported Project Logic Model Activity Components Rated Significantly Higher than Comparison Services

	Quality of Life Impact Ratings											
	Total QOL	Social Inclusion	Rights	Citizenship	Employment	Personal Development	Interpersonal Skills	Autonomy	Wellbeing	Emotional	Physical	Material
Adult Basic Education					+							
Capacity Building/Rights/Self-Advocacy	+	+	+	+	+	+	+	+	+	+	+	+
Communication/Interpersonal Skills	+	+	+	+	+	+	+	+	+	+		+
Community Inclusion and Participation	+	+	+	+	+		+	+	+	+	+	
Community Services/Supports	+	+	+	+	+	+	+	+	+	+	+	+
Family/Volunteer Support	+	+	+	+	+	+	+	+	+	+	+	+
Further Education and Training	+	+	+	+	+	+	+	+	+	+	+	+
Identify community based resources, groups and Volunteer	+	+	+	+	+	+	+	+	+	+	+	+
Individual Assessment of needs and planning	+	+	+	+	+	+	+	+	+	+	+	+
Individual Independence/ Personal/Social Skills	+	+	+		+	+	+	+	+	+	+	+
Learning to learn, Incidental or Experimental Learning	+	+	+	+	+	+	+	+	+	+	+	+
Mentoring/Life Coaching/Counselling	+	+	+	+	+	+	+	+	+	+	+	+
Organisational Change	+	+	+	+	+	+	+	+	+	+	+	+
Positive and Health Life Experience	+	+	+	+	+	+	+	+	+	+	+	+
Project Management	+	+	+	+	+	+	+	+	+	+	+	+
Research/Data Collection/Evaluation	+	+	+	+	+	+	+	+	+	+	+	+
Risk Management/Care												
Sourcing direct supports		+	+		+	+	+	+	+	+	+	+

	Quality of Life Impact Ratings											
	Total QOL	Social Inclusion	Rights	Citizenship	Employment	Personal Development	Interpersonal Skills	Autonomy	Wellbeing	Emotional	Physical	Material
Staff Training		+	+		+	+			+			+
Stress Management	+	+	+	+	+		+	+		+	+	+
Work Placement/Employment and Self-Employment Skills and Support	+	+	+	+	+	+	+	+	+	+	+	+

Most of the components specified by projects were more highly rated than comparison services for at least one project. Many of these are likely to be essential elements of a new model of service. In addition, a number of components were consistently associated with more positive ratings than comparison services on all or some of the QOLIS domain or dimension scales. A brief description of each of the components is presented so that an overall impression of good practice elements can be provided.

4.5.5 Activities with High Quality of Life Impact Ratings

The individualisation of support and interventions: Projects specified a variety of approaches to individual planning and in some cases allocated more than one activity element to the planning process. Terms used to refer to the individual planning process included Person Centred Planning, Individualised Planning, Transition Planning, Assessment of Support Needs, Personal Outcome Interview and Individual Assessment of Interests and Learning Goals.

Person Facing Processes

The development of independence and personal and social skills: These types of activities included the development of individual independence skills, personal development skills training, developing daily living skills and personal capacity, teaching life skills and putting them into practice and training in the use of public transport and money management.

Further education and training: Activities included in this component of the model included education and vocational training, supported education and training, exploring further education, professional skills training and certification and participation in academic modules.

Work placement/employment and self-employment skills and support: Work related activities specified included work placement, job and employment skills, job coaching, work experience and paid employment.

Positive social and health life experiences: Activities in this category included interventions intended to expand positive life experiences, participation in social events and entertainment, promoting physical activities and health and well-being.

Communication and interpersonal skills: These types of activities ranged from developing a communications plan or passport for each individual, the development of social communication competences to the provision of Speech & Language Therapy.

Community inclusion and participation: These activities included a formal community inclusion qualification, intervention to increased real community integration and supporting social roles and participation in clubs and societies.

Environment Facing Processes

Community services and supports: This category of activity related to using generic community services, early community based intervention for potential service recipients, liaison and networking with external agencies, involvement in local clubs and courses such as cooking, photography, horticulture and collaboration in multiple contexts with mainstream staff.

Identifying community based resources, groups and volunteers: A number of projects included the identification of supports and resources within the community as a specific activity within their logic models such as identifying community based resources and groups, community activities, community mapping, contacting relevant stakeholders and community groups and a volunteer programme.

Sourcing direct supports: This type of activity included formal approaches to identifying direct support including Circles of Support approaches.

System Facing Processes

A number of projects included in their logic models activities that related more to their innovative nature than directly to responding to participant needs.

Organisational change: In some cases facilitating organisational change was specified as core element of the logic model. This included a formal organisational change programme, interventions to promote more efficient and effective services, measures to develop sustainability and mainstreaming the discovery model.

4.5.6 Activities Consistently Associated with High Quality of Life Impact Ratings

The comparison of the logic models of projects that were rated significantly higher by participants than comparison services with those that were not revealed a number of logic model components that seemed to be associated with specific quality of life domains and variables. Some of these were significant across a number of the scales and others related to specific impacts. These are discussed below.

Person Facing Processes

Capacity building, rights and self-advocacy: Four projects specified activities aimed at explicitly developing the capacity of participants in relation to rights and self-advocacy in their logic models including advocacy skills training, social skills training and building cultural identity.

The quality of life impact of these projects was rated more highly than comparison services in terms of overall quality of life impact, impact on social inclusion and particularly in relation to rights and citizenship, impact on autonomy and in relation to emotional and physical wellbeing. These projects were not uniquely rated higher in terms of their impact on employment, interpersonal skill and material wellbeing.

Learning to learn, incidental and experimental learning: Five projects specified informal learning as an activity in their logic models including discovery learning, incidental learning, involvement in voluntary work and volunteering and academic skills development.

The quality of life impact of these projects was rated more highly than comparison services in terms of impact on social inclusion and specifically in relation to employment.

Mentoring, life coaching or counselling: Four projects specified mentoring, life coaching or counselling as a logic model component.

The quality of life impact of these projects was rated more highly than comparison services in terms of impact on overall quality of life impact, impact on social inclusion and particularly in relation to rights, citizenship and employment, impact on personal development in terms of both interpersonal skills and autonomy and in relation to emotional and physical wellbeing. These projects were not uniquely rated higher in terms of their impact on overall wellbeing and in particular material wellbeing.

Stress management: Two projects specified a stress management activity component in their logic model including psychology and psychiatric care, autism specific stress reductions plan, stress and anxiety management and techniques.

The quality of life impact of these projects was rated more highly than comparison services in terms of impact on autonomy and emotional and physical wellbeing.

Environment Facing Processes

Providing support to families and volunteers: Three projects specified an activity component focused on providing support to families and volunteers. These included supporting families, including families and volunteers in the project's processes and regular face to face and telephone contact with parents.

The quality of life impact of these projects was rated more highly than comparison services in terms of impact on interpersonal skills and physical wellbeing.

Staff training: One project included an activity that was dedicated to building the capacity of staff to respond more effectively to challenging behaviour and staff awareness sessions.

The quality of life impact of this project was rated more highly than comparison services in terms of impact on social inclusion and specifically in terms of rights and employment.

Systems Facing Processes

Two activities that related more to the innovative nature of the project rather than directly to responding to participant needs which were included in project logic models were associated with more highly rated quality of life impacts.

Project management: Three projects included a project management module as an explicit element of their logic models including detailed project management procedures such as monitoring and review of progress, outcomes achieved and quality of delivery, identification of issues and their resolution, team and management meetings and meetings with funders.

The quality of life impact of these projects was rated more highly than comparison services in terms of impact on overall quality of life impact, impact on social inclusion and particularly in relation to rights, citizenship and employment, impact on personal development in terms of both interpersonal skills and autonomy and in relation to emotional and material wellbeing. These projects were not uniquely rated higher in terms of their impact on physical wellbeing.

Research, data collection and evaluation: Four projects included activities specified under this heading in their logic model in terms of data collection, the evaluation of the process and model being implemented, monitoring and evaluation, the evaluation of participant experiences and research activities.

The quality of life impact of these projects was rated more highly than comparison services in terms of impact on employment.

5 DISCUSSION AND CONCLUSIONS

The evaluation project has produced a large amount of information on a disparate range of projects, all of which are innovative in various ways. As a result, the conclusions to be drawn from the project are suggestive rather than definitive – they should be viewed as being working hypotheses that can be followed when and if more comprehensive data becomes available. However, despite this limitation, there are a number of highly interesting suggestions to be drawn from the study and these are organised below in terms of 4 questions:

- What was different about these approaches?
- What difference did they make for the participants/beneficiaries?
- What worked well and what didn't?
- What has been learned in terms of how the successful approaches might be scaled up?

5.1 WHAT WAS DIFFERENT ABOUT THESE APPROACHES?

Difference within the Projects:

The projects that participated in this study were very diverse along a range of dimensions - the scale of the projects ranged from one participant in one project to over 60 participants in another; the participants had support needs of varying levels of complexity; each project had specified a different set of objectives in its project submission to Genio; the duration of the projects varied from 12 to 36 months; they were located in diverse geographical locations with some being implemented in large towns, others within a single mainstream institution and others in remote rural areas; and the projects had different levels of organisation support. One project was led by senior management as a large organisational change initiative, while others were designed and developed as small pilots at the periphery of the organisation. There were varying degrees of cooperation with the evaluation with some projects being selective in the information they were willing to provide and one project being unable to provide any information at all. The staff who were involved in implementing the projects differed in their level of expertise and professional qualifications. The projects also varied in terms of their ethos, values, implementation mechanisms and resources invested. Finally, it could be said that projects were to some degree the product of their parent organisations, carrying with them important approaches to and elements of key organisational features such as costs and staffing levels. Existing structures applied to many projects even though they are innovative in nature.

Difference between the Projects and Comparison Services:

The development of logic models facilitated each of the projects to engage in a process of distillation through which the essential and specific components of the project were expressed in a form that allowed a degree of

generalisation. It is important to note that the perspectives of the evaluators are reflected in categorising of logic model components of specific projects into more generic categories. This provided two ways of benchmarking the differences between the Genio-supported projects and comparison services. The first of these was on the basis of a crosswalk between the summary logic model of the Genio-supported projects' approach with logic models of comparison services. The second was by benchmarking the elements of the logic model components of the Genio-supported projects with those of comparison services at a more detailed level.

The differences between the Genio-supported project approach and comparison services as represented by the logic models formed the basis for exploring the distinguishing characteristics of the individual model being applied by Genio-supported projects. A strong indication emerged from the benchmarking process that individualisation in itself is not a distinguishing feature of the Genio-supported project approach. Person-centred planning approaches have been common in more traditional services over many years and were clearly specified in the program theory and programme specifications of the comparison services.

However, it would appear from the crosswalk that the individual planning approach in comparison services was focused primarily on the interventions required to build the capacity of the participant. This was evident in that the activities specified in the services were predominantly related to developing community, interpersonal, self-care, educational and work related skills. The logic models of comparison services addressed community participation mainly in terms of intended programmes and long term outcomes.

It could be argued that this reflects an approach based on the premise that changing the person is the best way to achieve greater community inclusion. This reflects the values inherent in what has been referred to as a 'medical' model in that it views the challenges to be overcome as residing within the person rather than as a wider social issue, invests in individual treatment rather than social action, prioritises professional inputs as opposed to individual and collective responsibility, aims to achieve individual adaptation rather than environmental adjustment, focuses on behaviour and skills of the person without reference to the attitudes of others, citizenship and rights.

In contrast the program theory inherent in the Genio-supported Projects logic models reflected biopsychosocial values. The biopsychosocial model of health and ability construes disability as a dynamic process that occurs through the interaction between a person with reduced capacity in one or more areas and his or her environment. It is a consequence that is amenable to change through both building the person's abilities and skills and creating a more enabling environment. The environment is characterised in terms of barriers and facilitators to participation. A biopsychosocial assessment of needs will therefore document the person's needs and strengths not only in relation to their functional capacity and activity limitations but also in terms of contextual factors. Specifically, these factors include those that are currently supporting the person in participation, those areas where

environmental supports that are not available to the person can be provided and factors that are acting as barriers. Contextual factors can include the physical environment, products and technology, formal and informal supports, attitudes of family, professionals and the wider community and services, systems and policies.

An emphasis on both the person and the environment is evident in all components of the Genio-supported projects logic models. While they invested significant effort in developing the person, they also included the development and provision of environmental facilitators, in terms of formal and informal community based supports, and the removal of barriers such as attitudinal barriers as core elements of the activity component of the programme theory. Rather than viewing participation in mainstream and community activities and organisation as an aspiration, they utilised participation as an inherent part of the programme's interventions. As a result participants experienced a broader experience of community life and were exposed to a wide range of opportunities to engage in incidental learning. In parallel with these 'real' life experiences, some of the projects implemented interventions specifically targeted at changing the perceptions in mainstream and community services and facilities and in developing collaborative relationships. Some projects also endeavoured to enhance the confidence and competence of people in these organisation and provide them with support. In some cases, formal supports were introduced as an immediate mechanism for participating in inclusive activities and effort was invested in encouraging informal supports through volunteers to ensure that community participation was sustainable.

In line with the innovative nature of the projects, system-focused interventions were evident in many projects and these were incorporated into the overall logic model - these included research and evaluation and promoting organisational change. While it is understandable that these types of activities were not evident in the programme theory of comparison services, there is strong case to be made that these are essential components of a dissemination phase should this be considered by Genio.

Project costs

Though the data collected on project costs are subject to a number of limitations, it is still possible to point to a number of trends in the data that are worthy of comment.

Genio-supported projects generally seemed to have lower direct pay costs than comparable services – only 1 of the 13 projects had higher costs when compared to projects for people with a similar intensity of needs (VFM study). It is likely that the relatively high level of volunteer effort of many projects contributed to this. Moreover, as the projects progress and clients become more independent, it is likely that the need for direct input by project staff will diminish. However, it should be noted that much of what is termed volunteering, is in reality service provision by other mainstream agencies (such as VECs, libraries, leisure facilities) and does carry a cost, though this is not charged to projects.

Where comparative data are available, no clear pattern emerged with regard to the direct pay costs of Genio-supported services and alternative services for the client group. It might have been expected that the new services would be somewhat lower than more traditional services, but this did not turn out to be consistently the case. It would appear that one of the reasons for this is that the new services are not providing similar services, i.e. the kinds of activities being provided need more staff inputs. In all cases where new projects direct pay costs were higher, levels of staff intensity were also higher (usually about twice as high) than for more traditional services. Conversely, where staff intensities were about the same as more traditional projects, direct pay costs were lower, due to higher levels of volunteering.

Many of the projects used significant amounts of volunteer effort to deliver their services. This reflects the fact that many projects had a specific objectives to engage with volunteers in a proactive way. Volunteering related to many different issues – in some cases parents provided much of the volunteer effort, while in others it relates to service provision by mainstream providers such as VECs, vocational training agencies, educational institutions and leisure services. This latter form of volunteering is not without cost and effectively represents an externalisation of costs by the projects.

It should also be noted that the availability of volunteers varies according to a number of factors. In some areas especially rural areas), the availability of volunteer resources may be limited and this will impact not only on the type of service that is provided but also on its costs. In addition, there may be a limited pool of unpaid volunteers available to projects and volunteer fatigue may set in. This will also impact on quality of service and on costs to projects.

The issue of project costs, and especially comparing new approaches to more traditional ones should be approached with caution. In particular, the costs data from the Genio-supported projects come from very different project and do not make for easy comparisons with currently available services. There is a scalability issue here. In addition, the Genio-supported projects are early adopters of a new approach and are unlikely to be typical of the widespread implementation of the approach across all service providers.

5.2 WHAT DIFFERENCE DID THEY MAKE FOR THE PARTICIPANTS/BENEFICIARIES?

In general the participants surveyed viewed the quality of life impact of Genio-supported project more positively than comparison services. The perceptions of participants differed between Genio-supported projects. There were a number of reasons why this was the case which have been discussed earlier.

Firstly, the interviews varied in how they were carried out depending on the extent to which participants were able to respond independently to the QOLIS questionnaire. The person acting as proxy was in some cases a family member and in other cases a member of staff. Secondly, the projects were at

different stages of implementation and thus in some cases had not had a great deal of time to become familiar with the project. Thirdly, some projects did not set out to cover all the domains of quality of life included in the QOLIS questionnaire and as a result it would not be expected that they would be perceived to impact in these areas.

Nevertheless, the perceptions of quality of life impact of participants in Genio-supported projects was significantly more positive than those in comparison services and specifically in the domain of Social Inclusion including the dimension of Rights, Citizenship and Employability. A categorical analysis of the ratings of individual projects revealed that, while not statistically significant in overall terms, a majority of projects were rated more positively in the domain of Wellbeing and the Autonomy dimension.

An analysis of the views of participants in terms of logic model components indicated that all components, apart from risk management/care, adult basic education and staff training, were rated more positively on the majority of QOLIS domains and dimensions than comparison services for at least one Genio-supported project. The exceptions to this were Personal Development and Material Wellbeing. Only a minority of projects were viewed more positively in terms of Material Wellbeing. A number of logic model components were consistently rated more positively in relation to some specific areas of quality of life impact. These are discussed in the following section.

5.3 WHAT WORKED WELL?

Despite data constraints, there are strong indications from the analysis about what worked well. The data gathered from multiple perspectives during the evaluation provide indications of the characteristics of projects that were rated more highly than comparison services in terms of quality of life impact by participants. It is important to re-iterate that the actual impact of projects on quality of life was not measured.

The analysis cross-tabulated participant ratings against level of need, project costs and the components of the logic models and benchmarked the summary logic model with those of existing services. From this analysis, factors associated with high QOL impact ratings in some cases and factors that were consistently associated with high ratings QOL impact ratings were identified.

A number of overall conclusions can be reached. Firstly, projects with high QOL ratings included person facing processes such as individualised supports and interventions and that frequently placed learning in a mainstream setting. Secondly, the benchmarking procedure identified that the inclusion of environment facing activities, i.e. processes intended to change the context rather than the person, was a key distinguishing characteristic between the projects and existing services. Finally, highly rated projects tended to explicitly address system processes in their programme logic.

Table 6.1 summarises these components. The left hand column indicates the category of components in terms of their focus, the middle column lists the activities that were included in projects that were in some cases rated high ratings in terms of QOL and the right hand column lists the activities that only highly rated projects included in their program logic.

Table 6.1. Summary of characteristics of projects that worked well

	Activities with High QOL Impact Ratings	Activities Consistently Associated with High QOL Impact Ratings
<i>Person Facing Processes</i>	<ul style="list-style-type: none"> • The individualisation of support and interventions: • The development of independence and personal and social skills: • Further education and training: • Work placement/employment and self-employment skills and support: • Positive social and health life experiences: • Communication and interpersonal skills: • Community inclusion and participation: 	<ul style="list-style-type: none"> • Capacity building, rights and self-advocacy: • Learning to learn, incidental and experimental learning: • Mentoring, life coaching or counselling: • Stress management:
<i>Environment Facing Processes</i>	<ul style="list-style-type: none"> • Community services and supports: • Identifying community based resources, groups and volunteers: • Sourcing direct supports: 	<ul style="list-style-type: none"> • Providing support to families and volunteers: • Staff training:
<i>System Facing Processes</i>	<ul style="list-style-type: none"> • Organisational change: 	<ul style="list-style-type: none"> • Project management: • Research, data collection and evaluation:

Effective Person Focused Processes

Participants rated projects highly which had an individual approach to providing supports and interventions and which explicitly set out to develop independence, social communication and interpersonal skills. More formal activities such as further education and training and work placement mainly in a mainstream or inclusive setting were also associated with high QOL ratings. Activities that provided opportunities to experience community inclusion,

participation and more positive social and health life experiences were also valued.

Consistently high ratings were associated with activities that were intended to build a person's capacity to access their rights through self-advocacy, which offered opportunities to learn in informal mainstream settings and which offered support through mentoring, life coaching and stress management.

Effective Environment Facing Processes

Activities associated with high QOL impact ratings of projects included providing direct formal supports for community participation from project staff, while working to mobilise community based services and supports through networking with community groups and stakeholders and identifying volunteers.

Projects that included providing support to the volunteers and to family members and training to staff were consistently rated high in terms of QOL by participants.

Effective System Facing Processes

System facing processes are uniquely associated with innovative projects. It would be unusual to find these types of activities in the program logic of standard services as these functions would be carried out at an organisational rather than a service level. Nevertheless, certain system focused processes were associated with high QOL ratings by participants. For example, explicitly targeting organisational change was associated with high ratings. In addition, projects that included a project management module and that actively engaged in research and evaluation were rated consistently high in QOL impact terms.

In summary, activities of three different kinds are associated with positive outcomes. Activities directed towards the individual are of course needed, but so too are actions that target the development of the community to give support and actions that seek to develop the system of the service provider. While this finding may seem predictable from theory, it is noteworthy that it has real impact on service user's perceptions of QOL impact as well.

5.4 WHAT HAS BEEN LEARNED IN TERMS OF HOW PROJECTS MIGHT BE SCALED UP?

A pervasive dilemma for innovators and those who provide them with resources is how to successfully translate the lessons learnt through research and innovation into normal and accepted practice. A number of terms have been used to refer to this challenge including:

- Mainstreaming: Knowledge transfer from short term innovative projects to mainstream programmes;

- Dissemination: Making the learning achieved through research and innovation available to interested stakeholders and actors at the levels of policies and good practice;
- Generalisability: Extrapolating the results of specific projects to a broader context in terms of relevance and applicability;
- Transferability: Exporting methods and models developed in a specific context to other contexts which have diverse characteristics;
- Scalability: Expanding the scope and scale of small initiatives to meet the needs of a greater number of beneficiaries;
- Deployment: Extending the reach of knowledge or policy to all levels of practice within a system or organisation;
- Exploitation: Using the models and approaches developed through research and innovation as a basis for developing new initiatives;
- Sustainability: Establishing the basis for the continuing operation of an innovative project after its project based funding has terminated.

The prerequisites for knowledge transfer are to distil the key concepts, methods and mechanisms and to identify the target audiences that should be the focus of the transfer process.

This study explored the programme theory underpinning a selection of innovative projects funded by Genio which sought to develop innovative responses to delivering individualised supports to service users. The study generated evidence to support the view that participants valued the quality of impact of these projects more positively than participants in comparison services. A number of specific components and project characteristics were identified as being instrumental in these more positive ratings.

At the same time not all projects were consistently rated more positively by participants and the projects themselves varied along a range of dimensions. The complexity of intervening factors prevents any simple interpretation of the findings of the study in terms of lessons learnt at the level of projects. This is a matter for the projects themselves, the sponsoring organisations and Genio. For projects that are deemed to be successful by their organisations the challenges include exploiting the knowledge gained in developing new services to respond to the requirements of New Directions, scaling up the projects themselves so that they can cater for a greater number of participants, finding a basis for their sustainability and deploying the knowledge gained throughout the organisation.

Some of the projects included processes aimed at facilitating organisational and system change. Bringing these together in an alliance could well empower these initiatives. The meaning of scalability could be seen to differ significantly between projects. One project had over 60 participants and was led by senior management and another involved meeting the needs of one participant. Most projects offered support and intervention to about seven to ten participants.

The metrics that need to be applied to estimate the extent to which a particular project is scalable relate to the returns to scale achievable for each of the project activities. Some components such as individual planning often involve several actors working with one participant. Other components including mentoring and counselling or personal assistance in the community require a one to one relationship. The resources for these activities will increase in line with the number of participants involved. Group activities such as personal development or capacity building in terms of rights and self-advocacy will be limited by the ideal ratio required for these activities to be effective. The degrees to which community based and mainstream activities can be scaled depends on the capacity and willingness of external organisations to respond effectively and to the extent to which volunteer support can be garnered and maintained. Activities that are focused on awareness raising and attitude change are inherently scalable in that they can impact for a wide range of people if they are successful.

At a more general level, the programme theory that emerged from this study contained a number of components that were associated with more positive quality of life impact ratings and which have relevance and applicability across a wider range of contexts and to participants with a broader range of characteristics. In addition, certain components of the logic model were consistently rated more positively in relation to specific quality of life domains and dimensions. From a Genio perspective the challenges are to disseminate these lessons learnt to key stakeholders including the HSE, the DJEI and the DSP, to encourage the HSE to mainstream these components and values into the New Directions implementation plan and to ensure that the methods and models developed are successfully transferred to other contexts and potential beneficiaries.

A useful tool in exploring the context for organisational or system change was proposed by Kurt Lewin in 1951. Force Field Analysis is based on the premise that it is important to modify the forces that maintain the status quo to reduce resistance to change as well as investing in the driving forces. This approach has been widely applied in organisations and systems and has been updated in line with current conditions²⁶. An application of this approach to the current context revealed a number of driving or facilitating forces that could be supportive of the mainstreaming, dissemination and transfer of the lessons learnt. Associated with these facilitating forces are a number of constraining forces that will need to be addressed.

A particularly positive force for change is the commitment of the HSE to the New Directions implementation plan which includes:

- A requirement for specialist services to have a 3 year plan to reconfigures services,

²⁶ Cronshaw, S. F. & McCulloch, A. N. A. (2008) Reinstating the Lewinian vision: From force field analysis to organization field assessment. *Organization Development Journal* 26:4 89-103

- A commitment to the development and implementation of person-centred planning,
- A proposal to integrate Rehabilitative Training into New Directions,
- A plan to align funding with the new approach and introduce person-centred budget control,
- A strategy to integrate New Directions into the sector plans of other Departments under the Disability Act,
- The establishment of links with mainstream guidance services,
- The transition of work related services to other Departments.

Constraining forces which could impede the effective implementation of New Directions are many but particularly relevant to the mainstreaming of the Genio-supported project model are:

- The HSE's capacity to implement the New Directions plan in full and on schedule,
- Lack of flexibility in the use of HSE funds to purchase mainstream services e.g. gym membership, fees for further education, cost of transport, expenses for volunteers
- The absence of Interdepartmental action on an Integrated policy and specifically:
 - The culture and ethos of DJEI and DSP,
 - The degree of commitment of the DSP & DJEI to New Directions,
 - Mainstream services capacity to offer the flexibility they require to people with complex needs,
 - The lack of transparent mechanisms for combining funding from several Depts. to deliver an individualised package of services to a person.

Additional potential driving forces for change include:

- Leadership commitment to change in specialist providers,
- Partnerships and collaboration with community organisations,
- Systematic approaches to recruiting, training and supporting volunteers,
- Support from families and significant others,
- Staff Training,
- Potential cost savings,
- Positive attitudes of service users.

A number of corresponding constraining forces can be identified that could reduce the impact of these change-positive factors such as:

- Resistance to change within organisations
- Difficulties reorienting services to the new model,
- The absence of an explicit dissemination plan for each project,
- The continuing use of the medical model in individual planning approaches,

- 'Legacy' services competing for limited resources,
- Lack of cooperation and competition between agencies for limited funding,
- The congruence of the interests of community actors and the agencies seeking community coalitions,
- The availability of volunteers in certain locations,
- Fear of losing existing services and supports,
- 'Legacy' service users
- The lack of availability of employment options in the local labour market.

Taken together, there are many forces which can drive change in a positive direction. Strong leadership and policy can deliver real change, and the 15 projects under review illustrate the possibilities of delivering real change, while at the same time pointing to some of the real difficulties that will be encountered. The next phase may involve the upscaling of some of the projects and approaches that were trialled in the current round of funding, and if this is the case, it is clear, that further evaluation and documentation of successful approaches will be needed.

6 APPENDICES

Appendix 1: Project Logic models

Appendix 2: Logic model questionnaires

Appendix 3: Personal Needs Profile

Appendix 4: QOLIS-ER questionnaire full version

Appendix 5: QOLIS-ER questionnaire easy to read version

Appendix 6: Project finances instrument

APPENDIX 1: PROJECT LOGIC MODELS

The logic models were intended to provide a graphical representation of the way the components of each project were interrelated to achieve its aims and objectives. The components of a logic model included:

1. Inputs: The inputs of a project refer to:
 - a. The structural supports for the project including human resources (e.g. qualifications of frontline and specialist support staff); programme design and development supports; administrative support to the programme; and quality and standards built into the programme.
 - b. The project inputs including the number of staff and proportion of their time allocated to the programme, the duration of the programme, the materials and equipment allocated to the programme, the sub-contractors utilised and the financial resources available.
 - c. The nature of the needs of the persons served in terms of degree of assistance required, complexity, impact on other people, potential health and safety risks, level of independence, communications, problem solving, following directions and range of other areas. (This aspect of programme inputs was collected using the Person Needs Profile which is a separate tool.)
2. Processes: The programme processes were broken down into:
 - a. Activities: The range of activities offered by the project to participants. Activities were specified conceptually using a modular approach.
 - b. Allocation of Inputs: The way in which the inputs were allocated to each of the activities and how these were measured including, for example, in terms of the ratio of staff time to number of participants e.g. X participants per staff hour, number of participants over the duration of an activity, number of units of an activity provided over the course of a week or any other measure of the efficiency of an activity.
3. Outcomes – Impact:
 - a. Immediate Outcomes: These were specified for each activity. They are the measures that could be used to evaluate how effective an activity was given the inputs and their allocation to each activity. For example: for an Assessment of Needs (AON) activity the inputs could include psychology,

occupational therapy, education & training and administration and the allocation of inputs could be specified as number of AON reports produced within 5 days after a participant joined the project and immediate outcomes for the AON process could be participant satisfaction with the AON process and report and the relevance of the needs identified to the person centred planning process.

- b. Intermediate Outcomes: These were specified at the level of the overall project i.e. the outcomes that would be expected given that the immediate outcomes for each of the project's activities were achieved. These would be closely linked to the programme objectives as specified in the formal programme specification and to the targets to be measured at the end of the project. For example, they could be specified in terms of enhanced employability, qualifications gained, placements to employment directly from the programme, improvements in self-esteem and quality of life.
- c. Long Term Outcomes: These refer to the sustainable effects of the project for those who have successfully completed the project. They could include increased earned income, improvement competitiveness in the labour market (capacity to change jobs), sustained improvements in quality of life and reduced dependence of pensions or benefits.
- d. Impact: The impact of a programme refers to the extended benefits which the project could achieve beyond the individual for the community, stakeholders, families and funders. Impacts could include reductions in disability payments, increased tax revenue, reduced poverty indices, enhanced social inclusion and improved activity rates for people with disabilities.

The logic models were compiled through an iterative process in which four questionnaires were completed by project staff.

Stage 1: Programme Content and Outcome Questionnaire

The Stage 1 of the consultation involved project staff completing a short questionnaire that requested staff to summarise what were considered to be the key innovative features of the project; specify the types of documentation were available to provide insight into project's values, content, methods and objectives and the needs and strengths of the clients; and the spheres of activity which were prioritised by the project and the elements of the Personal Outcome Measures which were prioritised by the project. Respondents were also requested to indicate the extent to which these would generally be available to the participants if they were not

participating in the Genio-supported project. There was an option to list any additional outcomes which were not covered by the list.

Stage 2: Logic Model Table 1 (LMT1): The intended intermediate, long term project outcomes and impact of the project

LMT2 provided the project staff with the opportunity to specify the intermediate and long term outcomes and impact for the project. The Intermediate Outcomes as specified in the formal project specification, and the Programme Content and Outcome Questionnaire which they had completed previously, were inserted in the Intermediate Outcomes column of the table. Respondents were asked to review the Intermediate Outcomes specified and confirm or amend. They were then requested to list the appropriate long term outcomes and potential impact of the project.

Stage 3: Logic Model Table 2 (LMT2): Linking project outcomes and impact to activities

The results of LMT 1 were compiled and returned to the project in a logic model format based on the information provided in LMT1. The other elements illustrate the desired outcome of LMT2. This provided the project staff with a preview of the way in which the project would be presented in the final report. The respondents were asked to review this and indicate any changes they wished to make in order that the model was a more accurate representation of the project.

LMT2 collected information on the core processes, activities, modules or elements that made up the project and, for each of these, the desired immediate outcomes for the person served in the event of a successful completion of each activity.

Stage 4: Logic Model Table 3 (LMT3): Specifying project inputs and allocation of inputs

The logic model of the project based on previous responses was provided illustrating the elements which were specified in LMT1 and LMT 2. At this stage only the Input and Outputs elements were blank. Respondents were invited to feedback on the accuracy of the model in representing the project's logic.

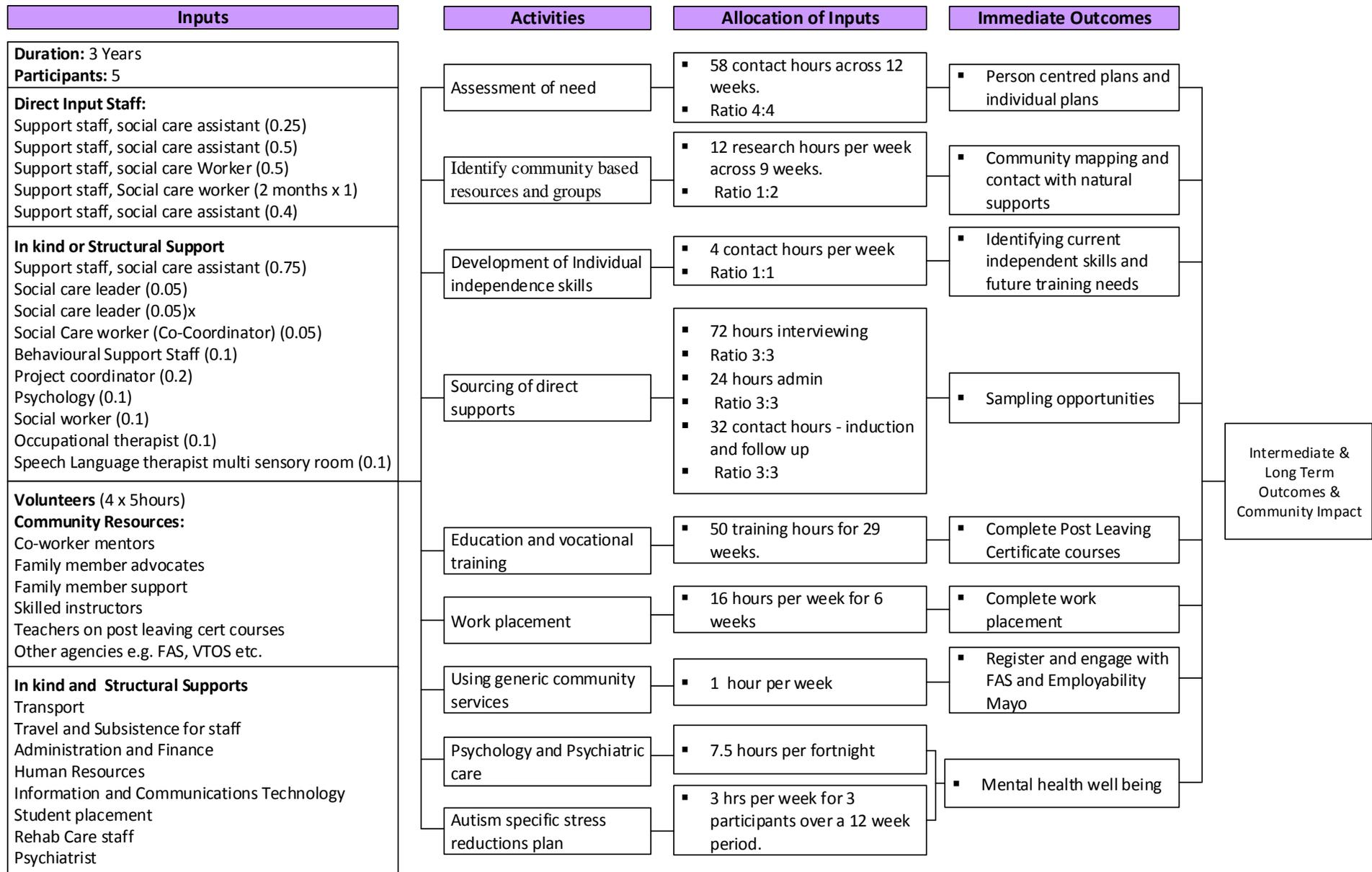
The focus of LMT3 was documenting the inputs that were applied to implementing the project. Inputs were specified at the level of the project. Structural support inputs such as HR or Psychological Services were distinguished from the frontline supports provided by the frontline staff and volunteers. Allocation of inputs were specified at the level of each activity.

The final logic models for each of the projects are presented in this Appendix and the questionnaires that were used to generate them are included in Appendix 2.

Project 1: Creative opportunities for school leavers

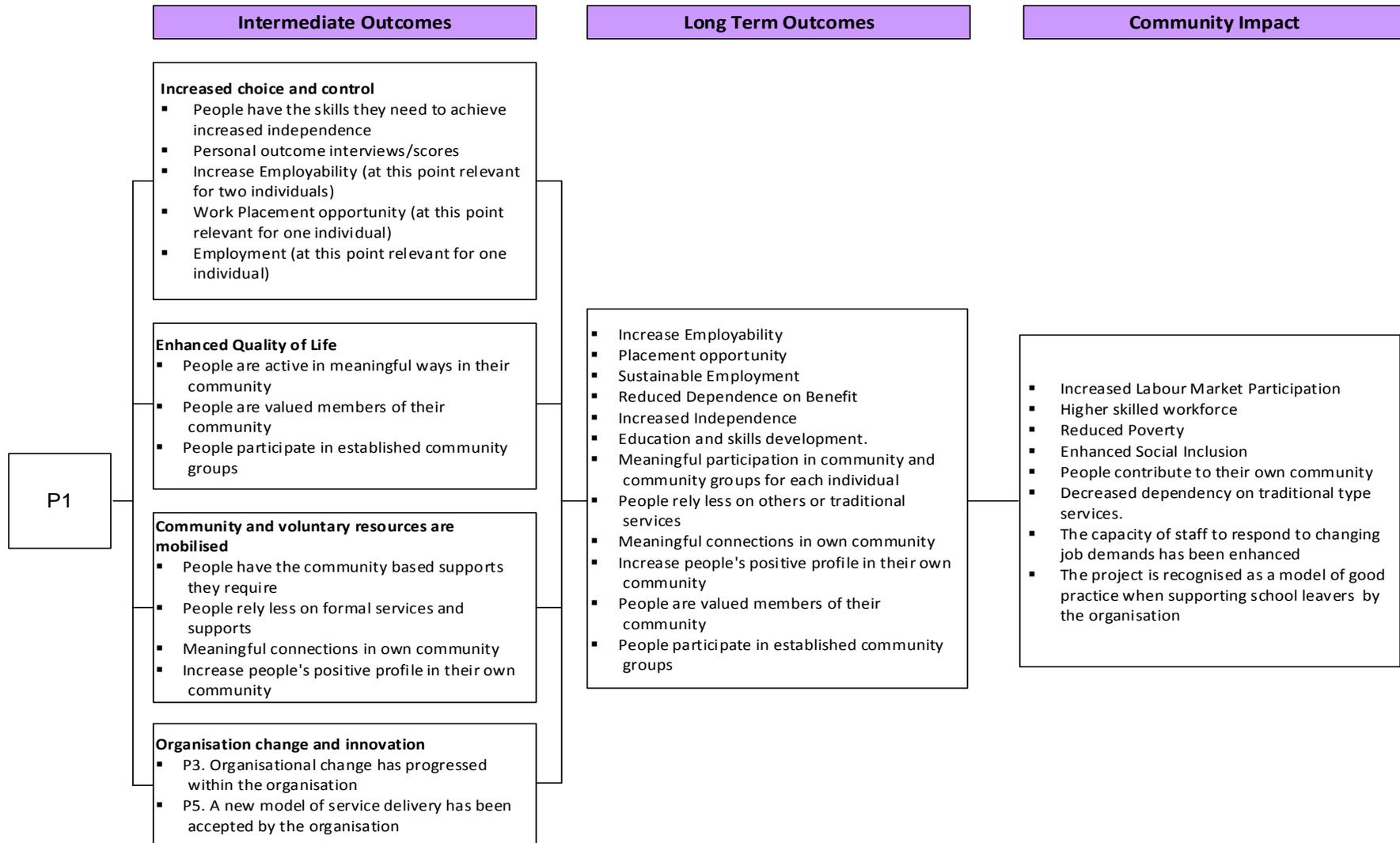
Logic Model Part 1

Project Title **Project 1 Creative opportunities for School leavers (Western Care Association)**



Logic Model Part 2

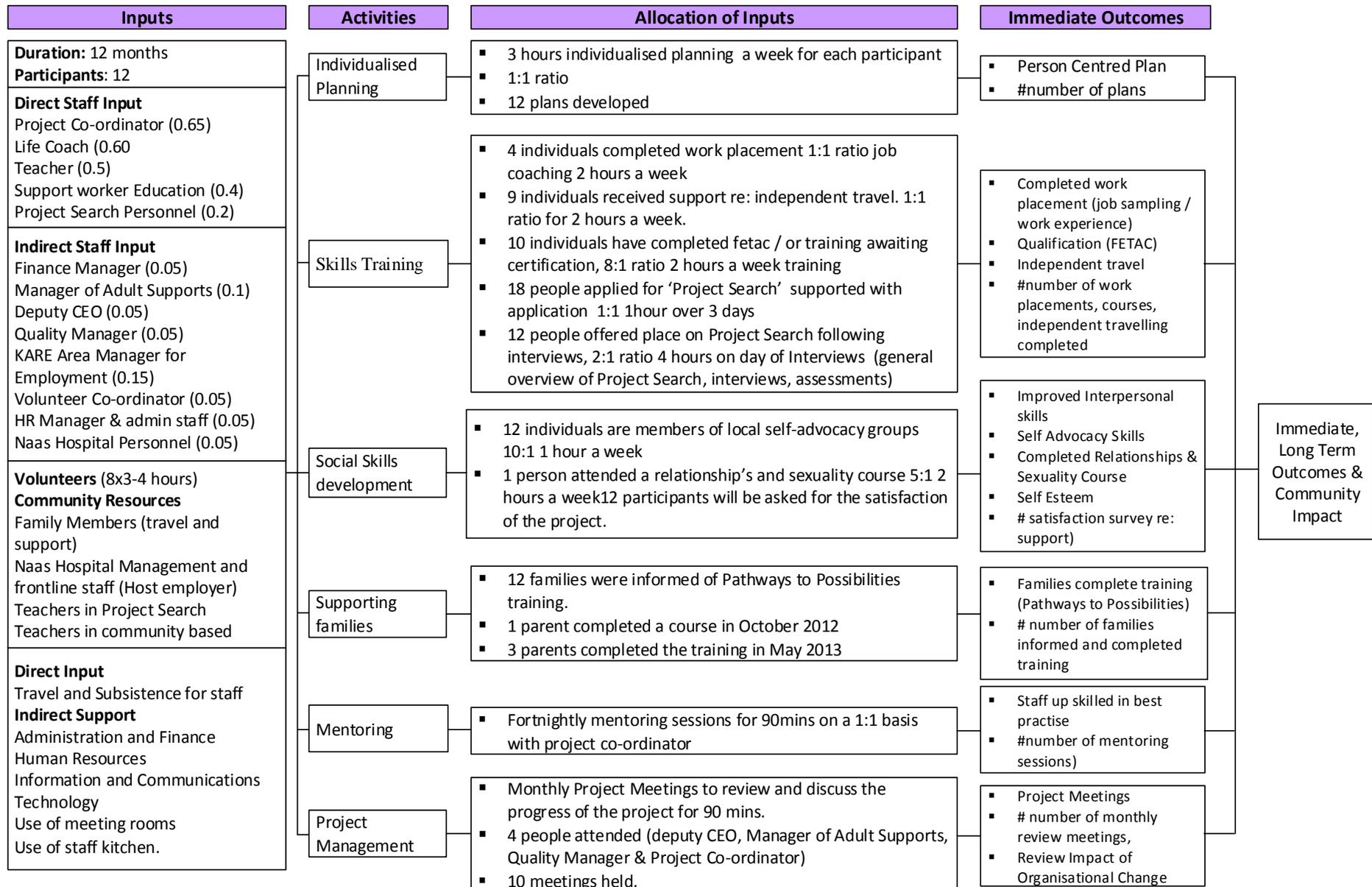
Project Title **Project 1 Creative opportunities for School leavers (Western Care Association)**



Project 2: Move On

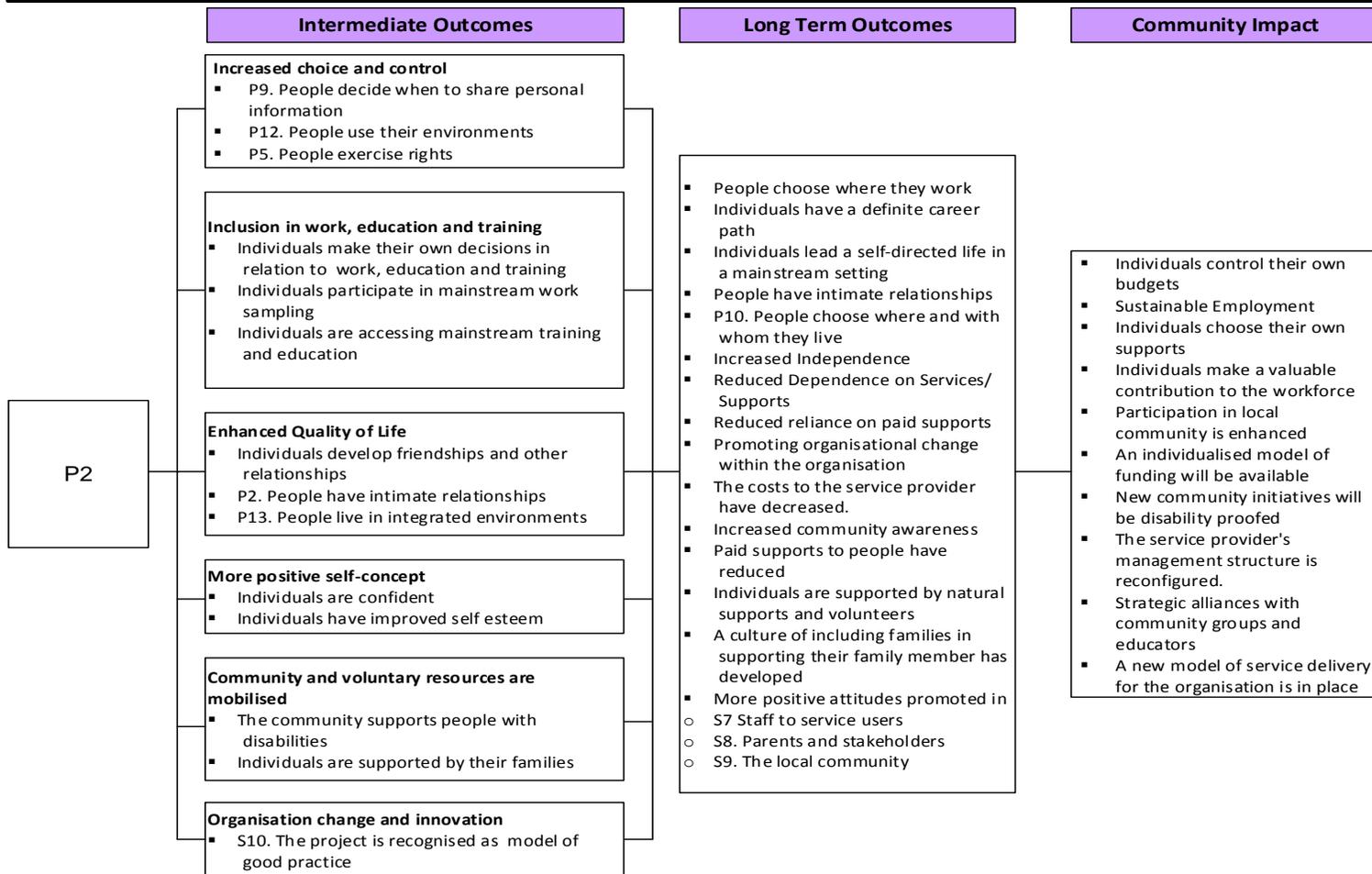
Logic Model Part 1

Project Title **Project 2: Move on, Transition to Adulthood in mainstream setting**



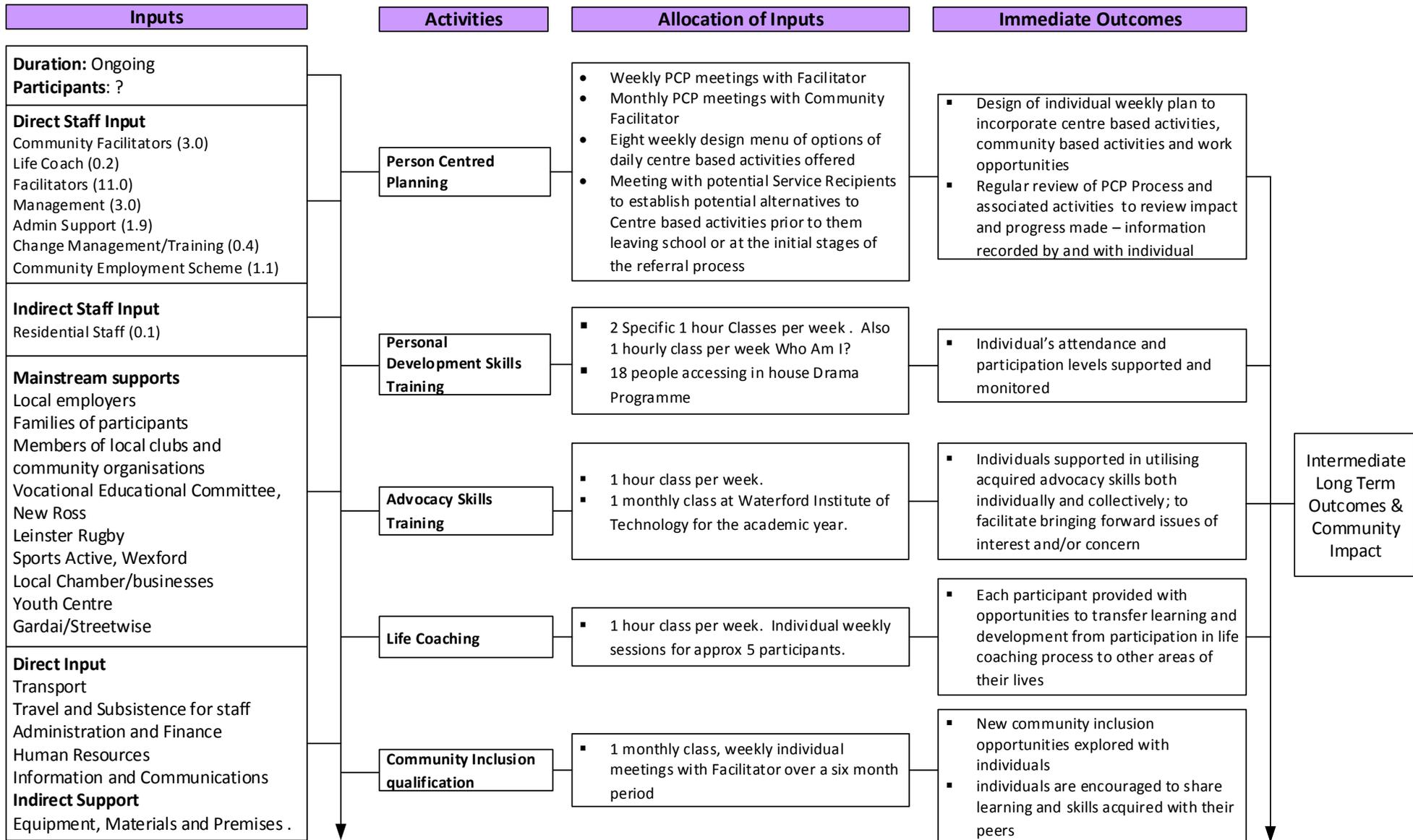
Logic Model Part 2

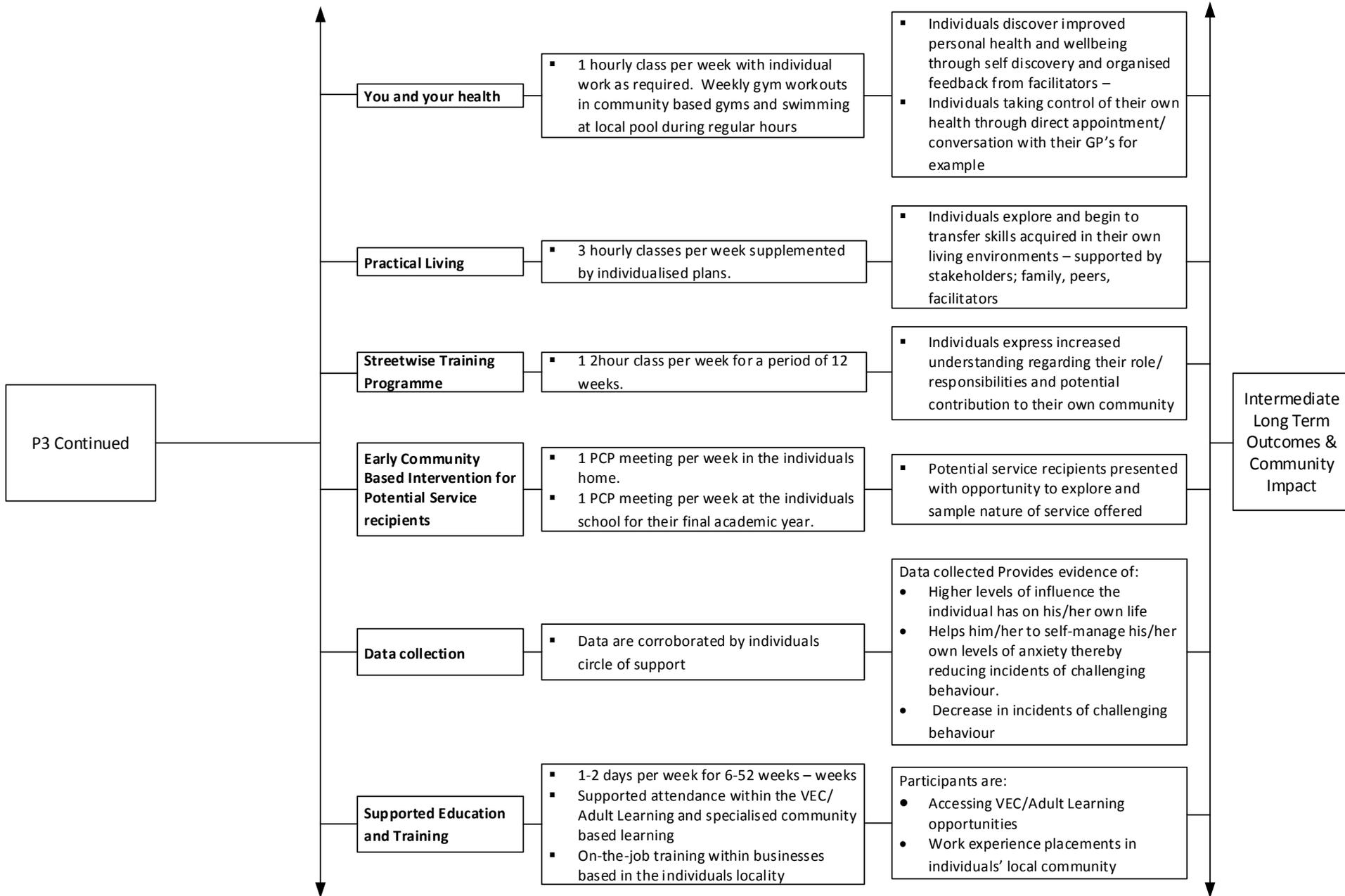
Project Title **Project 2: Move on, Transition to Adulthood in mainstream setting**

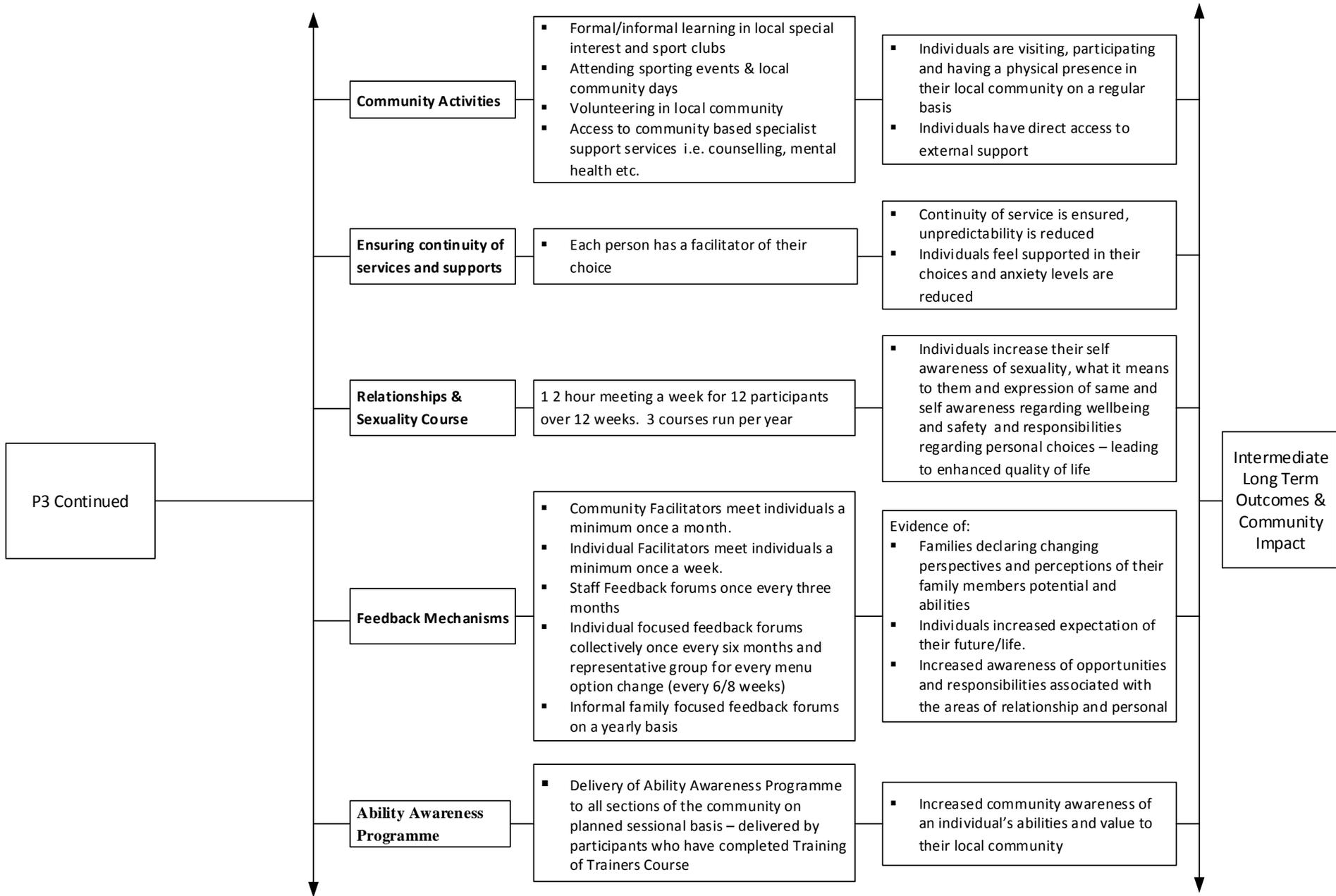


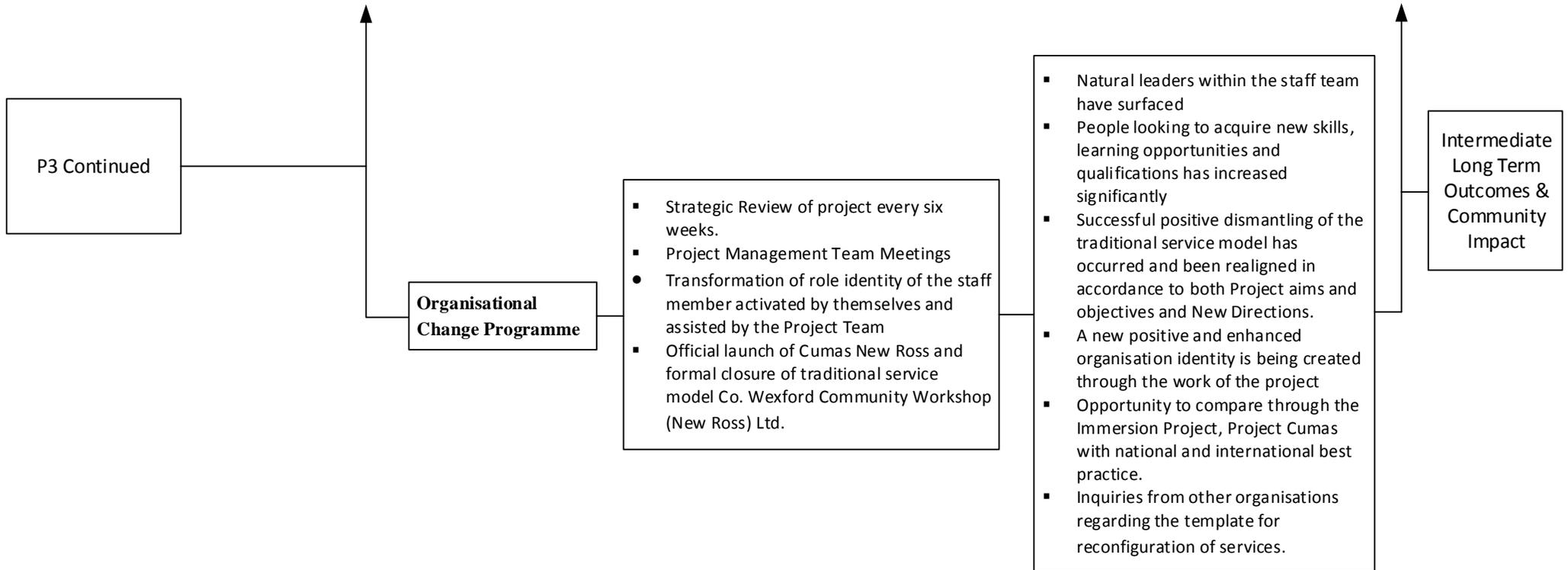
Project 3: Cumas

Final Logic Model Part 1
Project Title Project 3: Cumas (CWCW)

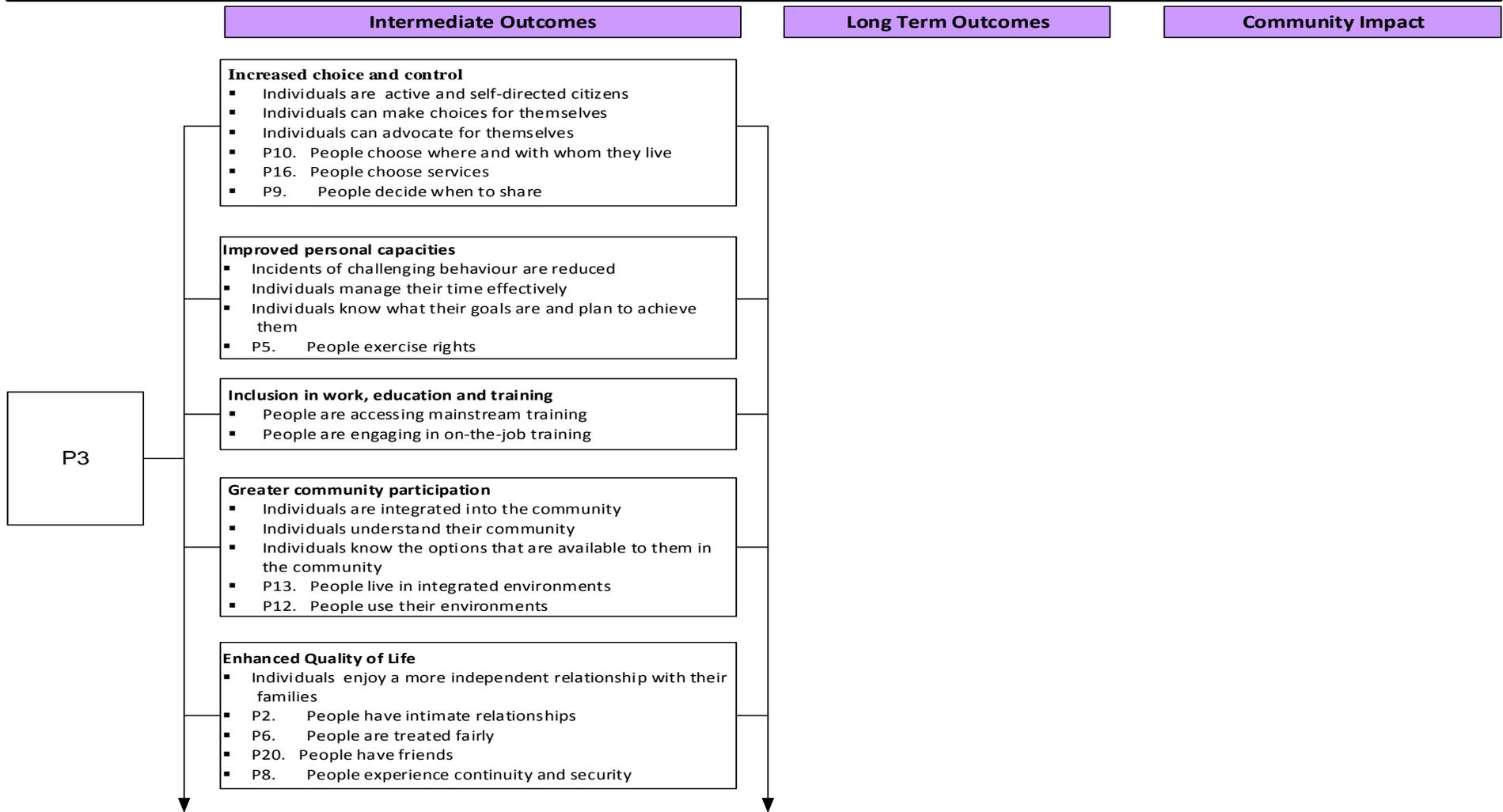


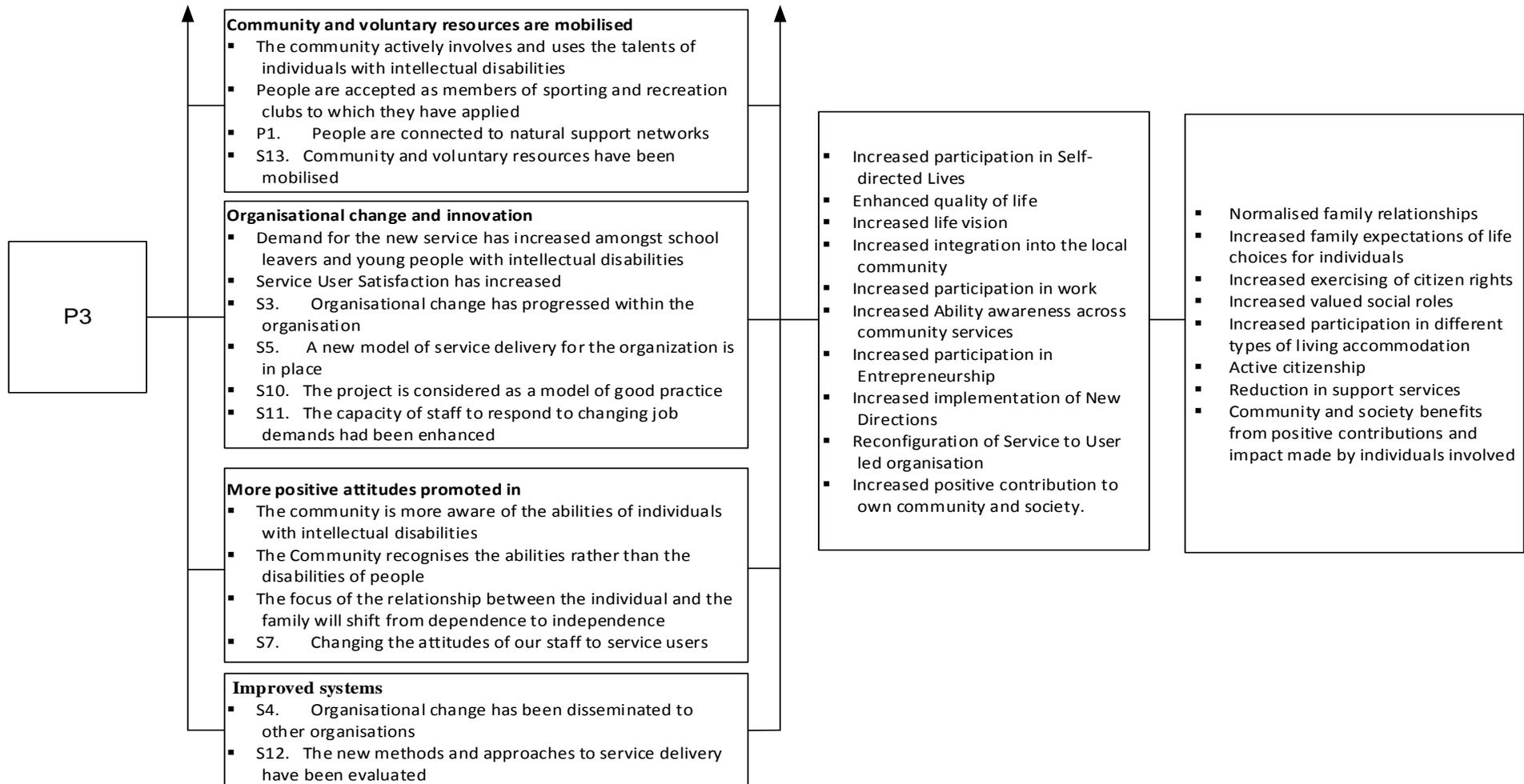






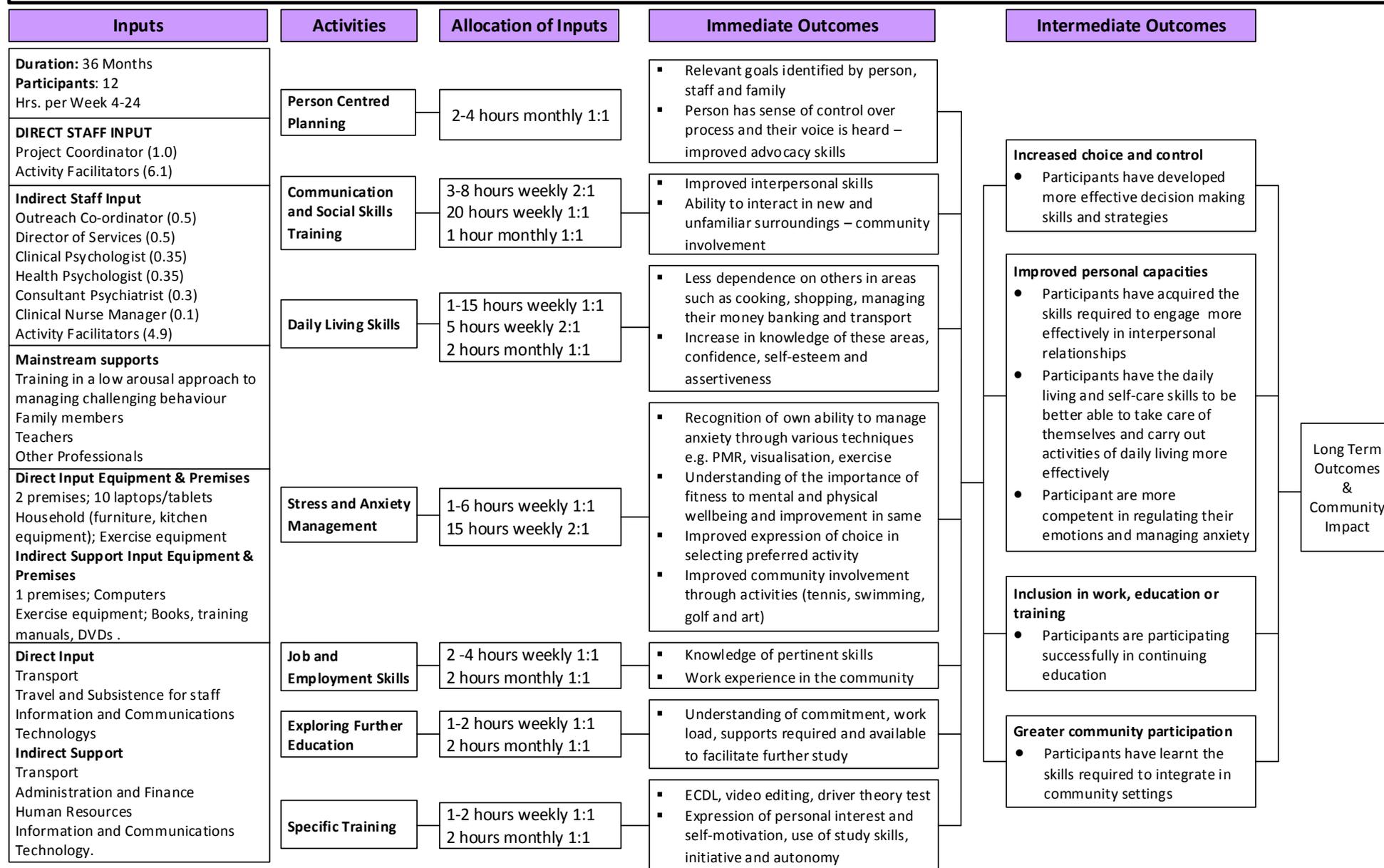
Final Logic Model Part 2
Project Title Project 3: Cumas (CWCW)



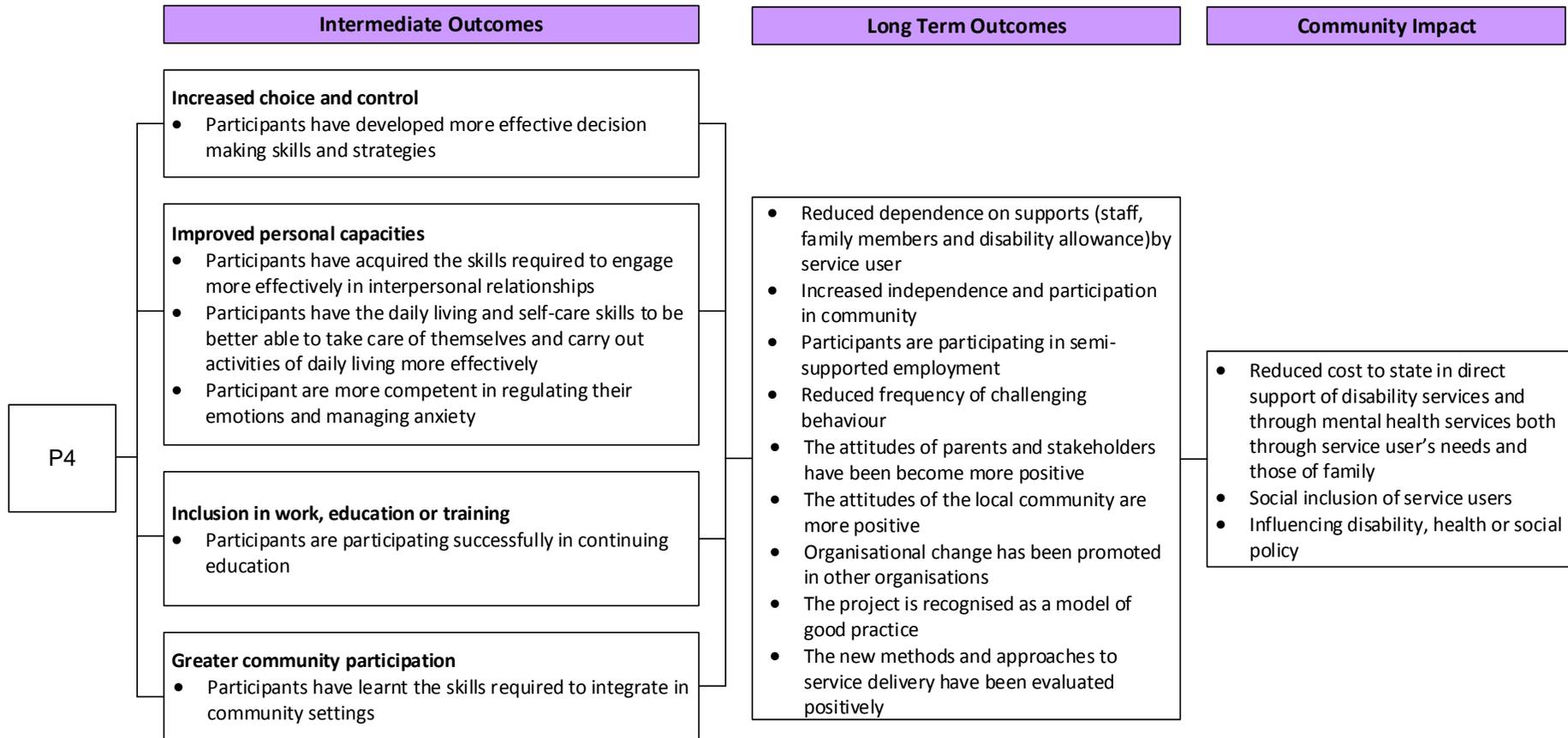


Project 4: Engage

Logic Model Part 1
Project Title Project 4: Engage



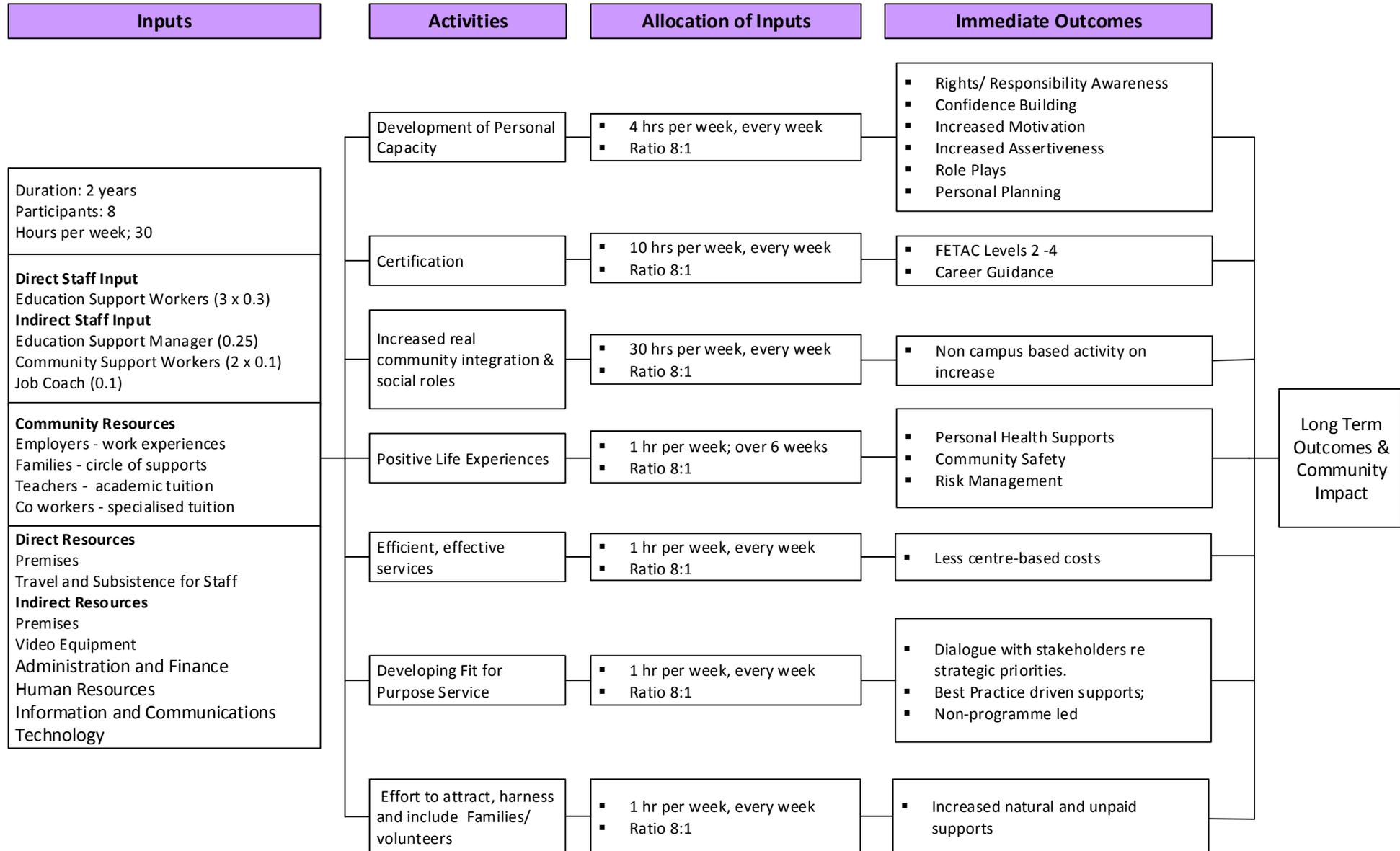
Logic Model Part 2
Project Title Project 4: Engage



Project 5: 'Move On' Transition to adulthood in adult mainstream settings

Logic Model Part 1

Project Title Project 5: Move on Transition to Adulthood in mainstream setting



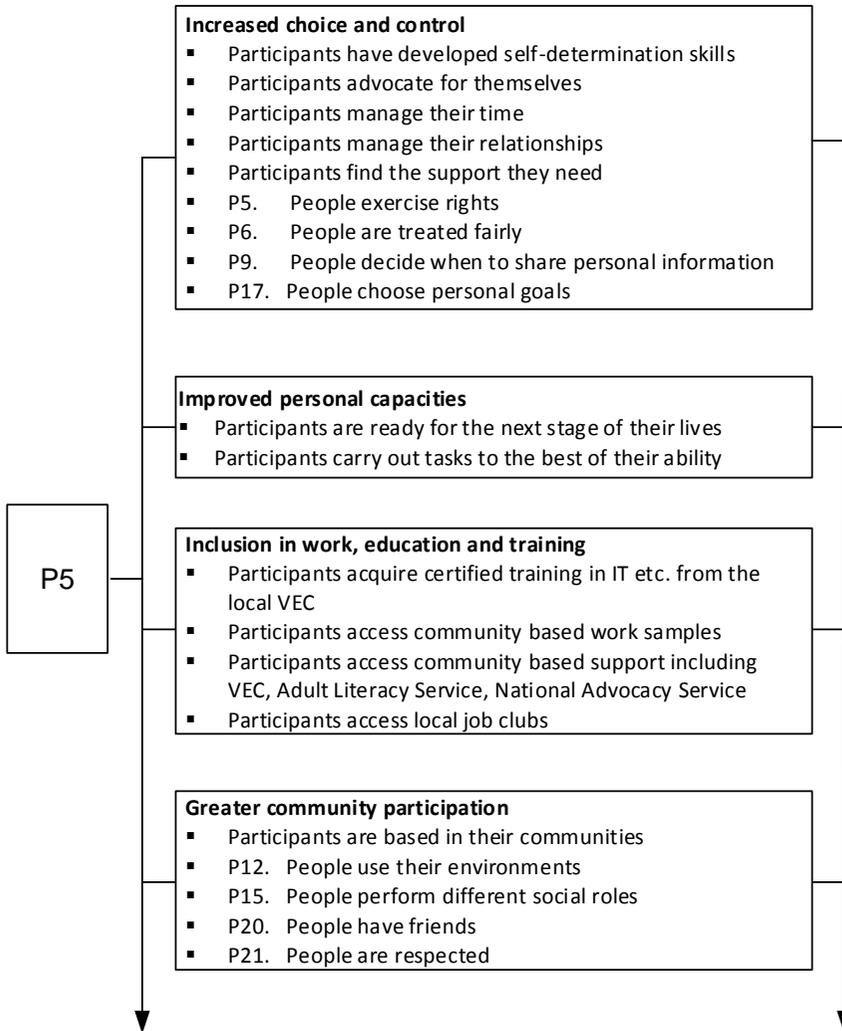
Logic Model Part 2

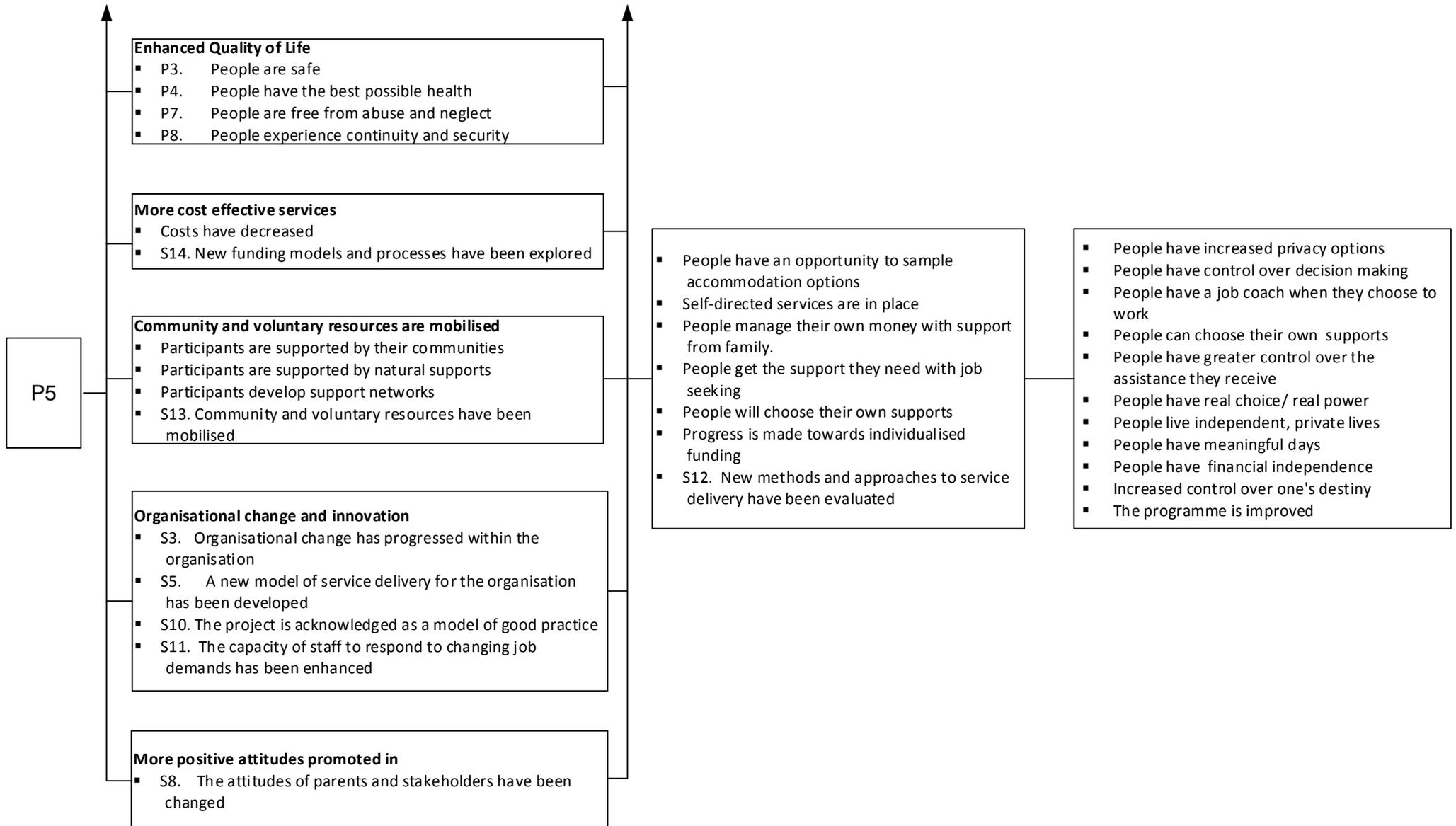
Project Title **Project 5: Move on Transition to Adulthood in mainstream setting**

Intermediate Outcomes

Long Term Outcomes

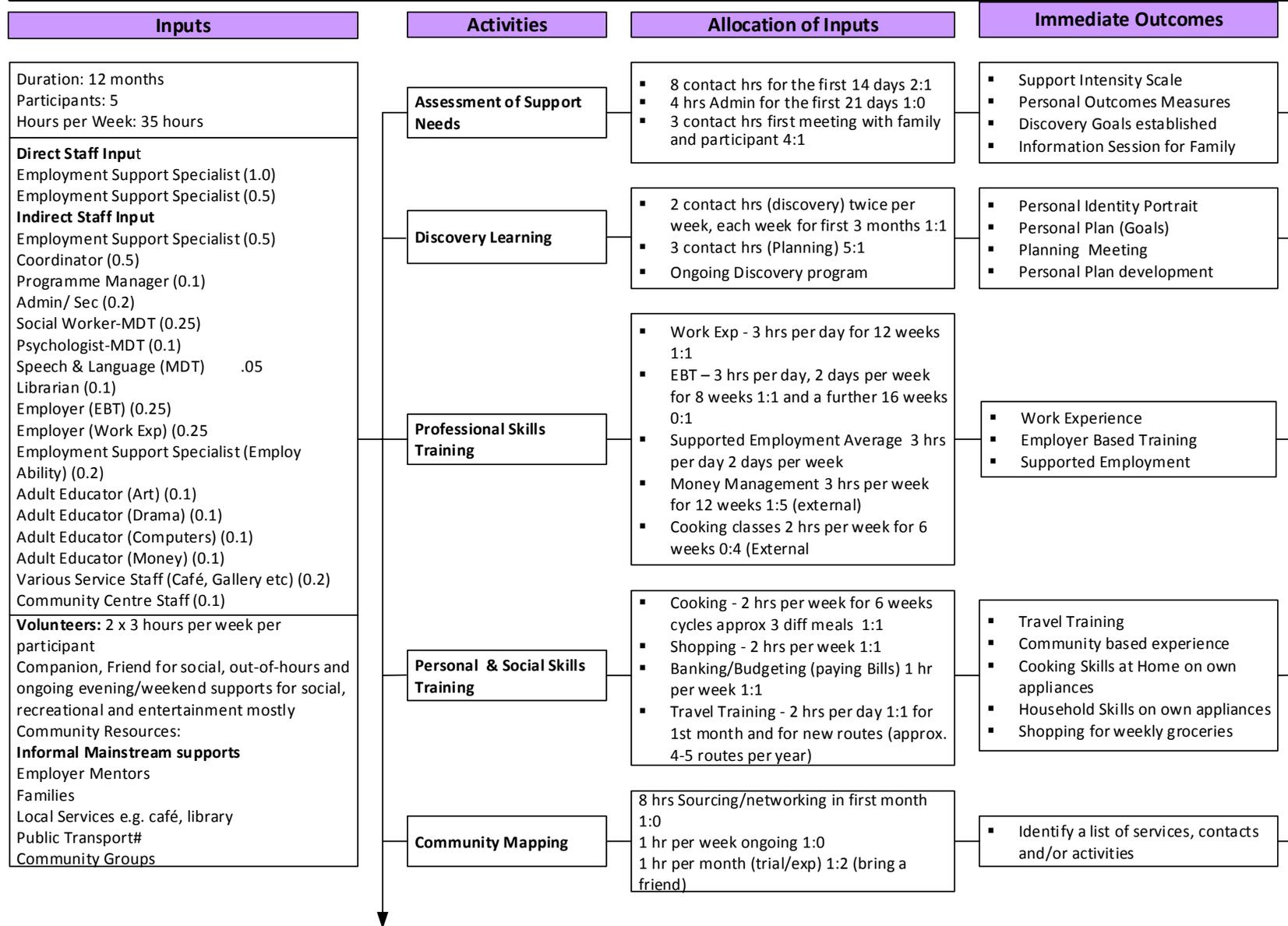
Community Impact

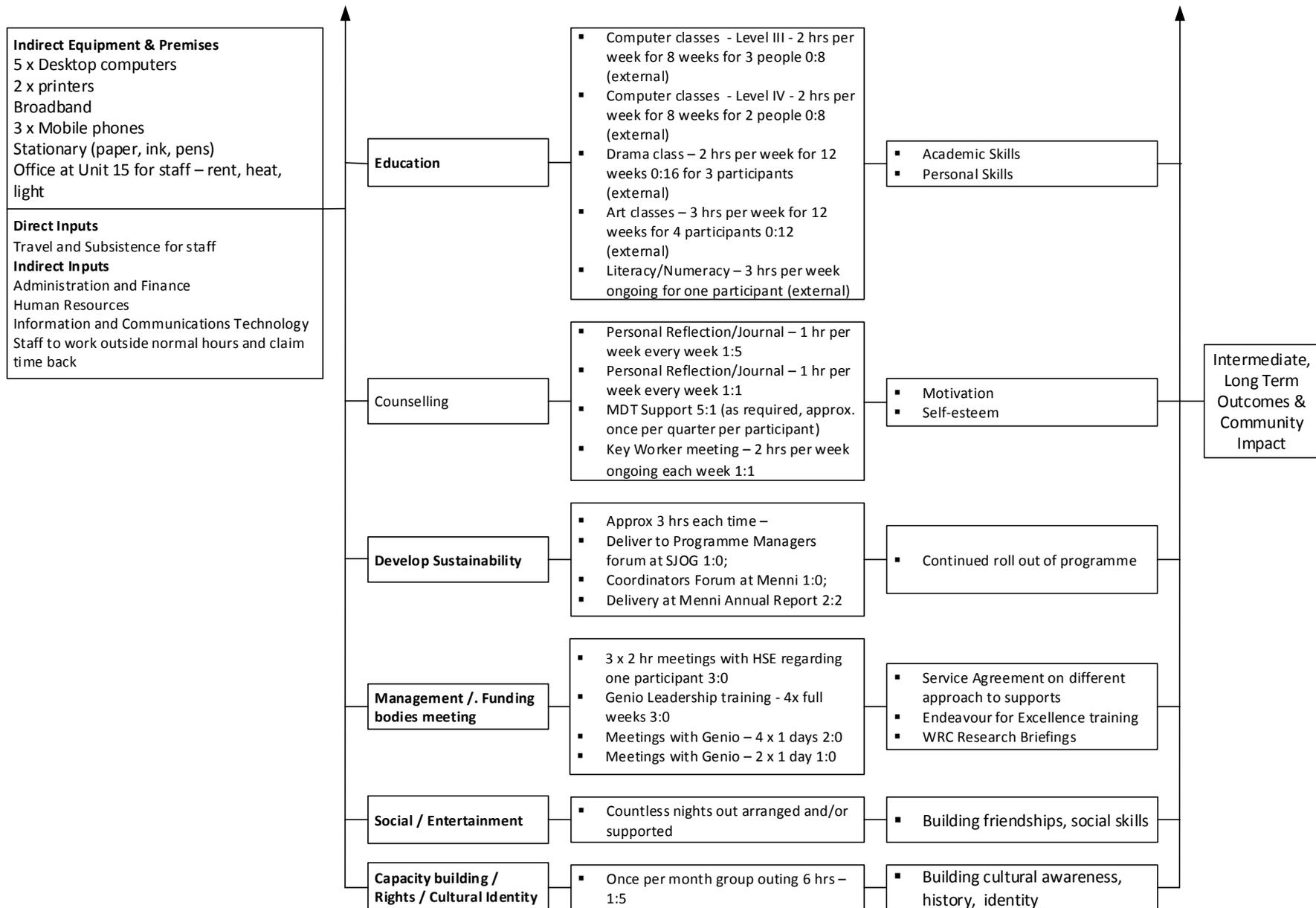




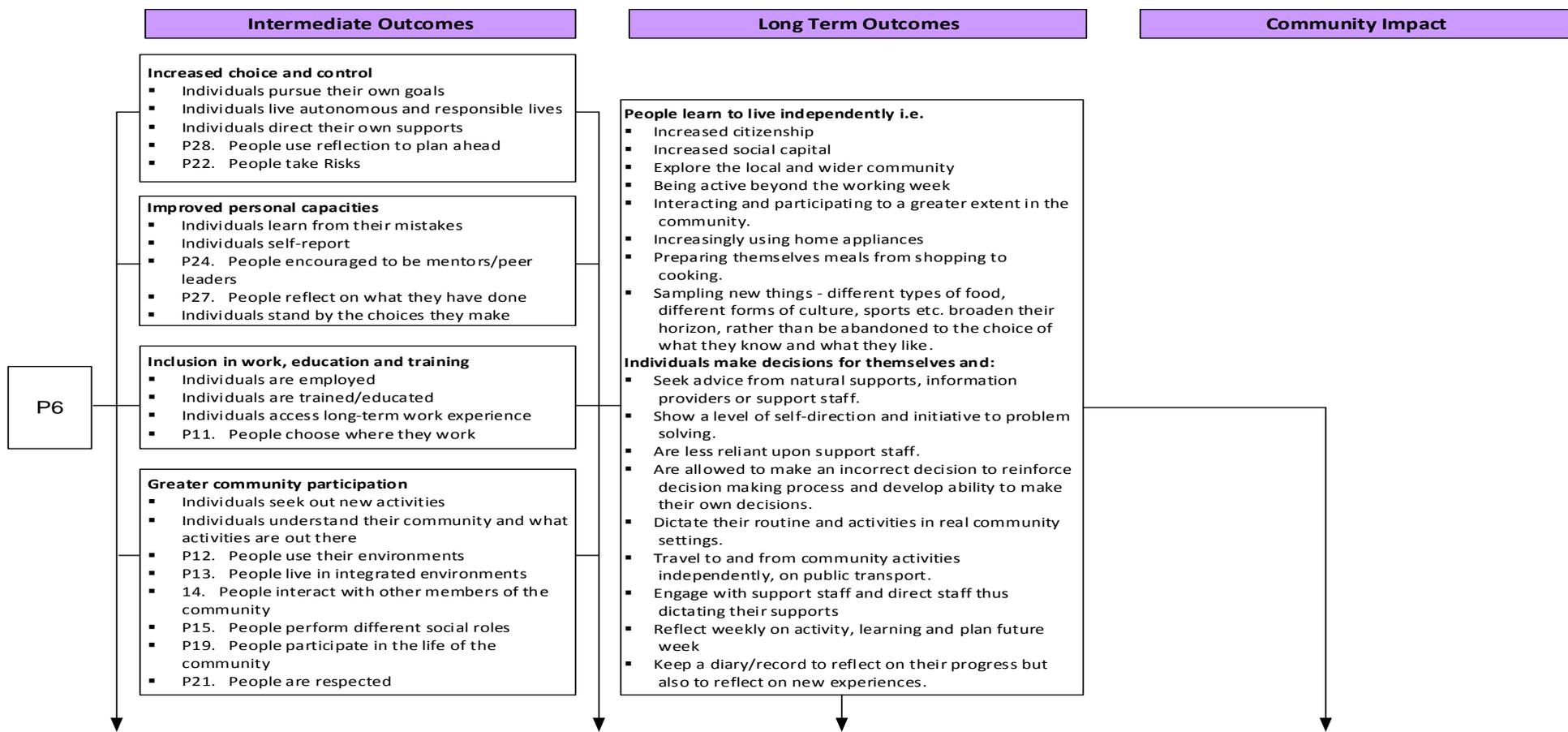
Project 6: Next Steps/Your Way

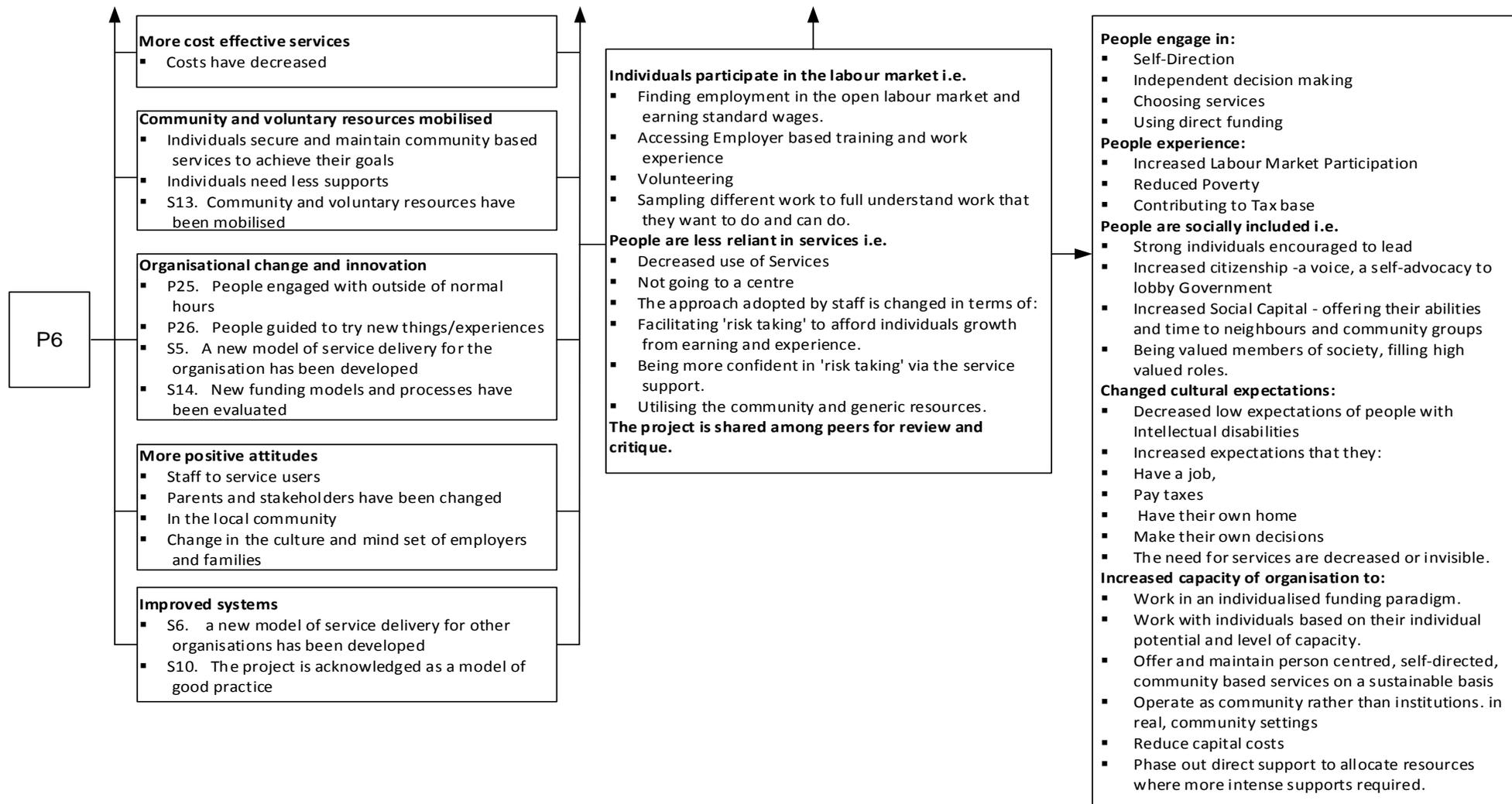
Final Logic Model Part 1
Project Title Project 6: Next Steps/Your Way





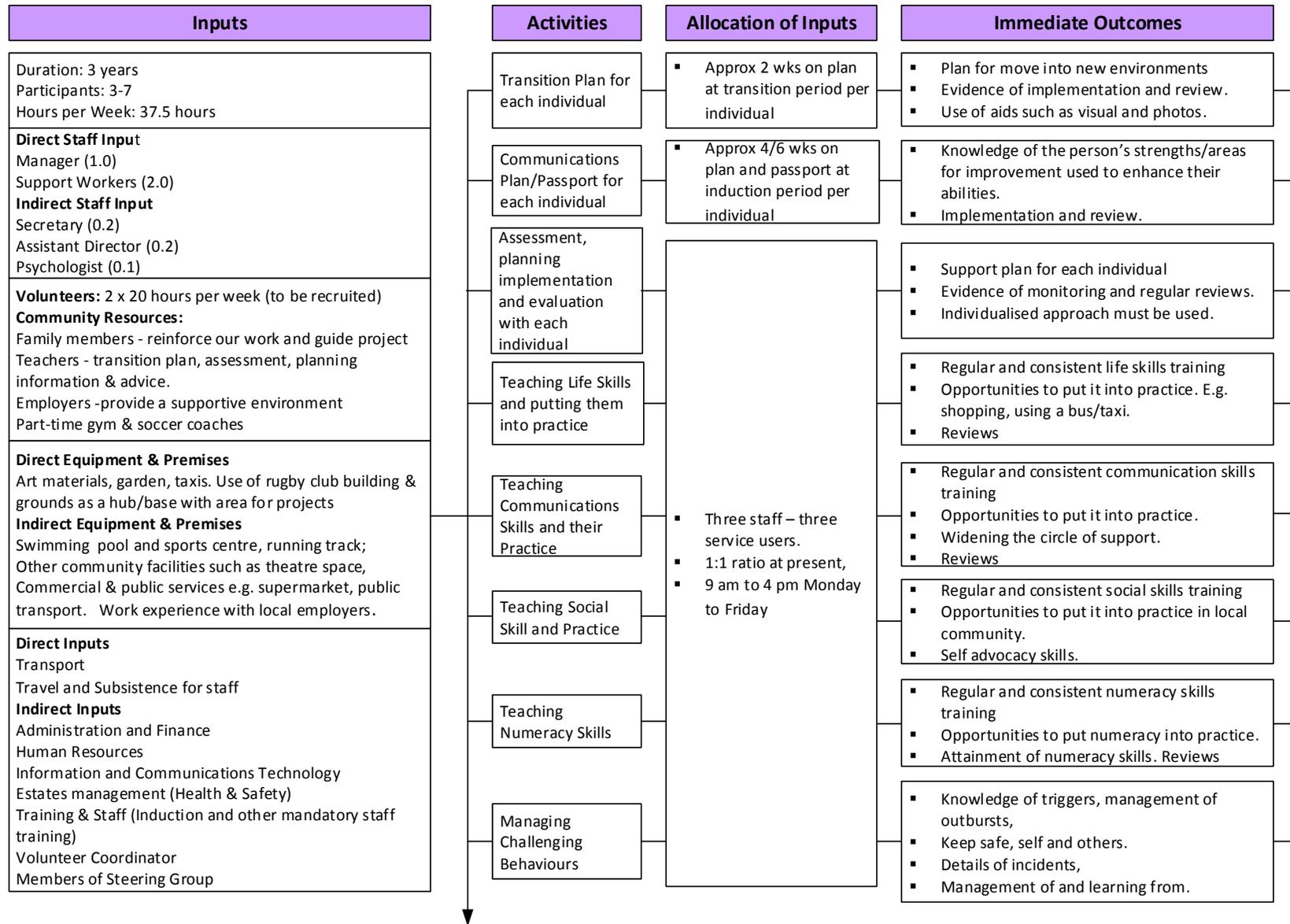
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Project Title Project 6: Next Steps/Your Way



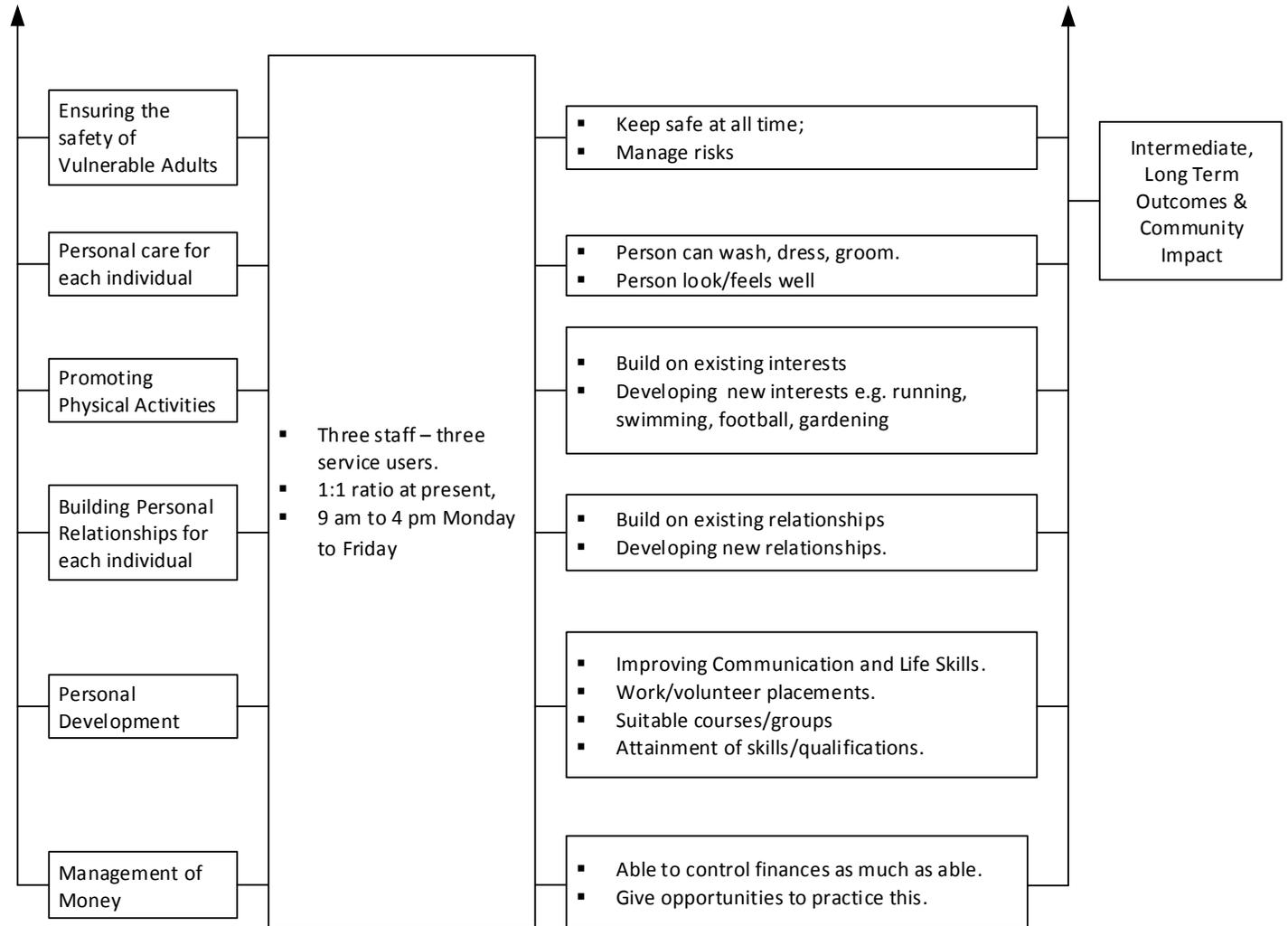


Project 7: On the Move

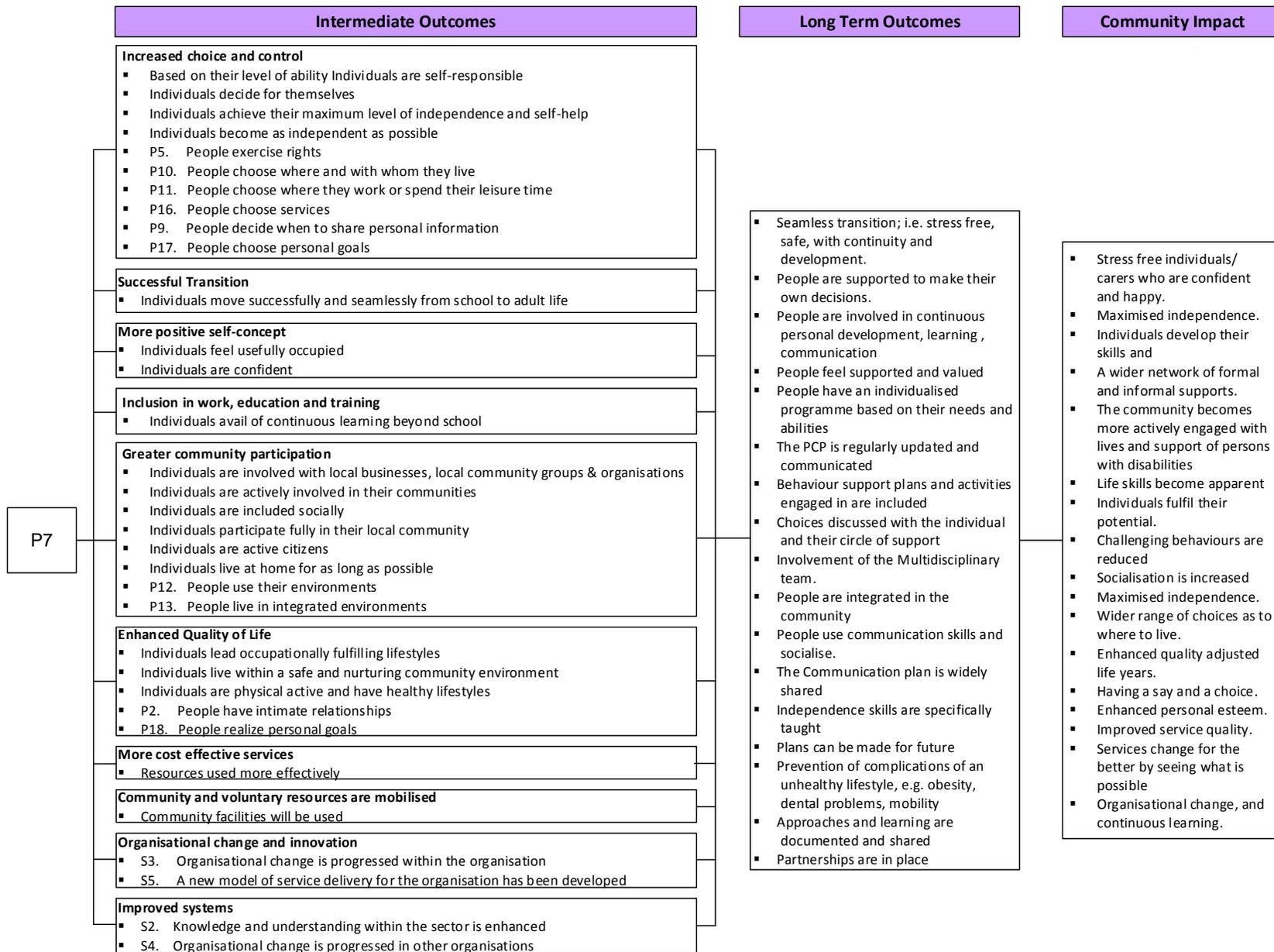
Logic Model Part 1
Project Title Project 7: On the Move Praxis Care



P7



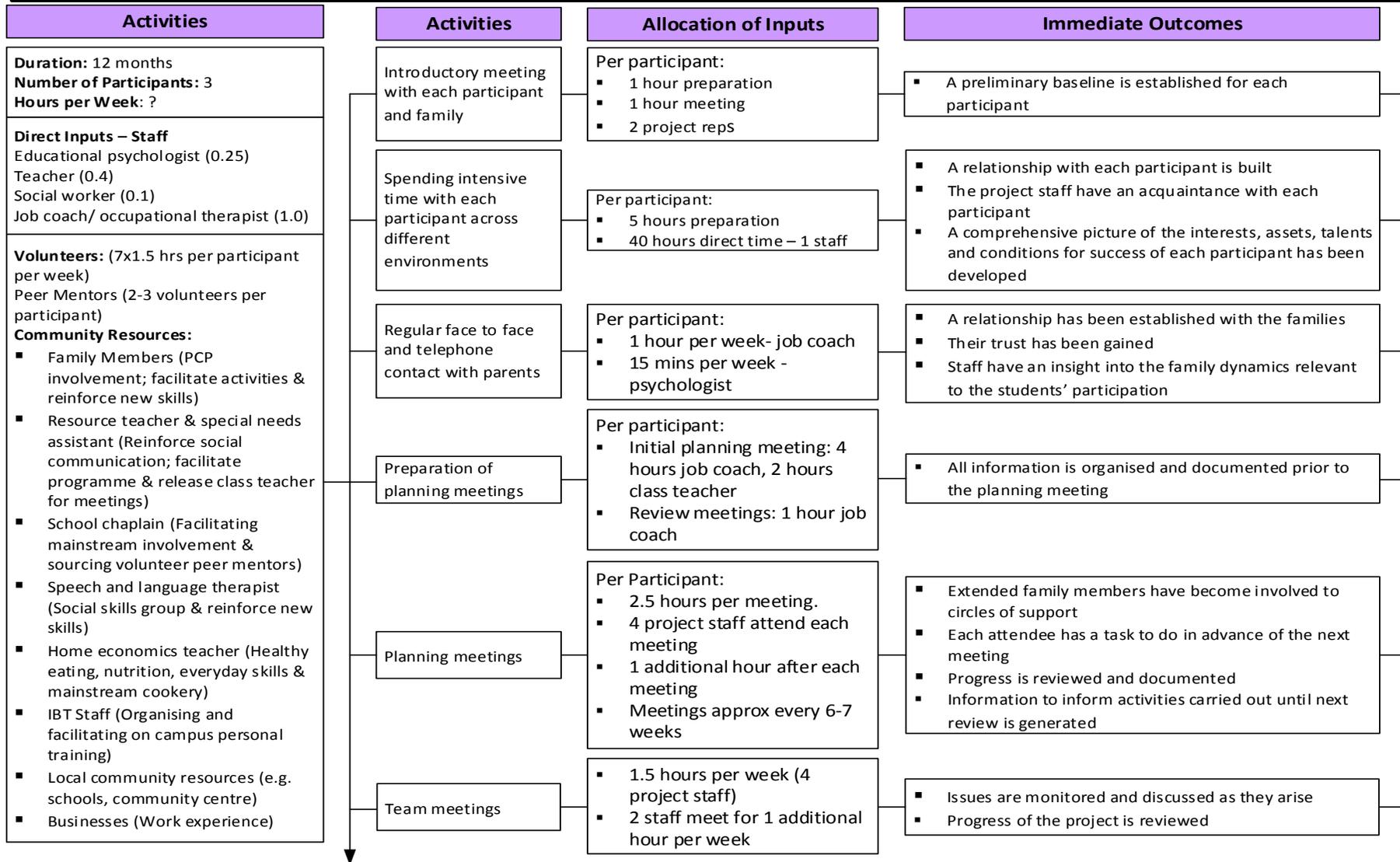
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Project Title Project 7: On the Move Praxis Care

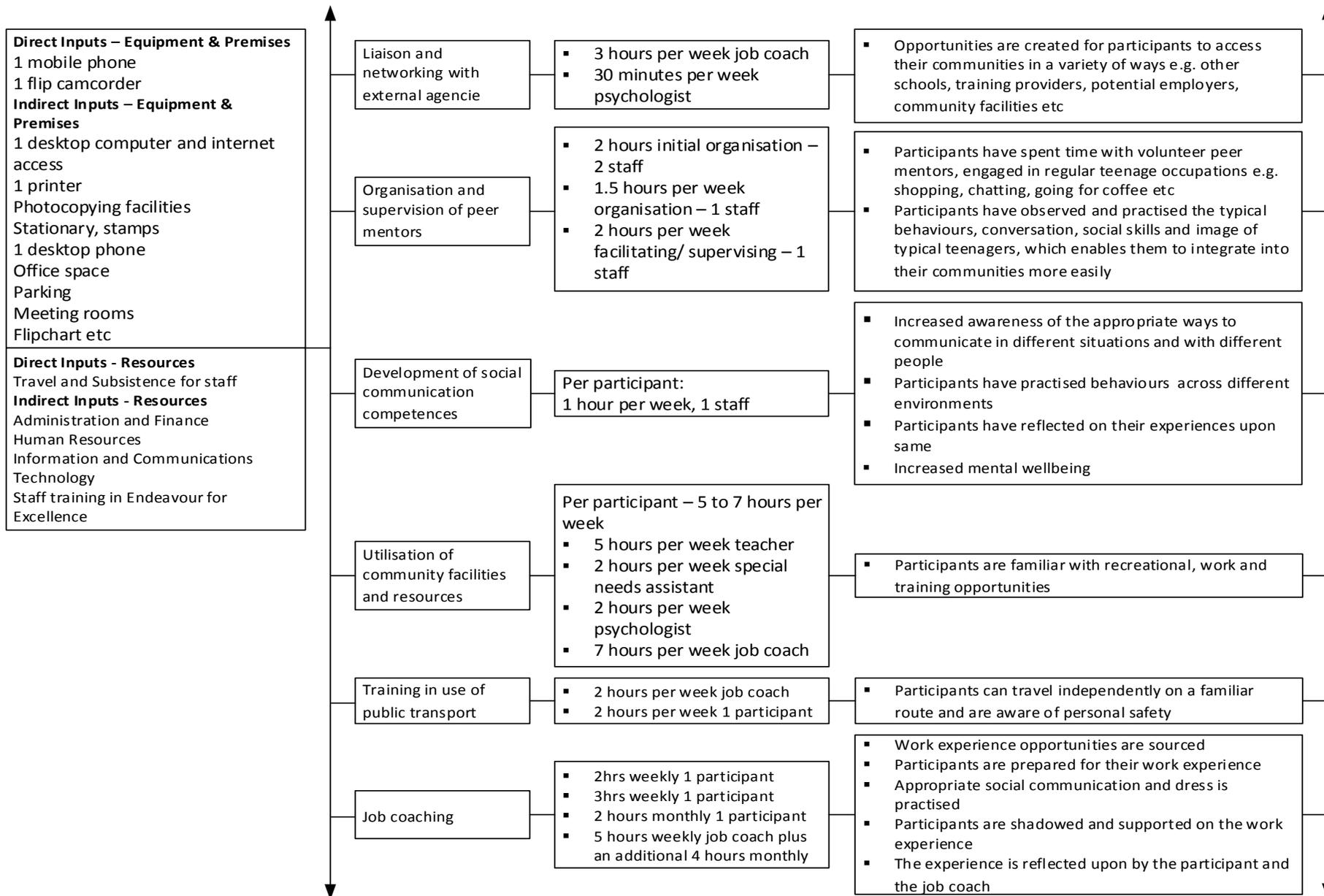


P7

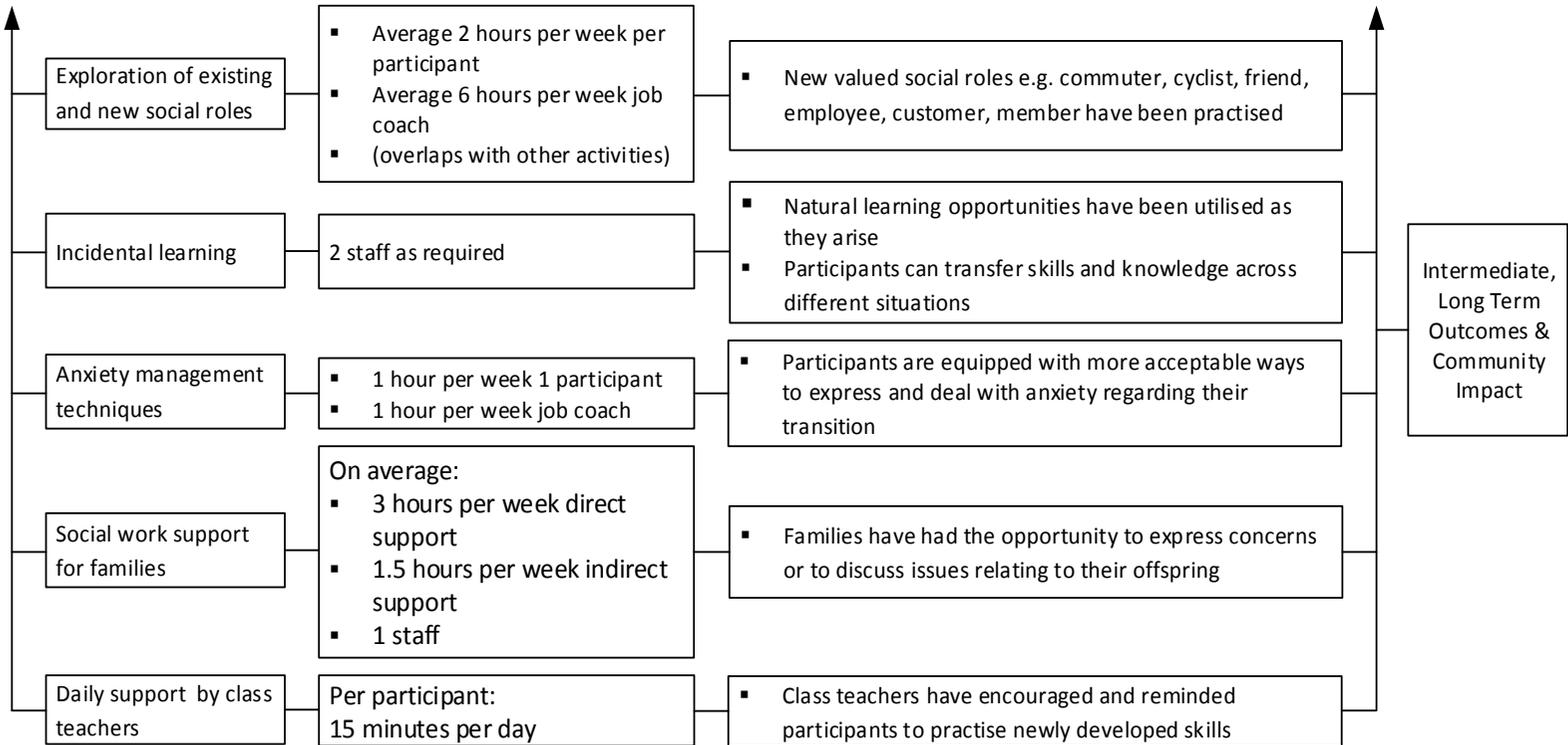
Project 8: PCP for school leavers

Logic Model Part 1
Project Title Project 8: PCP for school leavers

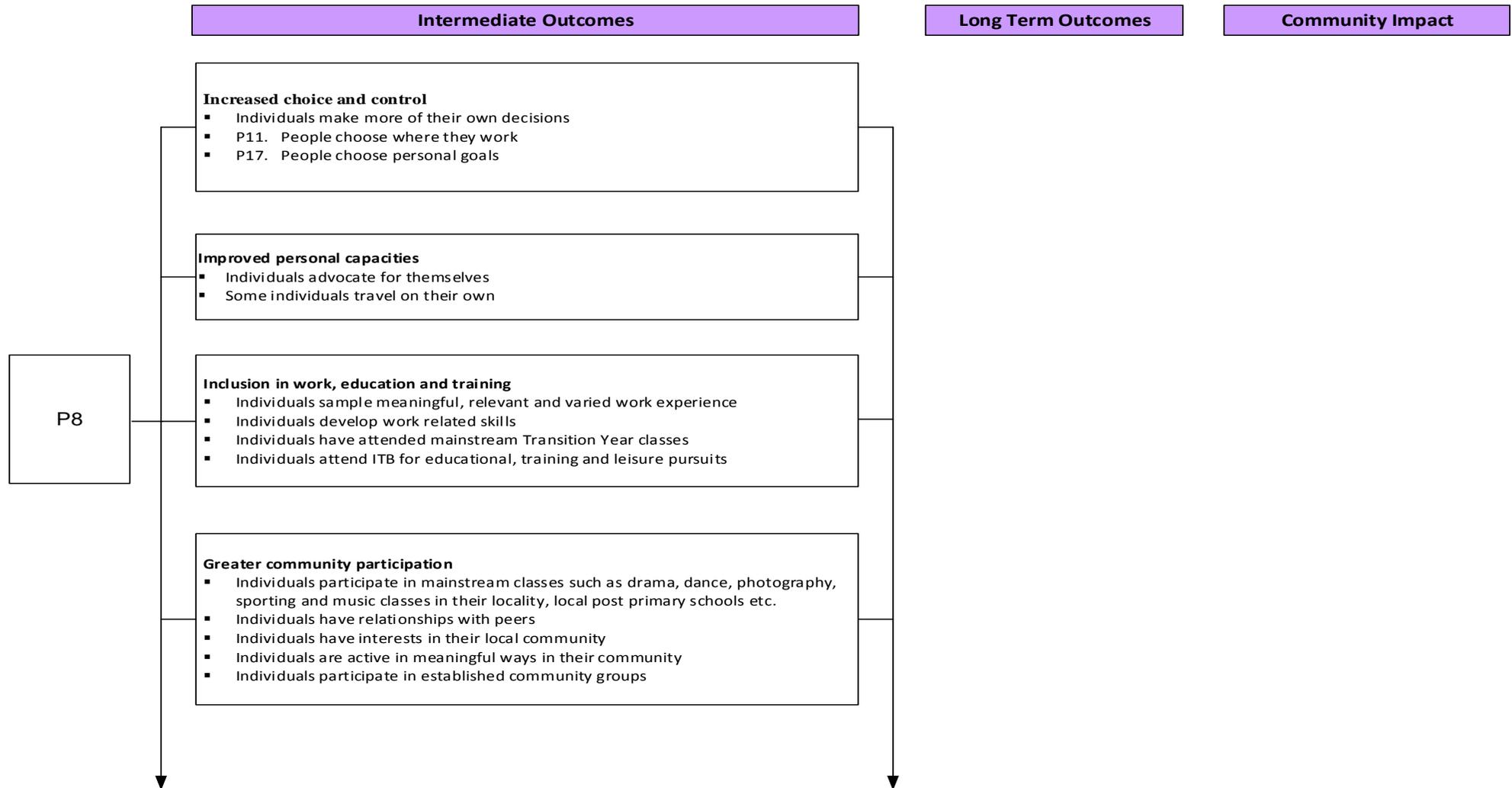


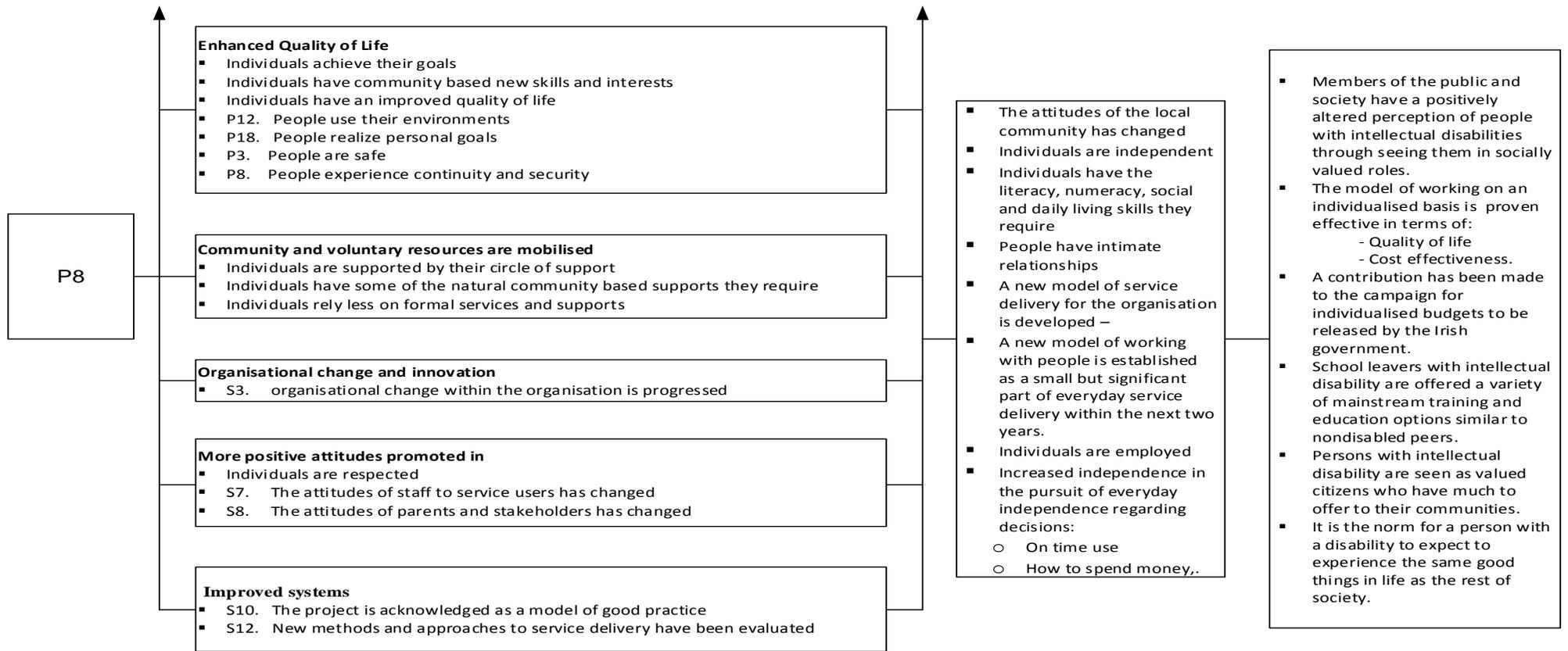


P8
Continued



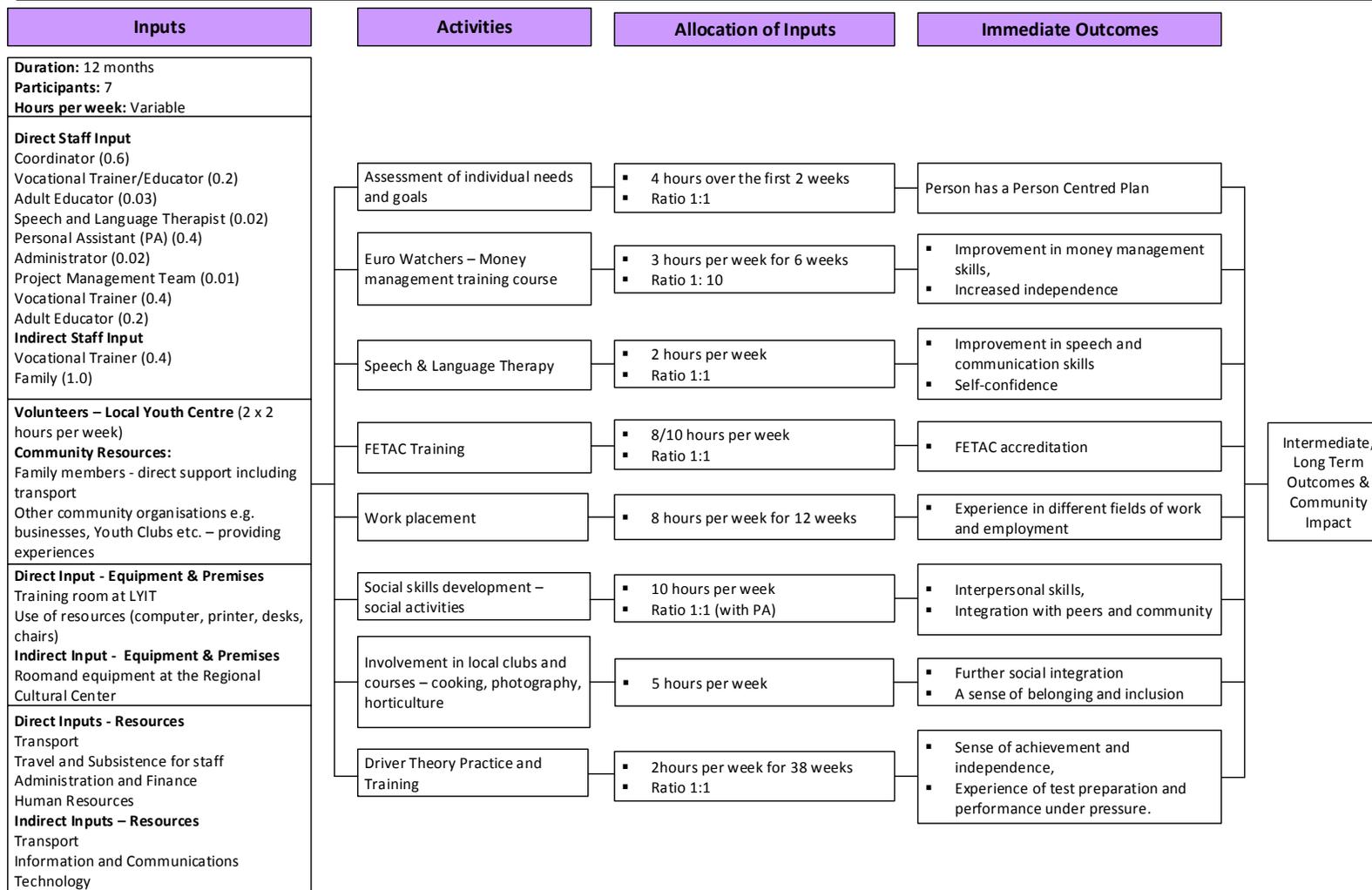
Logic Mode Part 2
Project Title Project 8: PCP for school leavers



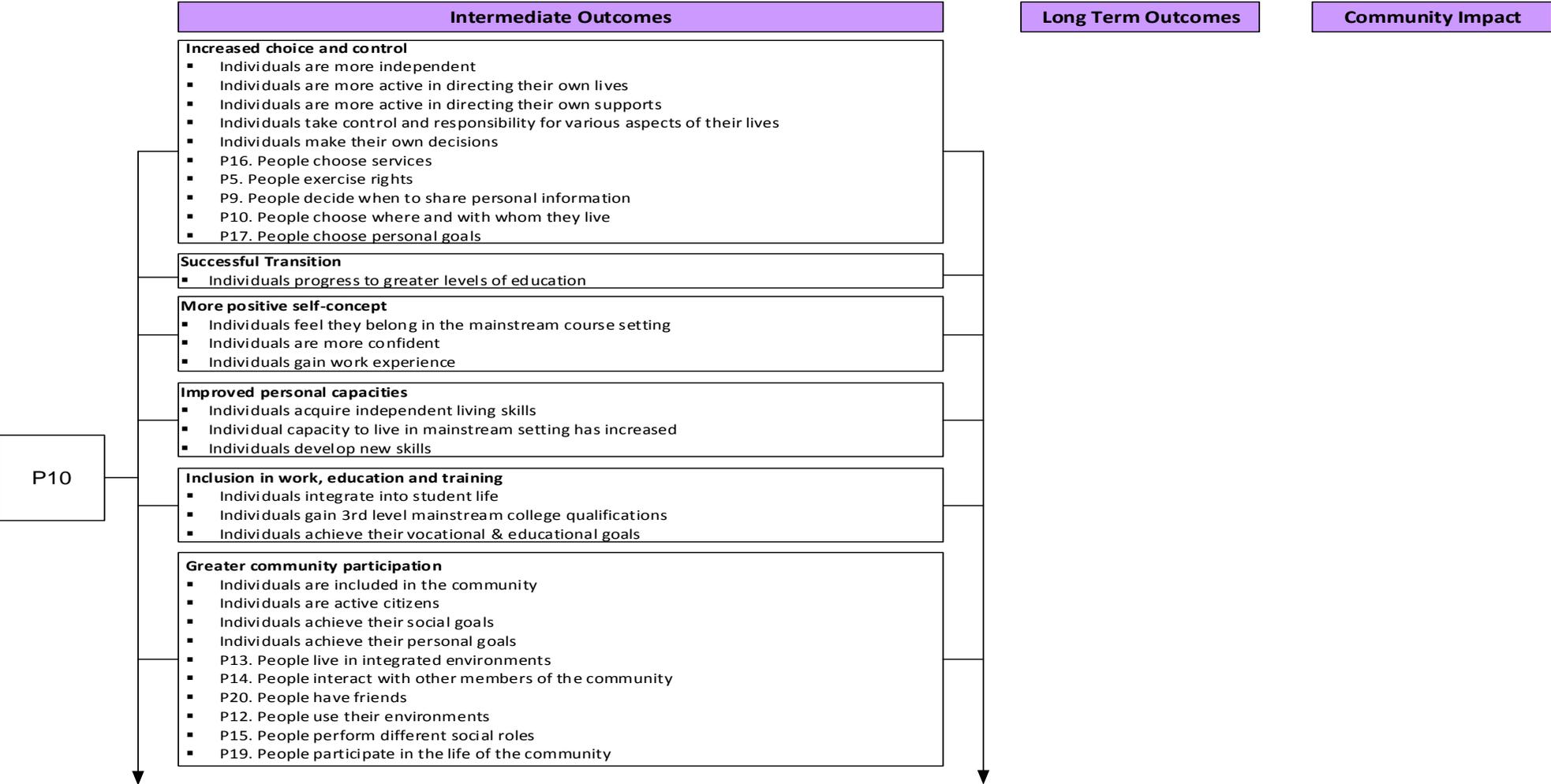


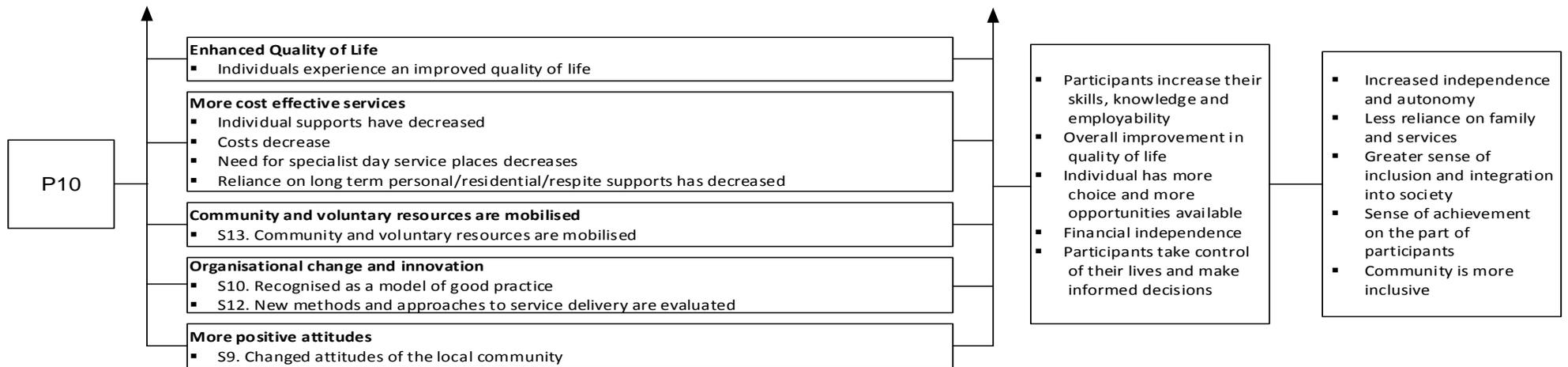
Project 10: Bridging the Gap

Logic Model Part 1
Project Title Project 10: Bridging the Gap



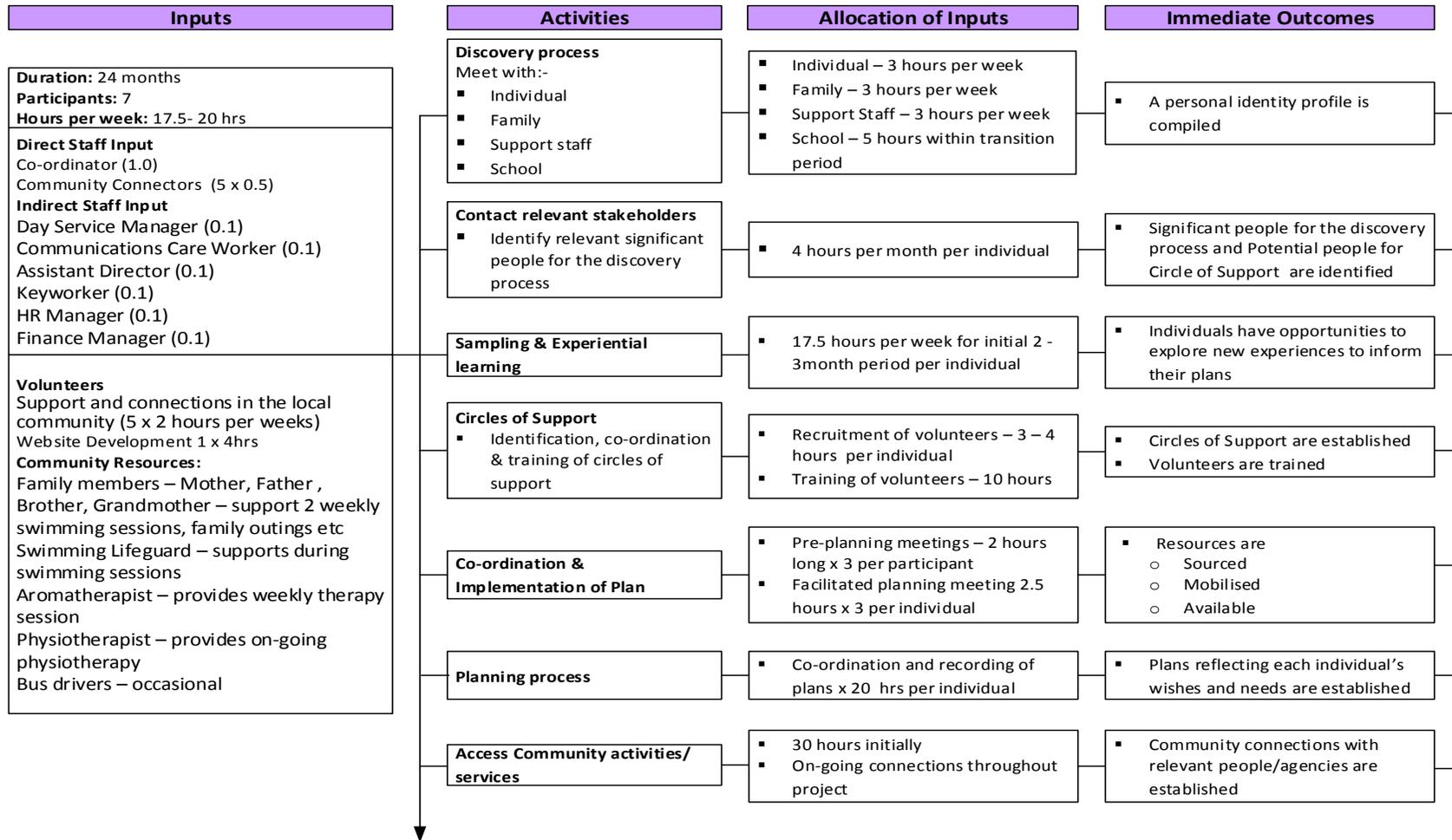
Logic Model Part 2
Project Title Project 10: Bridging the Gap

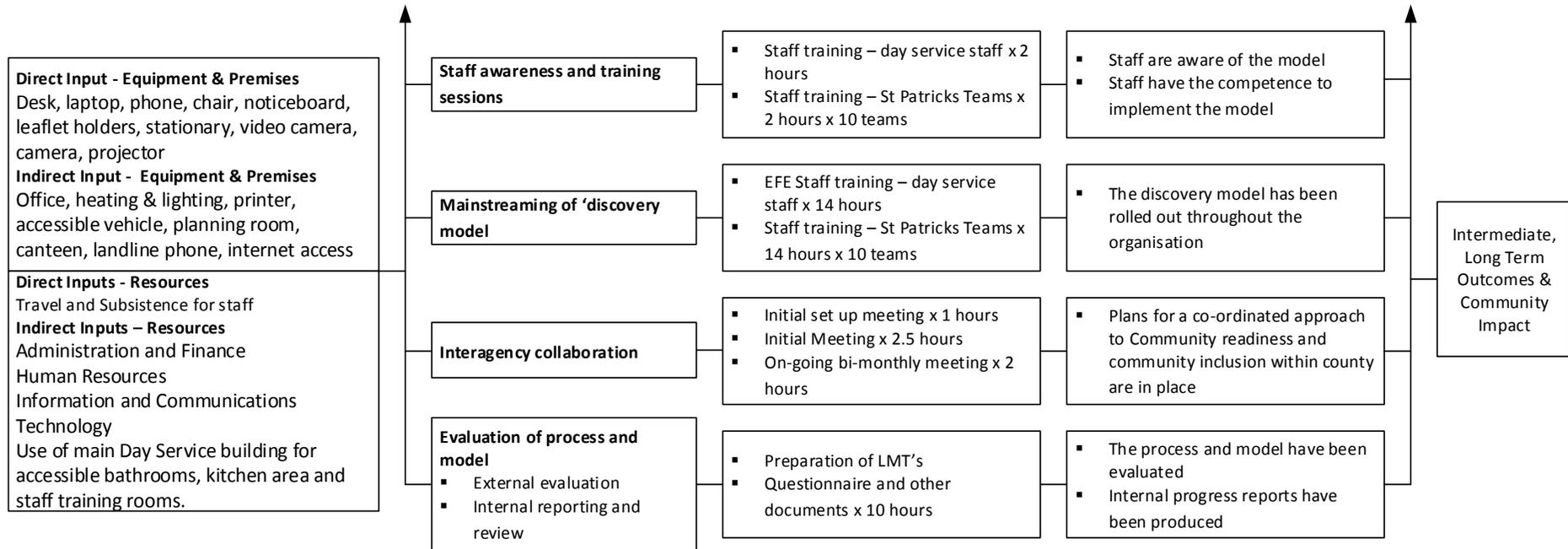




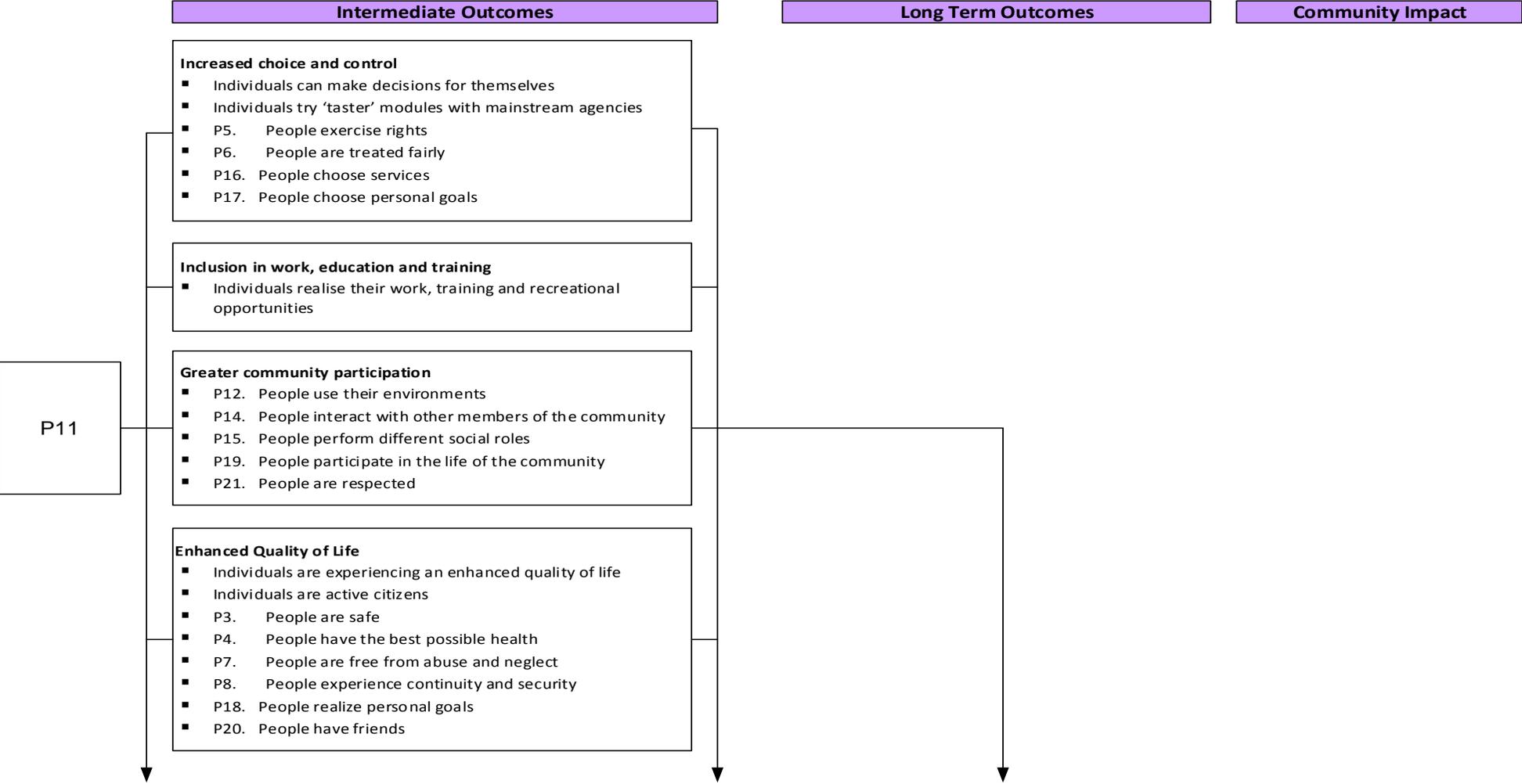
Project 11: The Acorn

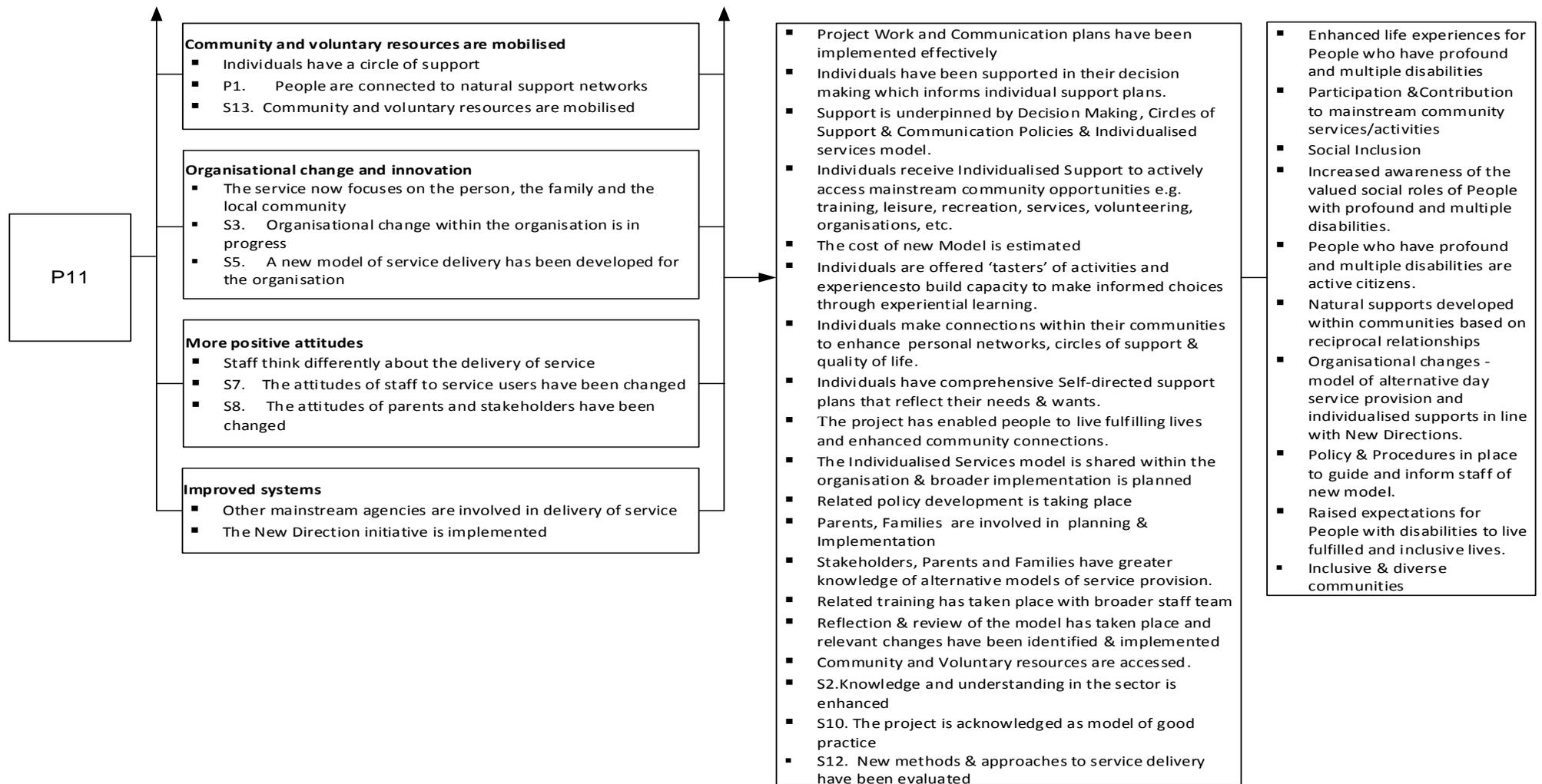
Final Logic Model Part 1
Project Title Project 11: Acorn





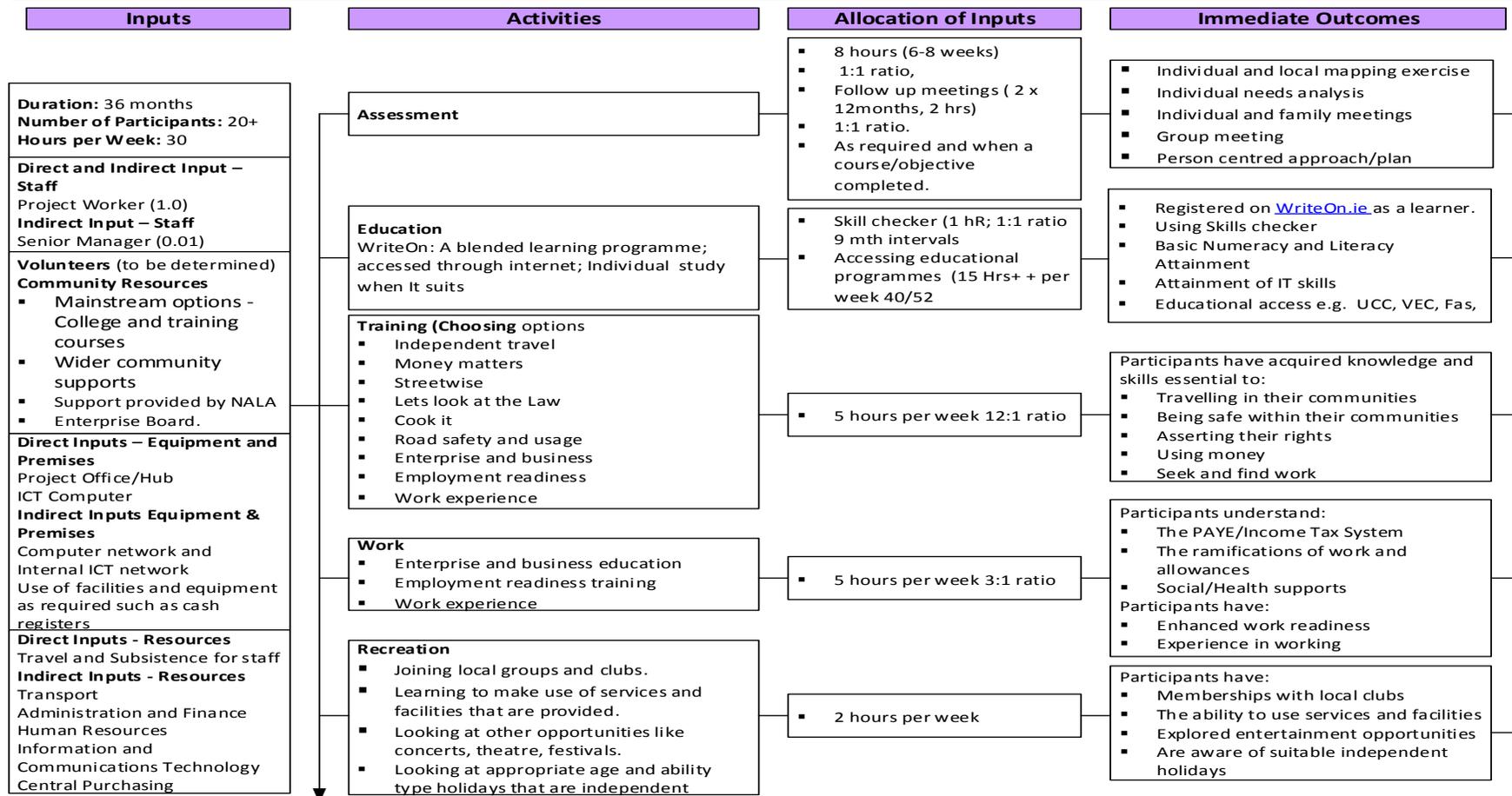
Final Logic Model Part 2
Project Title Project 11: Acorn



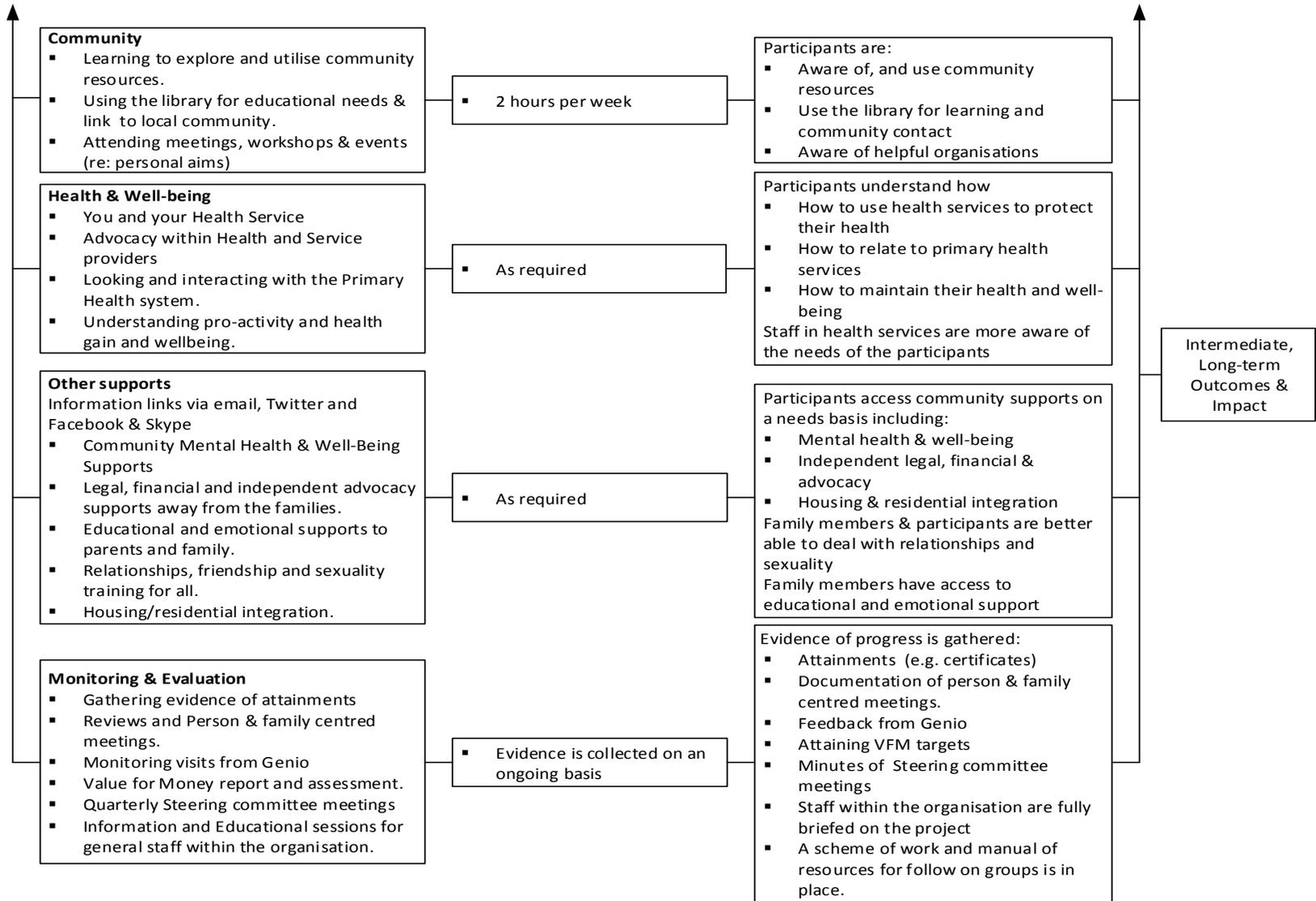


Project 12: The Village

Logic Model Part 1
Project Title Project 12: The Village

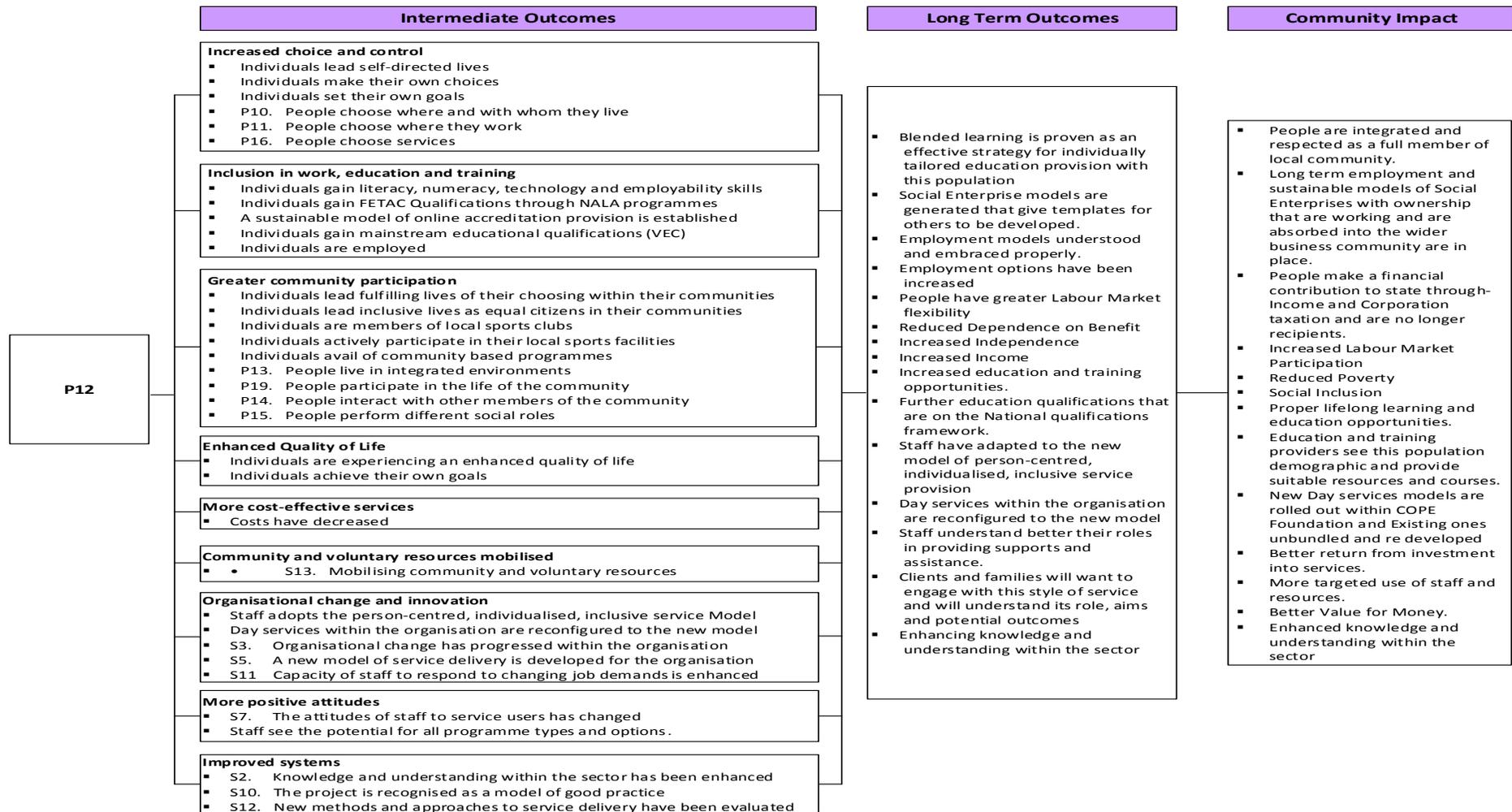


P12 Part 1 Continued



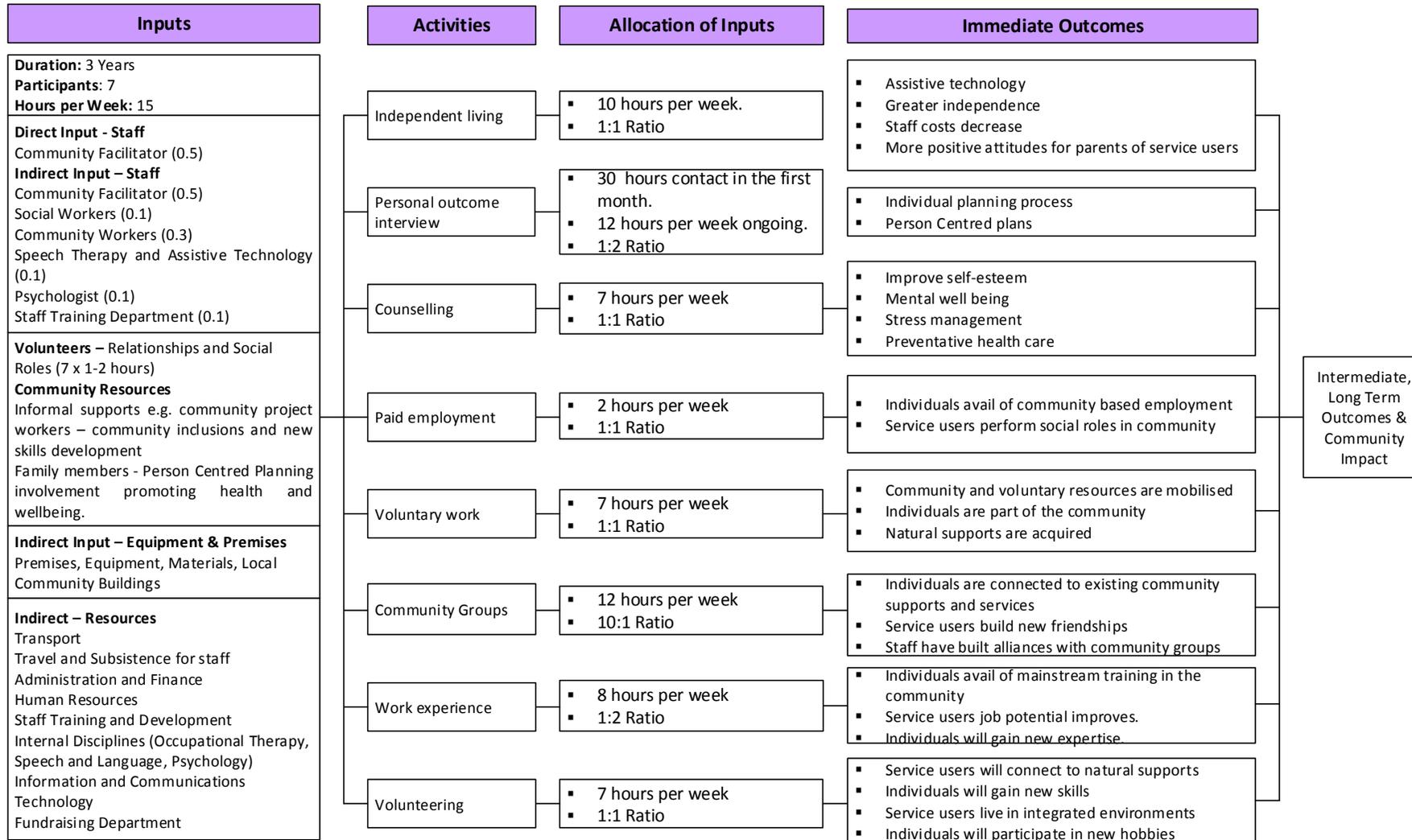
Intermediate, Long-term Outcomes & Impact

Logic Model Part 2
Project Title Project 12: The Village

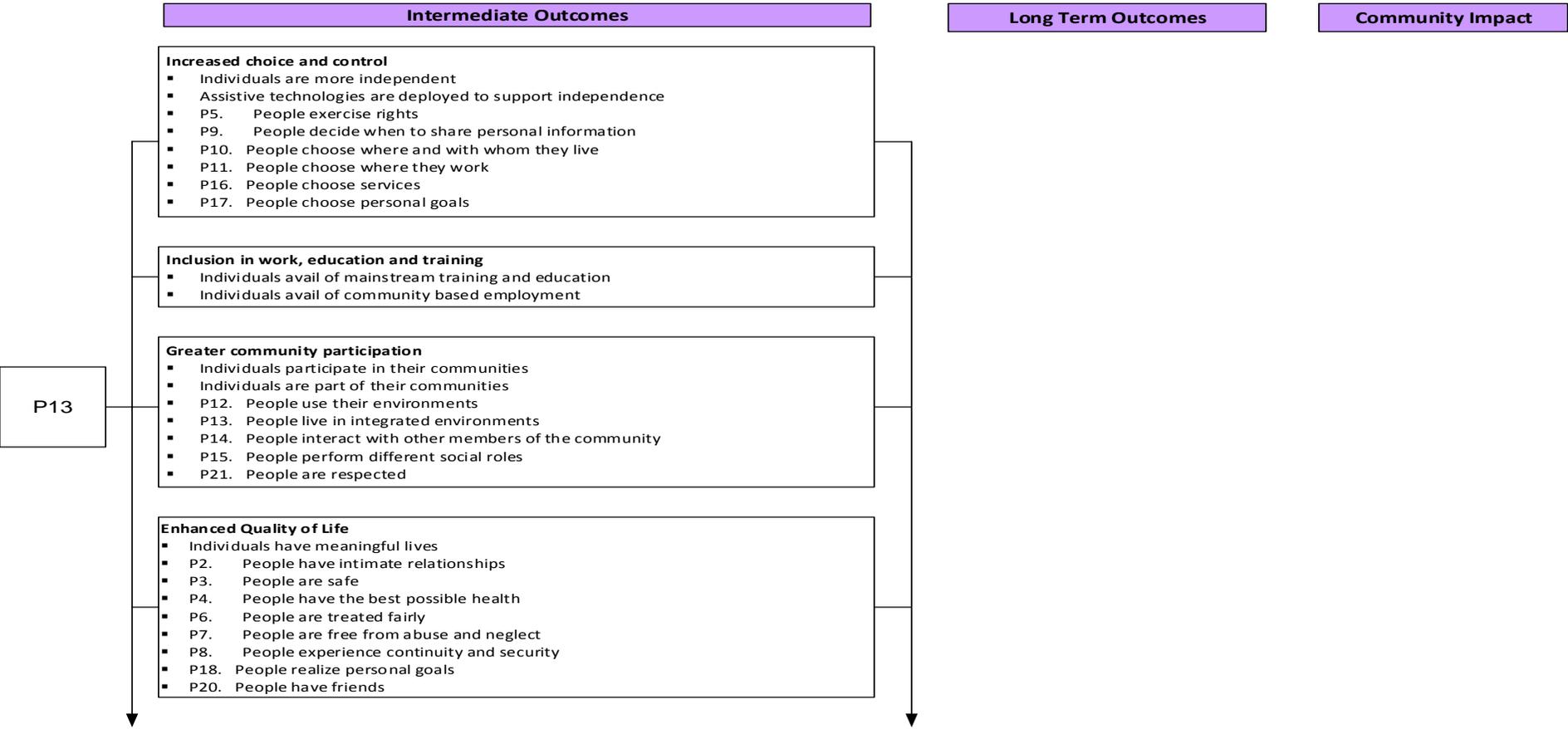


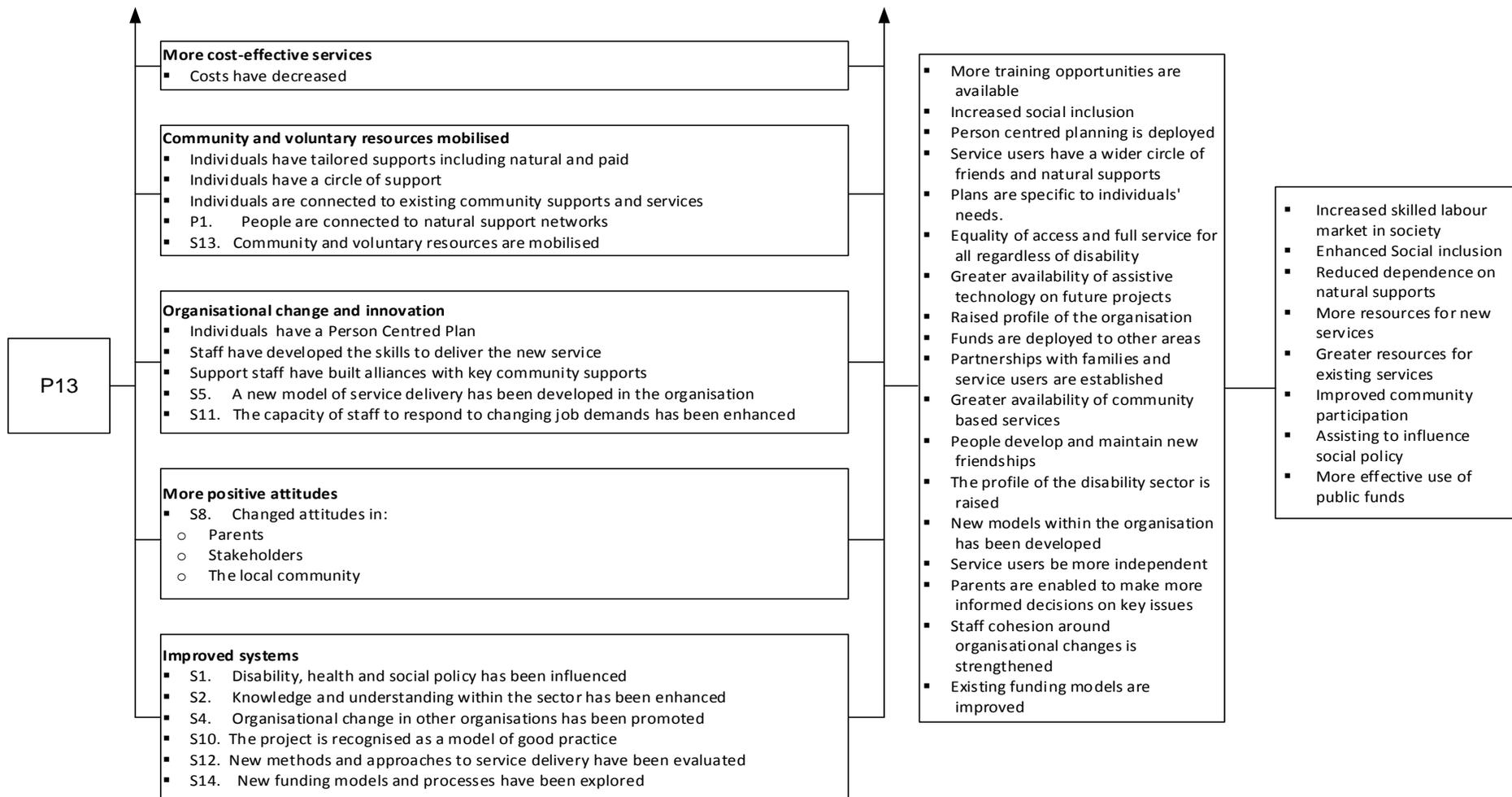
Project 13: Community Connections

Logic Model LMT2 Part 1
Project Title Project 13: Community Connections



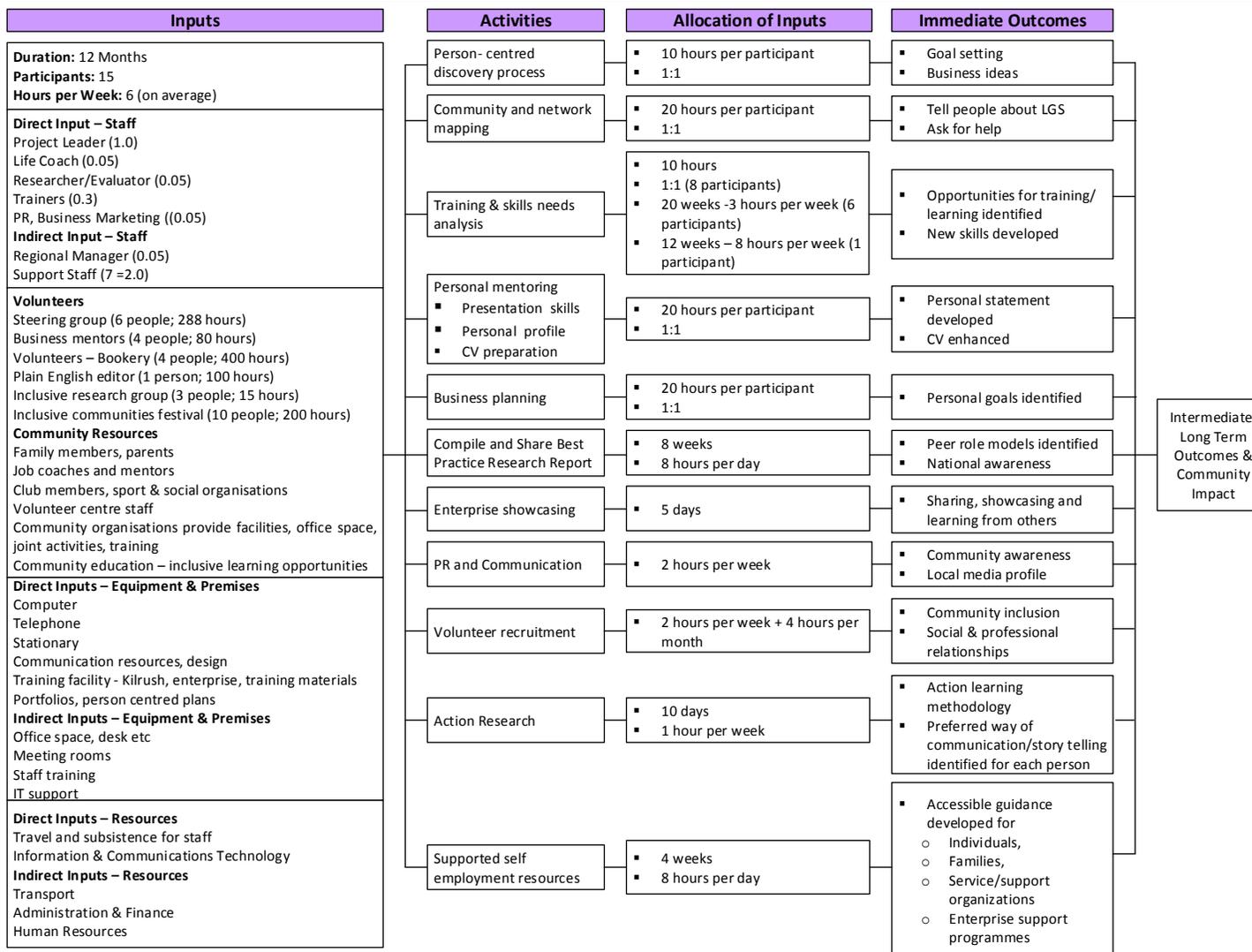
Logic Model Part 2
Project Title Project 13: Community Connections



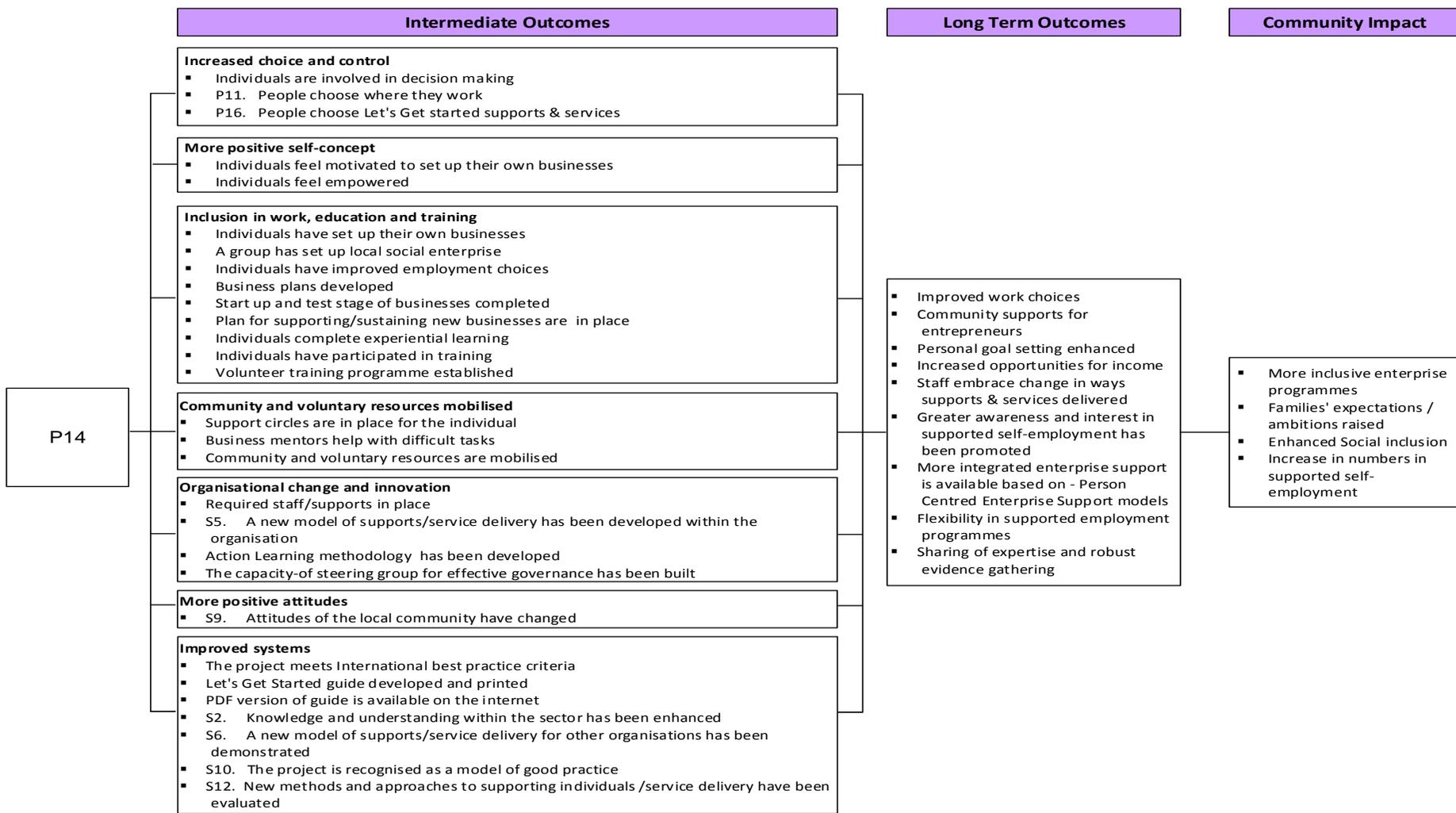


Project 14: Let's get started

Logic Model Part 1
Project Title Project 14: Let's Get Started

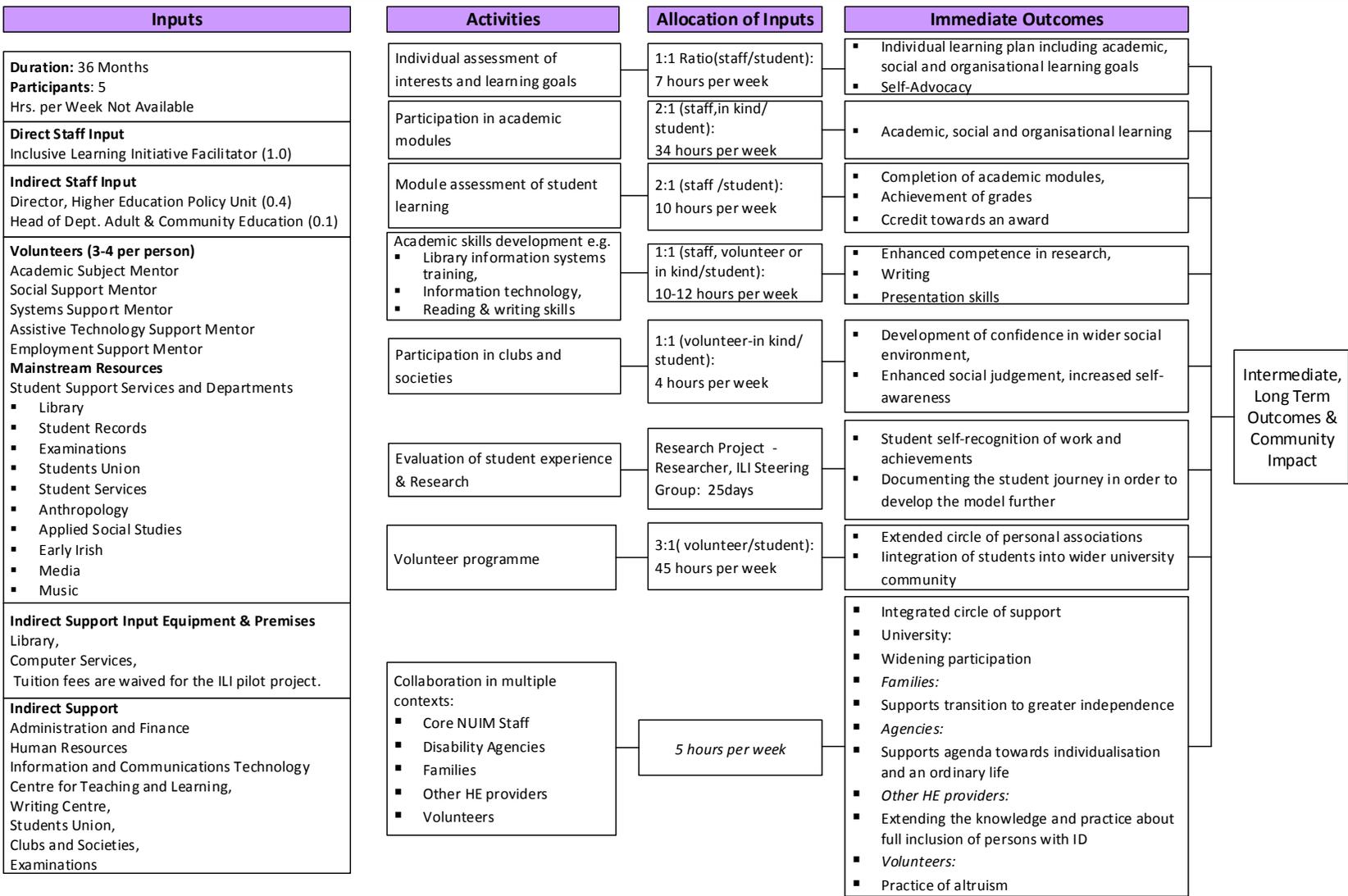


Logic Model Part 2
Project Title Project 14: Let's Get Started

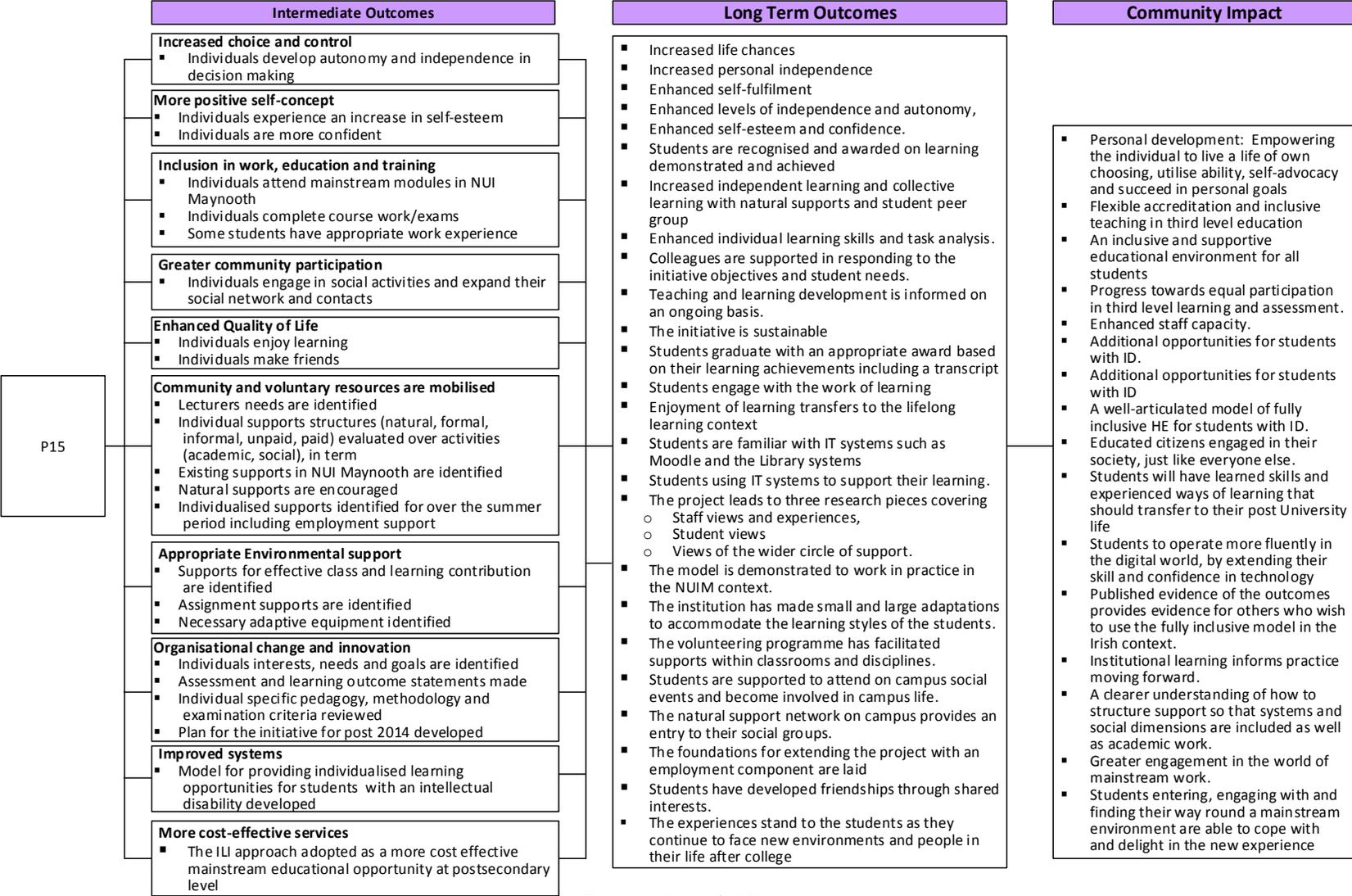


Project 15: Service Learning Partnership

Logic Model Part 1
Project Title Project 15: Inclusive Learning Initiative



Logic Model Part 2
Project Title Project 15: Inclusive Learning Initiative



APPENDIX 2: LOGIC MODEL QUESTIONNAIRES

Logic Model Table 1 (LMT1): The intended Intermediate, Long Term project Outcomes and Impact

Example

The LMT1 provides you with the opportunity to specify the Intermediate and Long Term Outcomes and Impact for your project. To help you get started we filled in our understanding of your Intermediate Outcomes based on your project proposal document and the Programme Content and Outcome Questionnaire (PCOQ) which you completed previously.

(a) Intended Intermediate Outcomes

This is ready for review and amendment. If an outcome is correct could you please put a '1' in the 'Yes' column and if incorrect a '1' in the 'No' column in the LMT1. You can also add in new Intermediate Outcomes.

(b) Intended Long Term Outcomes

We also need you to complete the column 'Long Term Outcomes' by inserting what you believe the long term results of your project could be, should it successfully achieve its intermediate outcomes. These can relate to the person served and/or to your staff, organisation and the system.

(c) Intended Impact of the project

After that could you please consider what impact the project is intended to have on its participants, extended beneficiaries (e.g. families), stakeholders and the wider community and insert these in the 'Impact' column

On the next page, in Tables 1 and 2 you will find examples of an LMT1 for a vocational training programme and on the following page you will find the LMT1 for your project for completion.

Table 1: Example of Logic Model Table1

Logic Modelling Table 1				
Programme Title		Vocational Training		
Outcomes				
Intermediate	Yes	No	Long Term	Impact
Employment	yes		Sustainable Employment	Increased Labour market
Progress to Further Education and Training	yes		Labour Market Flexibility	
Enhanced Skills and Knowledge	yes		Reduced Dependence on Benefit	Participation in local community
Enhanced Quality of Life	yes		Reduced Dependence on services/supports	Social Inclusion
Qualifications	yes		Increased Independence	Services adapting to new type of ' support model '
Employability	yes		Increased Income	
			Increased social networks	

Table 2: Example of Logic Model Table 1 completed

Logic Modelling Table 1 Completed		
Programme Title		Vocational Training
Outcomes		
Intermediate	Long Term	Impact
Employment Employability Quality of Life Qualifications Progress to Further Education and Training Enhanced Skills and Knowledge	Sustainable Employment Labour Market Flexibility Reduced Dependence on Benefit Increased Independence Increased Income	Increased Labour Market Participation Reduced Poverty Social Inclusion

Logic Modelling Table 1				
Project Title	Example			
Outcomes				
Intermediate	Yes	No	Long Term	Impact
Individuals lead a self-directed life in a mainstream setting	yes		Individuals control their own budgets	Participation in local community
Individuals make their own decisions in relation to work, education and training	yes		Increased Independence	Services adapting to new type of 'support model ' Social Inclusion County X community consortium
Individuals decide for themselves how to spend their leisure time	yes		Reduced Dependence on Services/Supports	
Individuals are included by community members	yes		Sustainable Employment	
Individuals engage in mainstream activities	yes		The service provider's management structure is reconfigured.	
Individuals control their own budgets		no	The costs to the service provider have decreased.	
Individuals participate in mainstream work sampling	yes		Increased community awareness	
Individuals are employed in socially valued roles	yes		Strategic alliances with community groups and educators	
Individuals have a definite career path	yes		Reduced reliance on paid supports	
Individuals are accessing mainstream training and education	yes			
Individuals achieve in their training and education	yes			
Individuals make a valuable contribution to the workforce	yes			Services adapting to new type of 'support model ' Social Inclusion County X community consortium
Individuals take risks and understand the consequences of those risks	yes			
The community supports people with disabilities	yes			
Individuals are supported by natural supports and volunteers	yes		Individuals control their own budgets	
Individuals are supported by their families	yes		Increased Independence	
A culture of including families in supporting their family member has developed	yes		Reduced Dependence on Services/Supports	
Individuals choose their own supports	yes		Sustainable Employment	
Paid supports to people have reduced	yes		The service provider's management structure is reconfigured.	
Individuals develop friendships and other relationships	yes			
Individuals' quality of life is improved	yes		The costs to the service provider have decreased.	
Individuals are confident	yes		Increased community	

Logic Modelling Table 1				
Project Title	Example			
Outcomes				
Intermediate	Yes	No	Long Term	Impact
Individuals have improved self esteem	yes		awareness	
The service provider's management structure is reconfigured.		no	Strategic alliances with community groups and educators	
The costs to the service provider have decreased		no	Reduced reliance on paid supports	
P2. People have intimate relationships	yes			
P10. People choose where and with whom they live	yes		Individuals control their own budgets	Participation in local community
P5. People exercise rights	yes		Increased Independence	Services adapting to new type of 'support model '
P9. People decide when to share personal information	yes		Reduced Dependence on Services/Supports	
P11. People choose where they work	yes		Sustainable Employment	County X consortium
P12. People use their environments	yes		The service provider's management structure is reconfigured.	
P13. People live in integrated environments	yes			
S3. Promoting organisational change within our organisation		no	The costs to the service provider have decreased.	
S5. Developing a new model of service delivery for our organisation		no	Increased community awareness	
S7. Changing the attitudes of our staff to service users	yes		Strategic alliances with community groups and educators	
S8. Changing the altitudes of parents and stakeholders	yes			
S9. Changing attitude of the local community	yes			
S10. Being a model of good practice	yes		Developing a new model of service delivery for our organisation	
			Promoting organisational change within our organisation	
S13. Mobilising community and voluntary resources	yes		Increased community awareness	Participation in local community
			Strategic alliances with community groups and educators	Services adapting to new type of 'support model '
			Reduced reliance on paid supports	Social Inclusion
				County X community consortium

Logic Modelling Table 1				
Project Title	Example			
Outcomes				
Intermediate	Yes	No	Long Term	Impact

Logic Model Table 2 (LMT2): The Activities and Immediate Outcomes of the project

Example

LMT2 provides you with the opportunity to specify the core processes, activities, modules or elements that make up your project and, for each of these, to specify what the desired immediate outcomes are for the person served in the event of a successful completion of each activity. An example of LMT2 for a vocational programme before and after completion is presented in Tables 1 and 2.

Table 1 contains the information that was returned in the LMT1 in relation to intermediate, long term outcomes and impact. The rows for specifying the activities of the project are blank. The table should be completed by inserting the main components of the project and specifying for each of these what the intended outcome for the person served would be if the component was implemented effectively. Immediate outcomes should be specified in terms of elements that can be measured. For example, in the completed LMT2 in the example Table 2 it is possible to measure if the Individual Needs Analysis was completed and the Person Centred Plan is in place. Similarly, the extent to which a participant has gained skills and qualification, developed interpersonal and self-advocacy skills, attained literacy and numeracy skills and is experiencing enhanced self-esteem and mental wellbeing can all be measured.

In the annex to this document you will find the LMT2 for your project and the first draft of the Logic Model for your project. The Logic Model figure is provided to you so you can see the way in which the information you provided in LMT1 and the information you will provide in LMT2 will be integrated into the model for your project. You can not change the Logic Model figure but we will adjust the figure based on your responses to LMT2. The directions for completing LMT2 is specified below.

Review this table by following the steps below and then return it to us. We will adjust the Logic Model and send you LMT3.

- Confirm that it accurately reflects the intermediate and long term outcomes and impact that you intend to achieve through your project. You should this by:
 1. Reviewing the way in which the intermediate outcomes have been grouped and confirm that these are appropriate. You can change any of the language or terminology being used.
 2. Considering very carefully whether the intermediate outcomes listed are truly intermediate. Intermediate Outcomes are specified at the level of the complete project. These should be closely linked to the programme objectives as specified in the formal programme specification and to the targets that are measured at the end. It may well be that some of the outcomes specified in this column are actually more long-term in that your project is unlikely to achieve them given the duration. Any outcome that would require more time than is available to the project should be cut and pasted into the Long-term column.
 3. Carrying out a similar review of the long-term outcomes which reflect what you consider to be the sustainable effects of the programme for those who have successfully completed it. Some of these may well be more appropriately transferred to the Impact column. The impact of the project refers to the extended benefits which the project achieves beyond the individual for the community, stakeholders, families and funders.
- Once you are satisfied that these aspect of the LMT2 adequately reflect your project goals, review your project document and consider what its main components or

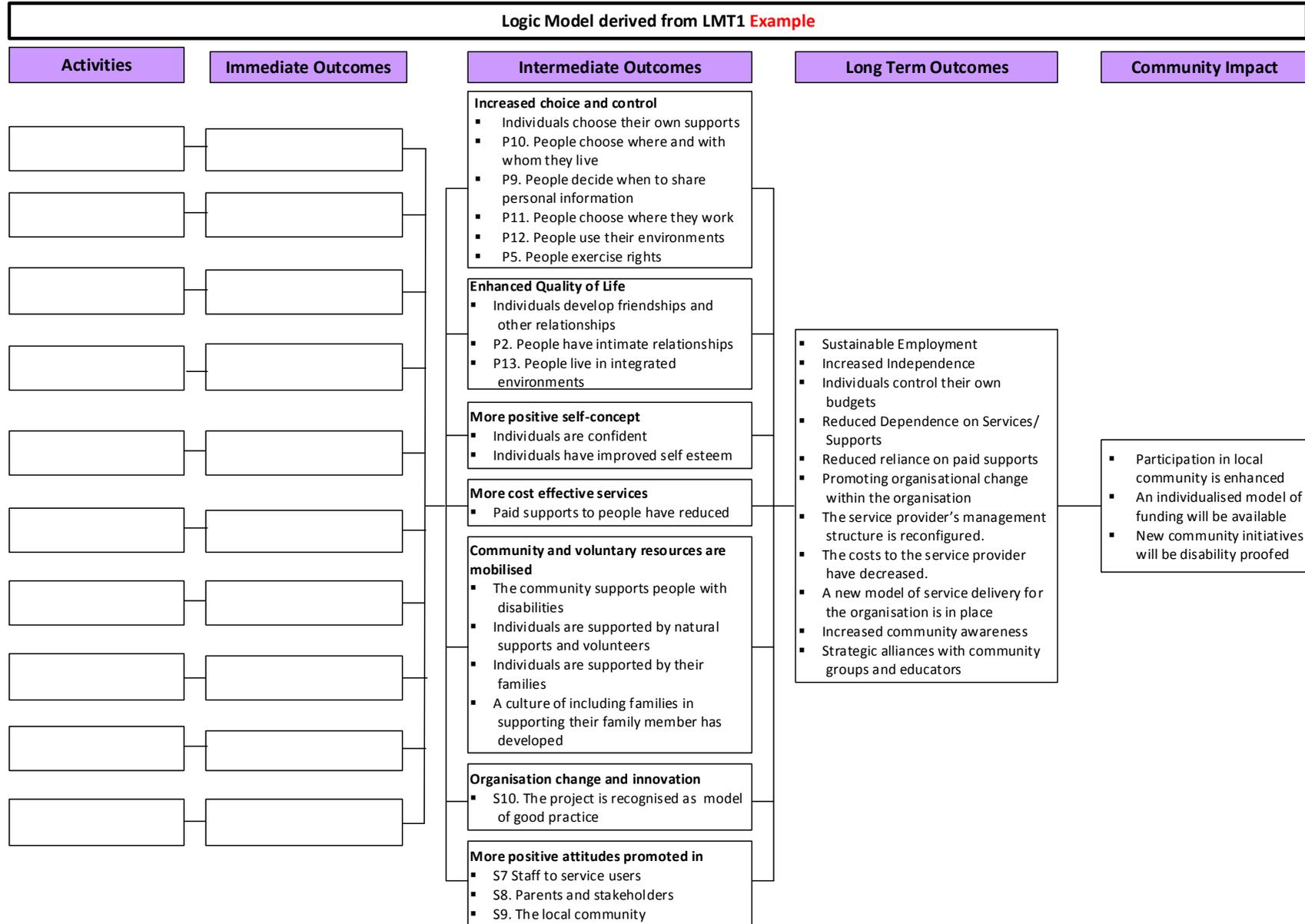
activities are. The range of activities that are offered to participants by your project can be specified in chronological sequence from intake to completion of the programme, conceptually using a modular approach or a combination of both. Examples of a component or activity could be Personal Futures Planning, training in community skills or job coaching.

- Insert each of the components into the left hand column, as illustrated in Table 2 below.
- For each component you must specify at least one immediate outcome (more than one if you think this appropriate). Immediate outcomes are the measures that can be used to evaluate how effective an activity or component has been for an individual participant. For example: for an Assessment of Needs (AON) activity could be participant satisfaction with the AON process and report and the relevance of the needs identified to the person centred planning process.
- For component or activity specify the outcomes that you could measure to determine if that aspect of the project was successful.
- Return the LMT2 and we will format into the logic model.

Programme Title	Vocational Training			
	Outcomes			
Activities	Immediate	Intermediate	Long Term	Impact
		<ul style="list-style-type: none"> • Employment • Employability • Quality of Life • Qualifications • Progress to Further Education and Training • Enhanced Skills and Knowledge 	<ul style="list-style-type: none"> • Sustainable Employment • Labour Market Flexibility • Reduced Dependence on Benefit • Increased Independence • Increased Income 	<ul style="list-style-type: none"> • Increased Labour Market Participation • Reduced Poverty • Social Inclusion

Programme Title	Vocational Training			
	Outcomes			
Activities	Immediate	Intermediate	Long Term	Impact
Assessment	Individual Needs Analysis Person Centred Plan	<ul style="list-style-type: none"> • Employment • Employability • Quality of Life • Qualifications • Progress to Further Education and Training • Enhanced Skills and Knowledge 	<ul style="list-style-type: none"> • Sustainable Employment • Labour Market Flexibility • Reduced Dependence on Benefit • Increased Independence • Increased Income 	<ul style="list-style-type: none"> • Increased Labour Market Participation • Reduced Poverty • Social Inclusion
Skills Training	Skills and Qualifications			
Social Skills Development	Interpersonal Skills Self Advocacy Skills			
Adult Education	Attainments in Literacy & Numeracy			
Counselling	Self Esteem Mental Wellbeing			

Logic Model derived from LMT1 Example



Completed Logic Modelling Table 2 (LMT2)

Project 2: Move on, Transition to Adulthood in mainstream setting				
Project Title	Outcomes			
Activities	Immediate	Intermediate	Long Term	Impact
Individualised Planning	Person Centred Plan (#number of plans)	<p>Increased choice and control</p> <ul style="list-style-type: none"> • P9. People decide when to share personal information • P12. People use their environments • P5. People exercise rights <p>Inclusion in work, education and training</p> <ul style="list-style-type: none"> • Individuals make their own decisions in relation to work, education and training • Individuals participate in mainstream work sampling • Individuals are accessing mainstream training and education <p>Enhanced Quality of Life</p> <ul style="list-style-type: none"> • Individuals develop friendships and other relationships • P2. People have intimate relationships • P13. People live in integrated environments <p>More positive self-concept</p> <ul style="list-style-type: none"> • Individuals are confident • Individuals have improved self esteem <p>Community and voluntary resources are mobilised</p> <ul style="list-style-type: none"> • The community supports people with disabilities <ul style="list-style-type: none"> • Individuals are supported by their families <p>Organisation change and innovation</p> <ul style="list-style-type: none"> • S10. The project is recognised as model of good practice 	<ul style="list-style-type: none"> • People choose where they work • Individuals have a definite career path • Individuals lead a self-directed life in a mainstream setting • People have intimate relationships • P10. People choose where and with whom they live • Increased Independence • Reduced Dependence on Services/Supports • Reduced reliance on paid supports • Promoting organisational change within the organisation • The costs to the service provider have decreased. • Increased community awareness • Paid supports to people have reduced • Individuals are supported by natural supports and volunteers • A culture of including families in supporting their family member has developed <p>More positive attitudes promoted in</p> <ul style="list-style-type: none"> • S7 Staff to service users • S8. Parents and stakeholders • S9. The local community 	<ul style="list-style-type: none"> • Individuals control their own budgets • Sustainable Employment • Individuals choose their own supports • Individuals make a valuable contribution to the workforce • Participation in local community is enhanced • An individualised model of funding will be available • New community initiatives will be disability proofed • The service provider's management structure is reconfigured. • Strategic alliances with community groups and educators • A new model of service delivery for the organisation is in place
Skills Training	Completed work placement (job sampling /work experience) Qualification (fetac) Independent travel (#number of work placements, courses, independent travelling completed.)			
Social Skills development	Improved Interpersonal skills Self Advocacy Skills Completed Relationships & Sexuality Course Self Esteem (# satisfaction survey re: support)			
Supporting families	Families complete training (Pathways to Possibilities) (# number of families informed and completed training)			
Mentoring	Staff up skilled in best practise (#number of mentoring sessions)			
Project Management	Project Meetings (# number of monthly review meetings, Review Impact of Organisational Change)			

Logic Model Table 3 (LMT3): The Inputs and Activity Outputs of the Project

Example

DIRECTIONS

At this stage of the logic modelling procedure, it should be possible to judge the extent to which the Logic Model that has been developed for your project actually reflects its goals and activities. The current version of your logic model is presented in diagrammatic form at the end of this document. The Logic Model is presented in two parts. Part 1 illustrates the Activities, Outputs (which you are to specify in this response), Immediate Outcomes and Intermediate Outcomes. Part 2 illustrates the relationship between the projects Intermediate Outcomes with Long Term Outcomes and Community Impacts.

There are a couple of things you should consider when you are reviewing the current version of your logic model.

- Are the immediate outcomes you have specified really outcomes?
Check to see if they merely represent a more detailed description of the Activity to which they relate rather than the intended result for the person if the Activity is a success. Further, consider if what you have specified might be better considered as an Output rather than an Outcome. If so you can simply move it to the appropriate column in Table 3.1.
- Would you be happy that your project would be evaluated using all of the Intermediate Outcomes you have specified?
It is possible that some of these are aspirations rather than intended outcomes for the project. The easiest way to check this is to review the activities and associated immediate outcomes you have specified and consider whether if all these were implemented and achieved their intended outcomes, your project would result in the range and variety of intermediate outcomes you have listed.
- Are the Activities you have specified actually activities?
It may be that you could label the Activities more precisely so that that someone that doesn't know your project can understand what your project does.

If you wish to make changes to the Activities, Immediate or Intermediate Outcomes of your project make these changes in Logic Model Table 3.1 below. Please highlight any changes using a different coloured font.

In addition, there are two set of information that are requested in these Logic Model Tables.

1. Project Outputs (Logic Model Table 3.1)
2. Project Inputs (Logic Model Table 3.2)

The directions for completing the tables are presented below together with examples.

1. Project Outputs

Project Outputs are the indicators that measure whether an activity is being implemented in an efficient manner. They differ from immediate outcomes in that they do not indicate if an activity has been successful only whether it has been delivered within an appropriate time frame and has been received by the appropriate number of participants. Duration (hours per week), frequency (sessions per week), number of participants or ratio of staff to participants are typical output indicators.

Some examples of project outputs are provided below for illustration.

- If Person Centred Planning (PCP) is a component of the project then how will you know if this process is meeting its targets? This can be measured in terms of the time allocated and the number of plans and reviews that are carried out.
- If psychological support is provided to the participants, how many hours of support are available to each participant and how frequently?
- If training or education is provided, how many hours or sessions per week or month and what is the ratio of participants to staff and for how many months?

Project outputs should be specified for each of the activities that you have specified for the project. You should specify the project outputs in Logic Model Table 3.1 which also provides you with the list of immediate outcomes that you reported in the LMT2. An example of Logic Model Table 3.1 is presented below.

Example of Logic Model Table 3.1 prior to Completion			
Programme Title		Vocational Training	
Activities	Outputs	Outcomes	
		Immediate	Intermediate Outcome
Assessment		Individual Needs Analysis Person Centred Plan in place	<ul style="list-style-type: none"> • Employment • Employability • Quality of Life • Qualifications • Progress to Further Education and Training • Enhanced Skills and Knowledge
Skills Training		Skills and Qualifications achieved	
Social Skills Development		Interpersonal and Self Advocacy Skills developed	
Adult Education		Attainments in Literacy & Numeracy	
Counselling		Self Esteem and Mental Wellbeing protected and enhanced	

Example of completed Logic Model Table 3.1			
Programme Title		Vocational Training	
Activities	Outputs	Outcomes	
		Immediate	Intermediate Outcome
Assessment	8 contact hours in the first 14 days 1:1 Ratio	Individual Needs Analysis Person Centred Plan in place	<ul style="list-style-type: none"> • Employment • Employability • Quality of Life • Qualifications • Progress to Further Education and Training • Enhanced Skills and Knowledge
Skills Training	42 weeks of training over 18 months 20:1 Ratio	Skills and Qualifications achieved	
Social Skills Development	12 hours per week 10:1 Ratio	Interpersonal and Self Advocacy Skills developed	
Adult Education	8 hours per week 6:1 ratio	Attainments in Literacy & Numeracy	
Counselling	3 hours per week 1:1 Ratio	Self Esteem and Mental Wellbeing protected and enhanced	

2. Project Inputs

The project inputs are the personnel and other resources that are allocated to the project so that it can meet its objectives.

- **Project Staff** such as the project manager, administrative staff, operational and frontline staff or support staff.

- Sometimes staff are only allocated to the project on a part-time basis. If this is the case, then estimate the proportion of time allocated to the project using an estimate of the proportion of a Full Time Equivalent (FTE) post it represents. For example, if a psychologist attends the project for one morning per week it should be indicated as 'Psychologist x 0.1 FTE indicating that 10% of the psychologist's time is devoted to the project. If such inputs are not a regular part of the project but are available these can be specified as 'occasional'
- **Volunteers** are people who give time to the project or its participants for a specified number of hours per week or months. Volunteers have been specified by some projects as an important input. You should briefly describe the role of volunteers in your project and indicate the target number and the extent of their formal commitment to the project.
- **Informal mainstream supports** are those provided by people in the context within which the participants carry out activities. They can be teachers, fellow students, supervisors, co-workers, swimming instructors or family members depending on the context. Please describe the role of informal mainstream supports required in order for the project to meet its objectives.
- Premises
- Equipment e.g. PCs, furniture etc.
- Transport
- Materials
- Monetary allowances to participants
- Travel and subsistence for staff
- Inputs also include:
 - Number of Participants
 - Duration of the project
 - Hours per week
- Administration and Finance
- Human Resources
- Information and Communications Technology
- Other support and resources (these should be specified)

Some of these inputs to the project will be in its budget or will be allocated to when estimating the costs of the project. These are considered as **Direct Inputs** to the project. Others will be provided by the broader organisation or a partner organisation (e.g. another organisation may provide an office or the use of a classroom to the project on its premises). These are considered to be **In-kind or Structural Inputs** to the project

In most cases it should be possible to distinguish between them. The simple rule of thumb is to consider anything for which the costs are allocated explicitly to the project budget as **Direct Inputs** and any services that are provided to participants such as psychological or health services, facilities, use of facilities such as an office or classroom space as In-kind or Structural supports. In some cases the costs of these inputs will be allocated to the project as an overhead cost. For example, the project may be supported by the HR Department when recruiting staff, by the Finance Department for preparing accounts or by the IT Department in terms of the acquisition of computers or software. Equally, the local county council might provide access to sports facilities or to a swimming pool free of charge.

In summary:

- **Direct Project Inputs** are allocated directly to implementing the project (A simple way to decide this is to base it on whether the costs associated with the input are in its budget or are allocated to the project as overheads.)

- **In-kind and Structural Supports** are services and supports that are provided to the project by the broader organisation or other partner organisation and without which the project would not be able to operate. These are often in-kind inputs and are not always specified in detail in the project budget.

An example of Logic Model Table 3.2 Completed is provided on the following page.

Example Project Inputs Table					
Project Title	Vocational Training				
Duration of Project	18 months	Number of Participants	20	Hours per Week per participant	26
Project Staff (Job Titles)					
1. List the job title of each staff member contributing to the project, 2. Specify what proportion of time they work with the project, 3. Indicate by putting an 'X' in the appropriate box if they are direct inputs which are allocated directly to the project costs or in-kind support from the broader organisation or a partner organisation					
		Full Time Equivalent (FTE)*	Direct Project Input	In-kind or structural support	
Vocational Trainer		1	X		
Adult Educator		0.5	X		
Psychologist		0.25		X	
Secretary		0.2		X	
* 1=a full time position; 2= two full time posts; 0.5=a half time position; 0.1=10%					
Volunteers					
1. Specify the number of volunteers it is hoped that the project will recruit in order to achieve its goals, 2. The average number of hours per week they will be requested to donate to the project, 3. Describe briefly what role volunteers play in achieving the project objectives					
Description of volunteer role		Desired Number	Average hours per participant per week		
Volunteers with different career paths come into the training centre on average once a week and give a talk to the students on what is involved in the career, what additional training and qualifications are required and how to get an entry level job that is relevant.		5	1		
Informal mainstream supports					
Describe below the role that teachers, employers, co-workers, family members or other mainstream actors are expected to play in order to achieve the objectives of the project					
Both employers and co-workers in a range of locally based companies provide support to the students while they are on work experience which takes place in the final 6 months of the course.					
Equipment, Materials and Premises					
Describe the equipment and materials used by the project that are:					
1. Direct inputs (i.e. allocated to the project budget) 2. In-kind or structural supports (i.e. provided to the participants or the project without charge by the broader organisation or a partner organisation)					
Equipment, Materials and Premises- Direct Inputs					
20 desktop computers 2 Printers Books and Manuals					
Equipment, Materials and Premises - In-kind or structural supports					
Classroom Small tuition Room					
1. Indicate if any of the resources specified below are utilised, 2. Specify if they are directly provided by the project or as in-kind supports from the broader organisation or a partner organisation.					
	Yes	No	Direct Project Input	In-kind or structural support	
Transport		X			
Travel and Subsistence for staff		X			
Monetary Allowances for participants	X		X		
Administration and Finance	X			X	
Human Resources	X			X	
Information and Communications Technology	X			X	
Other support and resources (Specify)	X			X	
Describe these in the space provided below:					
Use of staff Canteen and meeting room Use of sports facilities for extracurricular activities					

TABLES FOR COMPLETION

Logic Model Table 3.1 - Project Outputs

Logic Model Table 3.1 - Project Outputs			
Programme Title	Example		
		Outcomes	
Activities	Outputs	Immediate	Intermediate Outcome
Individualised Planning	3hours individualised planning a week for each participant 1:1 ratio 12 plans developed	<ul style="list-style-type: none"> • Person Centred Plan • Number of plans 	<p>Increased choice and control</p> <ul style="list-style-type: none"> • P9. People decide when to share personal information • P12. People use their environments • P5. People exercise rights
Skills Training	<p>4 individuals completed work placement 1:1 ratio job coaching 2 hours a week</p> <p>9 individuals received support re: independent travel. 1:1 ratio for 2 hours a week.</p> <p>10 individuals have completed fetac / or training awaiting certification, 8:1 ratio 2 hours a week training</p> <p>18 people applied for 'Project Search' supported with application 1:1 1hour over 3 days</p> <p>12 people offered place on Project Search following interviews, 2:1 ratio 4 hours on day of Interviews (general overview of Project Search, interviews, assessments)</p>	<ul style="list-style-type: none"> • Completed work placement (job sampling /work experience) • Qualification (FETAC) • Independent travel • Number of work placements, courses, independent travelling completed. • Number of Individuals applying for 'Project Search'. • Number of people commencing on 'Project Search'. 	<p>Inclusion in work, education and training</p> <ul style="list-style-type: none"> • Individuals make their own decisions in relation to work, education and training • Individuals participate in mainstream work sampling • Individuals are accessing mainstream training and education • Successful completion of Internships in host Employer, Naas Hospital <p>Enhanced Quality of Life</p> <ul style="list-style-type: none"> • Individuals develop friendships and other relationships • P2. People have intimate relationships • P13. People live in integrated environments <p>More positive self-concept</p> <ul style="list-style-type: none"> • Individuals are confident • Individuals have improved self esteem <p>Community and voluntary resources are mobilised</p>

<p>Social Skills development</p>	<p>12 individuals are members of local self-advocacy groups 10:1 1 hour a week</p> <p>1 person attended a relationship's and sexuality course 5:1 2 hours a week</p> <p>12 participants will be asked for the satisfaction of the project.</p>	<ul style="list-style-type: none"> • Improved Interpersonal skills • Self-Advocacy Skills • Completed Relationships & Sexuality Course • Self Esteem • Satisfaction survey re: support 	<ul style="list-style-type: none"> • The community supports people with disabilities • Individuals are supported by their families <p>Organisation change and innovation</p> <ul style="list-style-type: none"> • S10. The project is recognised as model of good practice
<p>Supporting families</p>	<p>12 families were informed of Pathways to Possibilities training.</p> <p>1 parent completed a course in October 2012</p> <p>3 parents completed the training in May 2013</p>	<ul style="list-style-type: none"> • Families complete training (Pathways to Possibilities) • Number of families informed and completed training 	
<p>Mentoring</p>	<p>Fortnightly mentoring sessions for 90mins on a 1:1 basis with project co-ordinator</p>	<ul style="list-style-type: none"> • Staff up skilled in best practise • Number of mentoring sessions 	
<p>Project Management</p>	<p>Monthly Project Meetings to review and discuss the progress of the project for 90 mins.</p> <p>4 people attended (deputy CEO, Manager of Adult Supports, Quality Manager & Project Co-ordinator)</p> <p>10 meetings held.</p>	<ul style="list-style-type: none"> • Project Meetings • Number of monthly review meetings, • Review Impact of Organisational Change 	

Logic Model Table 3.2 - Project Inputs

Project Title	Example				
Duration of Project	12 months	Number of Participants	12	Hours per Week per participant	3hours per week individualised planning (All participants received a 30hour week service)
Project Staff (Job Titles)					
1. List the job title of each staff member contributing to the project, 2. Specify what proportion of time they work with the project, 3. Indicate by putting an 'X' in the appropriate box if they are direct inputs which are allocated directly to the project costs or in-kind support from the broader organisation or a partner organisation					
			Full Time Equivalent (FTE)*	Direct Project Input	In-kind or structural support
Project Co-ordinator			.65	x	
Life Coach			.60	x	
Teacher			.5	x	
Support worker Education			.40	x	
Project Search Personnel			.20	x	
Finance Manager			.05		x
Manager of Adult Supports			.1		x
Deputy CEO			.05		x
Quality Manager			.05		x
KARE Area Manager for Employment			.15		x
Volunteer Co-ordinator			.05		x
HR Manager & admin staff			.05		x
Naas Hospital Personnel			.05		x
* 1=a full time position; 2= two full time posts; 0.5=a half time position; 0.1=10%					
Volunteers					
1. Specify the number of volunteers it is hoped that the project will recruit in order to achieve its goals, 2. The average number of hours per week they will be requested to donate to the project, 3. Describe briefly what role volunteers play in achieving the project objectives					
Description of volunteer role				Desired Number	Average hours per participant per week
Volunteer to Support individuals in :					
Further Education in community based settings, such as VEC, Adult Education (night classes) Recreation & Leisure Activities of the person choice				8	3/4hours a week
Informal mainstream supports					
Describe below the role that teachers, employers, co-workers, family members or other					

mainstream actors are expected to play in order to achieve the objectives of the project

Family Members will play a key role in supporting their son/daughter their son daughter to travel to Naas Hospital as the host employer for 'Project Search'; the families will also play a role in the success of Project Search as they will have an important role in the curriculum development for 'Project Search' and regular planning meetings.

As the Host Employer, Naas Hospital Management and frontline staff will play a key role in supporting the Interns to integrate into the work force and support them to learn new skills.

Teachers in Project Search will play a key role in ensuring that the Interns learn new work and social skills which will transfer to any work environment.

Teachers in community based education settings will be offered support to adapt their curriculum to ensure that individuals with I.D can partake in their course of choice to the best of their ability.

Equipment, Materials and Premises

Describe the equipment and materials used by the project that are:

1. Direct inputs (i.e. allocated to the project budget)
2. In-kind or structural supports (i.e. provided to the participants or the project without charge by the broader organisation or a partner organisation)

Equipment, Materials and Premises - Direct Inputs

3 computers, printer / copier LCD projector, camera, smart phone for teacher/ support worker.

Stationary materials, Ipad for some students taking part in Project Search.

Project Search materials & manuals.

Equipment, Materials and Premises - In-kind or structural supports

Project Co-ordinator laptop, office space, landline, smart phone, stationary, access to accounts dept, admin staff, receptionist in head office.

Life Coach and Support worker Education, office space & mobile phone, stationary

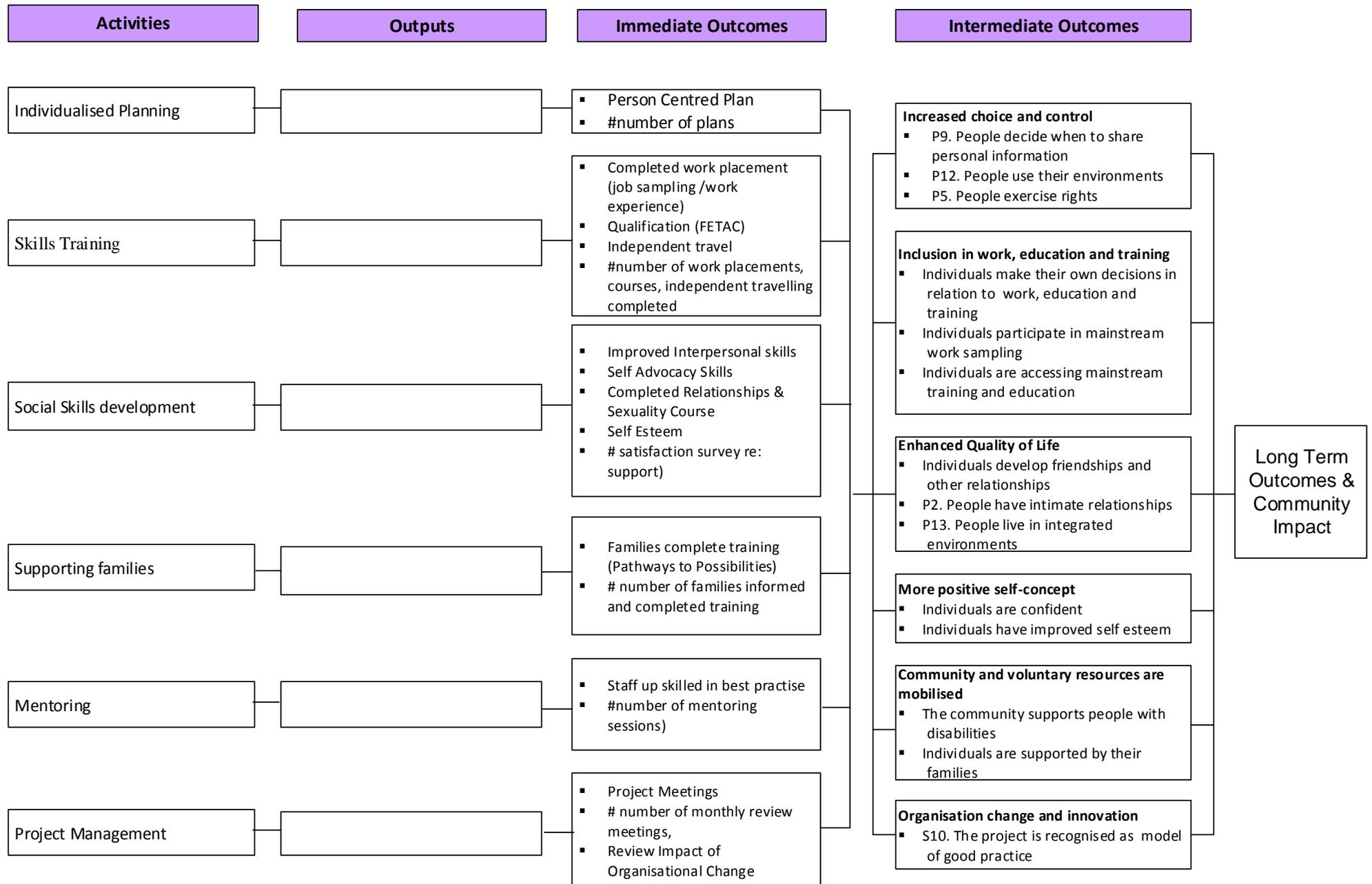
Existing Interl Fetac materials and other course materials

Naas Hospital: tutor room for classes as part of 'Project Search', use of canteen, car parking for teacher, support worker education.

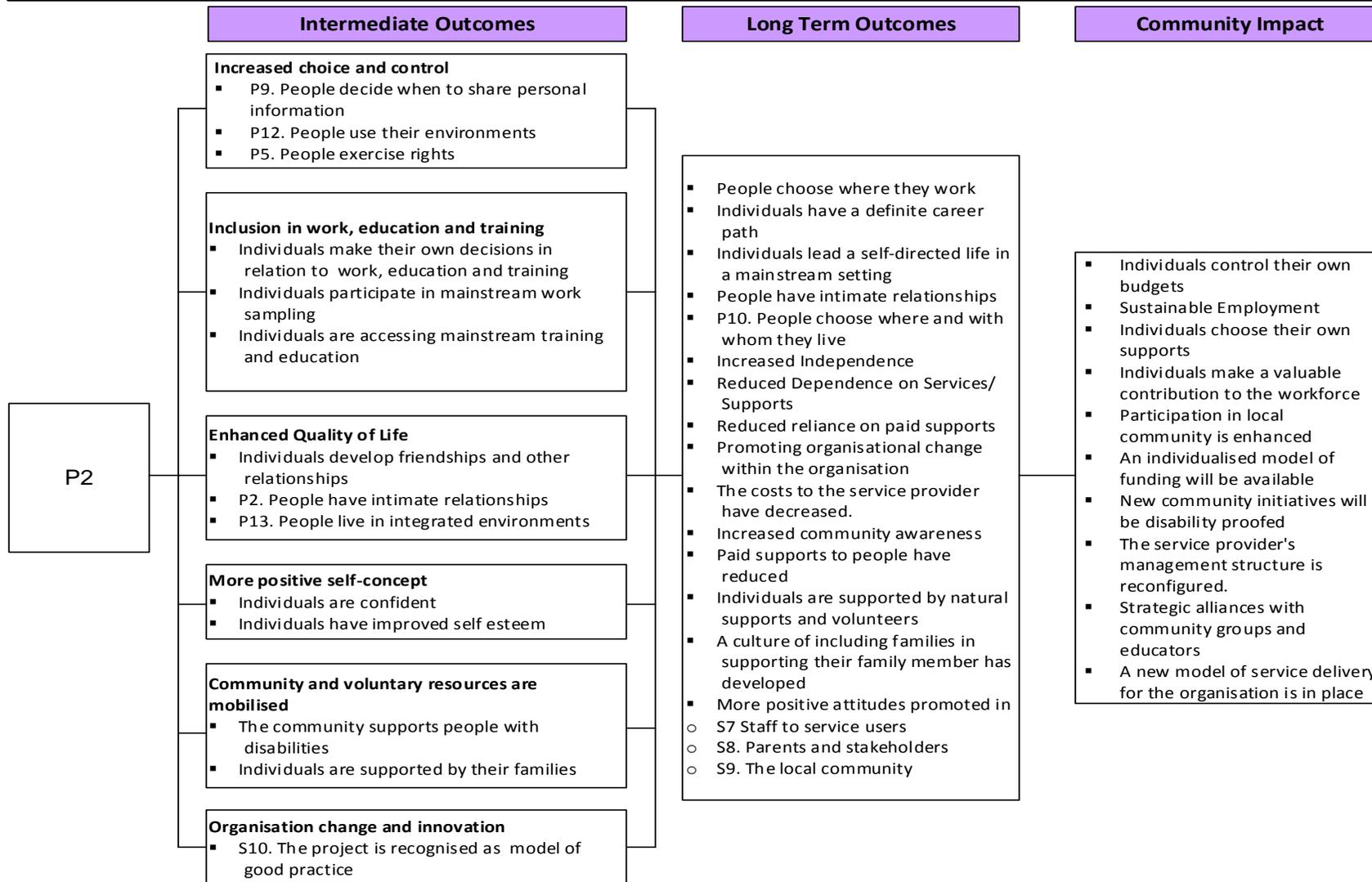
1. Indicate if any of the resources specified below are utilised,
2. Specify if they are directly provided by the project or as in-kind supports from the broader organisation or a partner organisation.

	Yes	No	Direct Project Input	In-kind or structural support
Transport		x		
Travel and Subsistence for staff	x		x	
Monetary Allowances for participants		x		
Administration and Finance	x			x
Human Resources	x			x
Information and Communications Technology	x			x
Other support and resources (Specify)				
Describe these in the space provided below:				
Use of meeting rooms in KARE Head office, use of staff kitchen.				
Use of meetings rooms for classes				

Logic Model derived from LMT2 Part 1 **Example**



Logic Model derived from LMT2 Part 2 Example



Genio Evaluation Project

Programme Content and Outcome Analysis

Project Title	
Sponsoring Organisation:	
Name of Respondent	
Staff Role	
Contact Details	
Mobile Number	
Email Address	

Innovative characteristics of the project Documentation Available

Available documents on programme content and intended results?			
	Project 2		
	Yes	No	DK
Programme specification	√		
Schedule/timetable	√		
Manual	√		
Programme Effectiveness	√		
Programme Costs	√		
Available documentation on beneficiaries' needs, strengths and aspirations?			
Person Centred Plan (indicate methodology used in individual planning below)	√		
Impact indicators (List the outcome measures available below)	√		
<p>Person Centred Plan will use a robust planning process. It will have three key stages and outputs:</p> <p>Stage 1 Getting to know me involves spending time with the person, getting to understand how the person sees themselves and what they want for themselves in their life. Getting to know how the person “fits in” in their own family. Getting to know the family/extended family and the extent to which the family and the person want the same thing.</p> <p>Stage 1 Output indicators:</p> <ul style="list-style-type: none"> • The number of families who have been informed or who have received training <p>Stage 2 Listen to what I want involves listening very carefully to what the person wants by asking questions and carefully eliciting the answers. This will happen both formally and informally. The Life Coach will be supportive and non-judgemental and will aim to build a positive relationship with the individual and their family. The focus will clearly be on the person's own strengths, abilities and dreams for their life (in particular in the areas of work and education/training.). It will not be limited by what may or may not be available.</p> <p>Stage 2 Output indicators:</p> <ul style="list-style-type: none"> • The number of individuals who get jobs • The number of individuals who have definite career paths identified • The number who are attending mainstream educational courses • The number who are supported by natural supports, extended family or volunteers. <p>Stage 3 Make it happen involves making the plan for the person's life actually happen. The steps will be figured out carefully and driven and led by the person. In doing this, risks associated with any decisions and the consequences of those risks will be</p>			

discussed with the person and their family. The kind of supports required to carry out the various elements of the plan will be discussed and agreed and an action plan will be led by the person and supported by the family and the Life Coach.

Stage 3 Outcome indicators:

- The increase in the number of consortium members
- The additional community based activities facilitated/assisted by the consortium

The qualitative impact will be measured against the five John O'Brien

1. The right to take part in community life and to live and spend leisure time with other members of the community.
2. The right to experience valued relationships with non-disabled people.
3. The right to make choices, both large and small, in one's life.
4. The right to learn new skills and participate in meaningful activities with whatever assistance is required.
5. The right to be valued and not treated as a second-hand citizen.

Project 2 Programme Content

The level of importance assigned by the Project to activities in comparison to standard services (0=Completely unimportant; 4=Absolutely Essential)

Activities	Priority/Importance		Genio Added Value
	Project 2	Generally available service	
1. Holistic person centred planning	4	3	1
2. Independent living	3	3	0
3. Quality of Life enhancement	4	3	1
4. Family support programme	?		
5. Activities of daily living and self -care	4	4	0
6. Self esteem and awareness/Empowerment	4	3	1
7. Occupational orientation	3	3	0
8. Adult basic education/Lifelong learning	4	3	1
9. Specialist health and social care interventions	3	2	1
10. Advocacy	4	3	1
11. Supported work	4	4	0
12. Community Skills	4	3	1
13. Self-directed leisure activities	4	3	1
14. Interpersonal skills	4	3	1
15. Work skills	4	4	0
16. Productivity development	?		
17. Quality awareness	4	3	1
18. Team working	4	3	1
19. Decision making	4	3	1
20. Job matching/coaching	4	4	0
21. Transitional work	?		
22. Flexible income supports/Worker welfare	3	3	0

Project 2 Summary of Priority Activities

Activities	Priority/Importance		Genio Added Value
	Project 2	Generally available service	
1. Holistic person centred planning	4	3	1
3. Quality of Life enhancement	4	3	1
6. Self esteem and awareness/Empowerment	4	3	1
8. Adult basic education/Lifelong learning	4	3	1
9. Specialist health and social care interventions	3	2	1
10. Advocacy	4	3	1
12. Community Skills	4	3	1
13. Self-directed leisure activities	4	3	1
14. Interpersonal skills	4	3	1
17. Quality awareness	4	3	1
18. Team working	4	3	1
19. Decision making	4	3	1

Project 2 Programme Personal Outcomes

The level of importance assign by the Project to individual outcomes and that assigned by standard services (0=Completely unimportant; 4=Absolutely Essential)

Outcomes	Priority/Importance		Genio Added Value
	Project 2	Standard Services	
1. People are connected to natural support networks	4	3	1
2. People have intimate relationships	4	2	2
3. People are safe	4	4	0
4. People have the best possible health	4	4	0
5. People exercise rights	4	3	1
6. People are treated fairly	4	4	0
7. People are free from abuse and neglect	4	4	0
8. People experience continuity and security	4	4	0
9. People decide when to share personal information	4	3	1
10. People choose where and with whom they live	4	2	2
11. People choose where they work	4	3	1
12. People use their environments	4	3	1
13. People live in integrated environments	4	3	1
14. People interact with other members of the community	4	3	1
15. People perform different social roles	4	3	1
16. People choose services	4	3	1
17. People choose personal goals	4	3	1
18. People realize personal goals	4	3	1
19. People participate in the life of the community	4	3	1
20. People have friends	4	4	0
21. People are respected	4	4	0

Project 2 Summary of Priority Individual Outcomes

Outcomes	New Outcome	Priority/Importance		
		Project 2	Standard Services	Genio Added Value
2. People have intimate relationships	√	4	2	2
10. People choose where and with whom they live	√	4	2	2
1. People are connected to natural support networks		4	3	1
5. People exercise rights	√	4	3	1
9. People decide when to share personal information	√	4	3	1
11. People choose where they work	√	4	3	1
12. People use their environments	√	4	3	1
13. People live in integrated environments	√	4	3	1
14. People interact with other members of the community		4	3	1
15. People perform different social roles		4	3	1
16. People choose services		4	3	1
17. People choose personal goals		4	3	1
18. People realize personal goals		4	3	1
19. People participate in the life of the community		4	3	1

Project 2 Programme Organisational and System Impact

Intended organisational or system impacts

Explicit System outcomes		
3. Promoting organisational change within our organisation	√	
5. Developing a new model of service delivery for our organisation	√	
7. Changing the attitudes of our staff to service users	√	
8. Changing the attitudes of parents and stakeholders	√	
9. Changing attitude of the local community	√	
10. Being a model of good practice	√	
13. Mobilising community and voluntary resources	√	
Implicit System Outcomes		
1. Influencing disability, health or social policy		√
12. Evaluating new methods and approaches to service delivery		√

APPENDIX 3: PERSON NEEDS PROFILE

The Peron Needs Profile was designed to be completed by project staff who were requested to estimate the level of support that person required in a range of domains of personal, social and vocational competences.

The content of the original instrument was adapted to an Irish context and was presented to project staff. Based on their feedback the questionnaire was further modified. The aim of the tool was to provide an indication of the level of and complexity of the support needs of project participants in order to link these to the activities and QOLIS ratings for each project and to give an indication of support needs as a basis for a comparison with the comparison group.

The scale used in the PNP was designed to gain an insight into the strengths as well as needs based on the level of support that a person needed in order to carry out activities of daily living and deal with situations in his or her everyday life.

The profile tool was designed to be completed in consultation with other staff and where appropriate, with the family or carer of the person. In order to ensure that any information provided did not jeopardise the anonymity of the person, a unique identifier was generated using the project's number, the person's first and second initials and a unique sequence number assigned by the project.

The aims of the client needs profile tool were to:

- Provide an indication of the level of and complexity of the person's needs in order to link them to the activities of the project;
- Give an indication of people's needs as a basis for selecting a control group for the evaluation

The Client Needs Profile consisted of 6 Modules, each of which explored a different aspect of the person and his or her needs:

- Demographics
- Health Related Service Needs
- Social and Care Needs
- Communication and Cognitive Needs
- Psychological and Behavioural Needs
- Vocational Potential and Readiness for Work

The Person's Needs Profile tool (PNP) differed from needs assessment tools designed to facilitate person-centred planning such as Personal Futures Planning (PFP), Essential Lifestyle Planning (ELP), Mapping Action Plans (MAP) or Planning Alternative Tomorrows with Hope (PATH). The scale used in the PNP was designed to gain an insight into the strengths as well as needs based on the level of support that a person needed to carry out activities and deal with situation in his or her everyday life.

It was much more formal in its structure and was specified at a more detailed level than most PCP needs assessment tools. These are often process led and designed to be completed with the person served and/or the family where appropriate, in broad areas important for community participation and inclusion. The PNP, on the other hand, was much more specific about the spheres of competence and activities on which information was gathered. It was structured to be completed by staff on the basis of file information and professional judgement. It was not intended to be used with a client.

If a less convergent and standardised approach to documenting needs was to be adopted in the project evaluation, it would have been difficult to come to any conclusions in relation to the links between processes, activities, staff ratios and the needs of clients across the very diverse projects that were involved.

The profile tool was completed in consultation by staff. Many of the questions required them to make a subjective judgement and directions specified that where they were unsure of an answer they should leave the item unmarked.

In order to protect the identity of service users, a unique identifier was generated using the project's number, the person's first and second initials and a unique sequence number assigned by the project. So please ensure that this information is provided below for each person.

Project Title:			
Person's Initials and Sequence No.		Month and Year of Birth	
Where does the service user live?			
At Home with Family			
At Home alone			
In Supported Community Accommodation			
In a Residential Setting			
Other			
Name of Person completing the profile:			
Informants Please provide names and role of those consulted in order to complete the profile (including where relevant family member)			
Name		Role	
Module 1: Demographics			
1.1. Gender			
Male			
Female			
1.2. Age			
Age in years			
1.3. Education: (Tick one or more boxes and specify)		Specify	
University			
Further education			
Secondary school			
Primary school			
Mainstream Vocational education			
Segregated / special school			
Other types of education			
No Schooling			
1.4. Marital status:			
Single			
Separated			
Married			
Unmarried Partner			
Divorced			
Widowed			
1.5. Ethnicity			
Irish			
Other Specify			
1.6. Language			
Primary language:			
Other spoken language(s):			
Is an interpreter, sign language or document translation required?		No	Yes

What type of sign language?	
Describe any other alternative communication systems used?	
1.7. Employment status	
Unemployed	
Employed full time	
Employed part-time	
How many hours?	
What is the gross hourly rate of pay?	
1.8 Occupational Activity (indicate the number of hours per week)	Hours per Wk
Attends pre-vocational day activity/work activity program	
Attends sheltered workshop	
Attends a specialised rehabilitation or vocational training programme	
Is involved in supported work experience in an open employment setting	
Attends a mainstream vocational education or training course	
Attends further or higher education	
Works at home (household activities)	
Other Specify:	
1.9 Need for Support to Work	
Independent (without or with assistive devices, if uses them)	
Needs help weekly or less (e.g., if problems arise)	
Needs help every day but not the continuous presence of another	
Needs the continuous presence of another person	
1.10 Social situation (please describe the quality and scope of the person's relationships with family and other social contacts)	
1.11 Hobbies and Leisure time activities (please list any hobbies or other past times in which the person is actively engaged)	

Module 2: Health Related Services

This module is designed to gather information about the person's health and treatment needs. It is acknowledged that people with more complex health needs require additional supports to ensure that they access appropriate health related services in a timely manner.

2.1. Please provide a list below of any health conditions for which the person is regularly receiving specialised treatment (this is not about GP services but rather medical and allied health interventions such as podiatry, neurology, physiotherapy etc.).

--

2.2.	Yes	No
2.3. Would you describe the health-related services required as 'complex' -		

For each of the statements below please indicate:

- If they are relevant to the person
- The level of support if any the person requires to achieve the objective specified

	Level of Support Required			
	None	Minimal	Intensive	Not applicable
The person				
2.4. Can access the specialised health related services he or she requires				
2.5. Can remain overnight without care or supervision				
2.6. Cooperates with treatment specialists in receiving care				
2.7. Can manage his or her own medication				

Module 3: Self-Care

This module is designed to gather information about the person's support and care needs in carrying out activities of daily living and self-care.

For each of the statements below please indicate:

- If they are relevant to the person
- The level of support if any the person requires to achieve the objective specified

	Level of Support Required			
	None	Minimal	Intensive	Not applicable
The person				
Sensory Function				
3.1. Has adequate visual acuity (with or without spectacles) to see normal print size and be mobile in his or her environment				
3.2. Can hear normal speech and ambient sounds				
Ability to follow directions				
3.3. Can recall and fulfil a sequence of directions				
Speaking				
3.4. Speaks well and intelligibly, using a language that is easy to understand				
Feeding				
3.5. Can eat by himself/herself and can organise all activities related to feeding				
Personal Needs				
3.6. Can look after himself/herself in terms of personal hygiene, using the bathroom, getting dressed and selecting appropriate clothes				
Mobility				
3.7. Can walk, run and climb stairs				
Hand use				
3.8. Can use hands and fingers – can hammer a nail, can thread a needle, can use the can opener				
Activities around the house				
3.9. Can perform all activities around the house such as making his/her bed, washing and drying dishes, cleaning the floor,				
Food Preparation				
3.10. Can prepare alone and in an appropriate way a variety of meals				
Reading				
3.11. Can read and follow a series of written directions such as directions for use written on food products, doctor's prescriptions etc.				
Writing				
3.12. Can write short notes such as a shopping list				
Understanding of time				
3.13. Can use a watch to check the time of an action such as turning up for an appointment				

	Level of Support Required			
	None	Minimal	Intensive	Not applicable
The person				
Using Money				
3.14. Can use money in a responsible way such as engaging in money transactions for daily activities, giving out the exact sum and checking his or her change				
Ability to navigate a way through the local community				
3.15. Can find his/her way around a new area				
Using public transport				
3.16. Can use public transport				

Module 4: Communication and Cognition

This module is designed to gather information about the person's ability to communicate and process information.

For each of the statements below please indicate:

- If they are relevant to the person
- The level of support if any the person requires to achieve the objective specified

Level of Support Required

The person	None	Minimal	Intensive	Not applicable
Overall communication capacity				
4.1. Can express himself/herself clearly in his/her own language, including sign language, other generally recognised non-verbal communication or using of augmented assistive communication devices				
Getting on with people & making friends				
4.2. Makes friends and is sociable				
Ability to communicate through drawing				
4.3. Can use drawing as a channel of communication				
Holding a conversation				
4.4. Can take part in a conversation in an appropriate manner				
Ability to assert him/herself appropriately				
4.5. Can assert a point of view or personal preference in an appropriate manner				
Memory				
4.6. Can recall events and conversation that occurred several days ago				
4.7. Can remember things that have happened over a long period of time				
Cognition for all daily decision making				
4.8. Can make decisions that are generally consistent with her/his own lifestyle, values and goals (not necessarily with professionals' values and goals)				
Ability to concentrate				
4.9. Can concentrate on the same activity for an extended period of time				
Ability to interpret symbols				
4.10. Can understand the meaning of commonly used symbols such as danger, emergency exit, poison etc.				
Ability to transfer learning from one context to another				
4.11. Can access and apply learning and experiences that occurred in one context in a novel setting				
Problem solving				
4.12. Can resolve problems that occur in everyday life				
Ability to plan				
4.13. Can plan activities in the future and carry them out				

Module 5: Socio-emotional Abilities

This module is designed to gather information about the person's social and emotional functioning such as expressing feelings and coping with anxiety

For each of the statements below please indicate:

- If they are relevant to the person
- The level of support if any the person requires to achieve the objective specified

	Level of Support Required			
	None	Minimal	Intensive	Not applicable
The person				
Wandering				
5.1. Can be trusted to inform others when they decide to leave a location where he/she is expected to be				
5.2. Remains in his/her bedroom at night				
Self-harm				
5.3. Refrains from inflicting harm on himself/herself				
Aggression toward others				
5.4. Refrains from acting aggressively towards other people				
Mental Health				
5.5. Experiences reasonable mental wellbeing				
5.6. Can contact an appropriate professional if he/she experiences mental distress				
5.7. Manages any mental health interventions and treatments that have been prescribed for him/her				
Controlling feelings				
5.8. Can control his/her feelings such as elation, anxiety or anger				
Expressing emotions				
5.9. Can express what h/she is feeling in an appropriate manner				
Self-confidence				
5.10. Is aware of his/her talents, abilities and limits and acts appropriately				
Coping with anxiety				
5.11. Uses socially appropriate means to respond to anxiety provoking situations				
Accepting change				
5.12. Adapts easily to unfamiliar or novel situations				
Use of alcohol				
5.13. Can partake of alcohol in a moderate and appropriate manner				

Module 6: Vocational Potential and Readiness for Work

Vocational Potential Rating Scale

This scale is designed so that it can be completed whether or not a client has participated in occupationally relevant activities or not. Ratings can be based on the client's response to day to day activities within his/her current environment but judgments will have greater validity if the client has participated in a number of structured work activities.

Indicate by putting a tick in the table whether or not the following descriptions apply to the client. Don't put any tick if you don't know.

Has the client expressed an occupational aspiration?

If so specify:

	Level of Support Required		
	None	Minimal	Intensive
The person			
6.1. Is aware of the world of work			
6.2. Has interests/hobbies			
6.3. Expresses likes and dislikes in an appropriate manner			
6.4. Has a positive attitude to work			
6.5. Acquires new behaviour patterns easily			
6.6. Is aware of the concept of quality			
6.7. Can copy the actions of another person			
6.8. Is Independent in taking actions			
6.9. Can develop speed and accuracy in carrying out tasks			
6.10. Can cope with responsibility			
6.11. Is aware of own abilities/needs			
6.12. Is aware of risk and hazards			
6.13. Uses spare time constructively			
6.14. Is motivated to participate in learning new things			
6.15. Can tolerate change and/or frustration			
6.16. Understands the value of money			

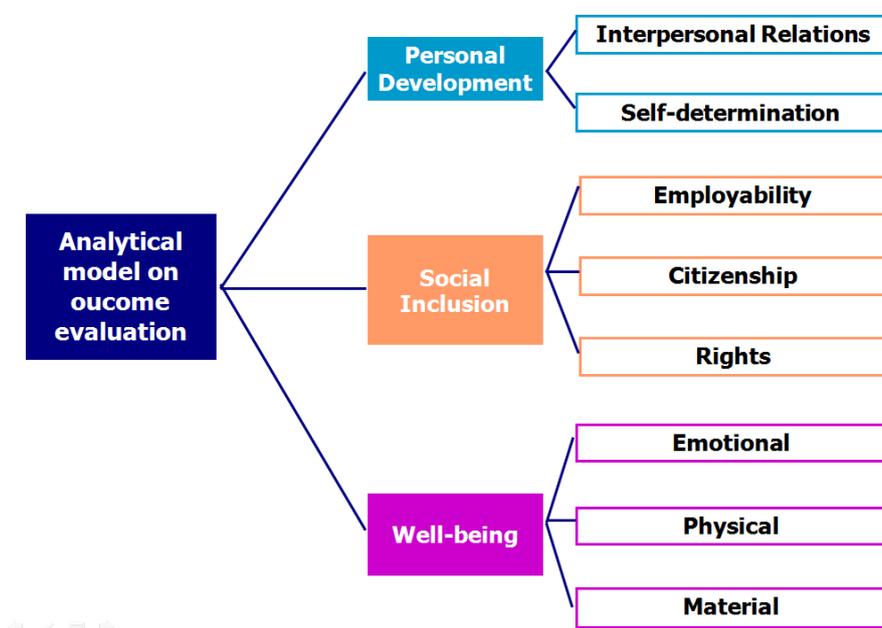
Work Readiness Scale			
The main role of this work readiness scale is to provide a profile of the person prior to placing him/her into a work setting. For this reason the scale should be scored in relation to a specific work activity, job role or supported work activity. It is likely to be more accurate if the ratings are based upon the outcomes of a situational assessment in an actual or simulated work environment.			
Indicate with tick the extent to which the following elements represent a challenge for the person in being work ready. Don't put any tick if you don't know.			
	Level of work adjustment, job support or capacity building required		
	None	Minimal	Substantial
Physical Readiness			
6.17. Stamina			
6.18. Strength			
6.19. Eyesight			
6.20. Hearing			
6.21. Cleanliness			
6.22. Voice Quality			
6.23. Coordination			
6.24. Manual Dexterity			
6.25. Toileting			
6.26. Eating			
6.27. Tolerance of noise, dust, heat and damp			
Vocational Readiness			
6.28. Skills			
6.29. Training			
6.30. Work Quantity			
6.31. Work Habits			
6.32. Tolerance of frustration			
6.33. Punctuality			
6.34. Attendance			
6.35. Realistic Job Goals / Expectations			
Psychological Readiness			
6.36. Motivation			
6.37. Ambition			
6.38. Self-Confidence			
6.39. Ability to Compete			
6.40. Acceptance of supervision and correction			
6.41. Positive attitude towards Work, Life, Self and others			

	Level of work adjustment, job support or capacity building required		
	None	Minimal	Substantial
Social Readiness			
6.42. Hygiene			
6.43. Grooming			
6.44. Leisure Activities			
6.45. Housing			
6.46. Food			
6.47. Clothing			
6.48. Money Management			
6.49. Positive interactions with supervisor and co-workers			

The Quality of Impact of Services (QOLIS) is a tool based on a quality of life assessment tool developed by Gaia Vocational Rehabilitation Centre (Centro de Reabilitação Profissional de Gaia, CRPG) with the objective of measuring the outcomes of rehabilitation services at an individual level. The outcome measurement aims to relate the achievements of individuals, in terms of their quality of life, to the programmes and services they've received from the service provider. It comprises a process of gathering and analysing information that allows the extraction of knowledge about the effects of multilevel interventions, which have high relevance to the mechanisms of decision making in a process of continuous improvement.

When used in with a logic model, the results and conclusions generated by the QOLIS allow the activities of a program to be adjusted to the characteristics and needs of service users. The primary function of the QOLIS is to provide evidence to inform programme improvement processes.

The model of quality of life, on which the tool is based, is a multidimensional framework proposed by Schalock comprising of 3 structural dimensions, which, in turn, are deployed in 8 variables²⁷:



The measurement is based on the individual's perceptions and for each variable there is a set of specific questions that allows the impact of the services on the individual's quality of life to be inferred. A brief description of the dimensions are presented below.

Personal development: This dimension relates to the range of competences required to manage relationships and life challenges effectively. This process includes the competences needed to have control and influence over interpersonal relationships and the contexts in which a person lives his or her life. Thus, the dimension incorporates the perception of personal competence in interactional situations, either in the context of interpersonal relationships or in the exercise of self-determination. In this perspective, the dimension is segmented in 2 variables: **Interpersonal Relations** and **Self-determination**.

Social inclusion - refers to the opportunities to control the interaction with the environment and to influence the decisions which have an impact on a person's life projects. The dimension includes control

²⁷ Schalock, R. L., & Verdugo, M. A. (2002). Handbook on quality of life for human service practitioners. Washington, DC: American Association on Mental Retardation.

over the means and resources, such as employment, which all people normally use to achieve their social, economic and political goals. It includes outcomes in the domains of employability, citizenship and rights. It allows people to rate the extent to which a service has equipped them to participate in society by enhancing their capacity to get and keep a job, pursue a career, participate in their communities and make real choices about their lives. This dimension is segmented into 3 variables: **Employability, Citizenship and Rights.**

Wellbeing – refers to the conditions of life understood as desirable by the person in three key areas: emotional well-being, physical well-being and material well-being. It is about the extent to which people perceive themselves to be better off in specific areas of life. It relates to ability and disability, life satisfaction and the relationship between aspiration and achievement in areas, such as mobility, leisure, daily life activities, property, and income, among others. This dimension is segmented into 3 variables: **Emotional, Physical and Material Wellbeing.**

The original QOLIS questionnaire comprised of 55 self-completion items. This version has been used by 11 service providers in 7 countries over a number of years to benchmark their results. It emerged from the benchmarking process that the complexity of the questionnaire and the language comprehension demands made it unsuitable for use with service users with literacy difficulties and those who found it difficult to understand complex and abstract concepts. Consequently, a Quality of Life Impact of Services Easy Read Version Prototype (QOLIS-ER) was developed. The QOLIS-ER was piloted on a number of volunteers from the Genio-supported project participant and revised prior to application in the main evaluation. Both versions of the QOLIS were used in the evaluation. The appropriate version to be used with each interviewee was determined in consultation with project staff.

The QOLIS was administered by proxy for those interviewees who were deemed not to be able to respond on their own behalf. The proxy in the majority of cases was a parent or carer of the interviewee.

The full version of the QOLIS is presented in this Appendix and the Easy Read Version is presented in Appendix 5.

FULL VERSION OF THE QOLIS QUESTIONNAIRE

THIS QUESTIONNAIRE HAS THE PURPOSE OF IDENTIFYING THE CONTRIBUTES OF THE SERVICES PROVIDED BY **NAME OF THE CENTRE** TO THE DEVELOPMENT OF YOUR QUALITY OF LIFE.

Your participation is crucial to the improvement of the services provided

Response to questionnaire is anonymous and confidential

How to fill this questionnaire:

Use a pen.

Mark with an **X** the correspondent square to your answer (example:)

In case of mistake, make a circle in the wrong answer (example:) and mark the new answer with an **X**.

	1	2	3	4	5	6	Not applicable / Don't know
	Totally disagree					Totally agree	
My participation in the activities performed in the centre							
1. Enabled me increase the number of people with whom I have regular contact.	<input type="checkbox"/>						
2. Enabled me improve the relationship with those close to me.	<input type="checkbox"/>						
3. Enabled me to better communicate with other people.	<input type="checkbox"/>						
4. Enabled me to feel more satisfied with my family relationships.	<input type="checkbox"/>						
5. Contributed to me being better able to solve conflicts with other people.	<input type="checkbox"/>						
6. Enabled me to identify opportunities to participate in my community.	<input type="checkbox"/>						
7. Contributed to me feeling more capable in taking decisions.	<input type="checkbox"/>						

	1 Totally disagree	2	3	4	5	6 Totally agree	Not applicable / Don't know
My participation in the activities performed in the centre							
8. Enabled me being more independent in my day-to-day life.	<input type="checkbox"/>						
9. Enabled me better defining my personal objectives.	<input type="checkbox"/>						
10. Enabled me to better exercise my rights.	<input type="checkbox"/>						
11. Enabled me to feel more capable of standing up for myself and my opinions.	<input type="checkbox"/>						
12. Enabled me to understand the consequences of my actions before doing it.	<input type="checkbox"/>						
13. Opened doors for new opportunities in my life.	<input type="checkbox"/>						
14. Enabled me to actively engage in my education and learn new things.	<input type="checkbox"/>						
15. Enabled me to have greater ability to overcome obstacles and difficulties.	<input type="checkbox"/>						
16. Enabled me to feel more capable of solving problems.	<input type="checkbox"/>						
17. Enabled me to feel more secure about myself.	<input type="checkbox"/>						
18. Enabled me to feel more stable emotionally.	<input type="checkbox"/>						
19. Enabled me to better deal with situations of stress.	<input type="checkbox"/>						
20. Enabled me to have a better opinion about myself.	<input type="checkbox"/>						
21. Enabled me to know better my difficulties.	<input type="checkbox"/>						
22. Enabled me to know better my capacities.	<input type="checkbox"/>						
23. Enabled me to feel less alone now.	<input type="checkbox"/>						
24. Contributed to the	<input type="checkbox"/>						

	1 Totally disagree	2	3	4	5	6 Totally agree	Not applicable / Don't know
My participation in the activities performed in the centre							
improvement of my health.							
25. Enabled me to have more healthy eating habits.	<input type="checkbox"/>						
26. Enabled me to use my leisure time better.	<input type="checkbox"/>						
27. Enabled me to become more mobile within my environment.	<input type="checkbox"/>						
28. Enabled me to feel more capable of performing the daily tasks.	<input type="checkbox"/>						
29. Enabled me to feel more capable of taking care of myself.	<input type="checkbox"/>						
30. Enabled me to feel more able to do physical activities.	<input type="checkbox"/>						
31. Enabled me to better manage my financial situation.	<input type="checkbox"/>						
32. Made me more capable of earning a living in the future.	<input type="checkbox"/>						
33. Enabled me to be more involved in community and voluntary activities.	<input type="checkbox"/>						
34. Enabled me to identify the support and services I need to achieve my life goals.	<input type="checkbox"/>						
35. Enabled me to be informed on current matters.	<input type="checkbox"/>						
36. Enabled me to take part in cultural and leisure activities.	<input type="checkbox"/>						
37. Enabled me to feel myself useful when I participate in my community.	<input type="checkbox"/>						
38. Enabled me to have the same opportunities as other people have to	<input type="checkbox"/>						

1	2	3	4	5	6	Not applicable / Don't know
---	---	---	---	---	---	-----------------------------

My participation in the activities performed in the centre

participate in civil life in society.

39. Enabled me to know the financial supports to which I am entitled.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

40. Enabled me to understand my rights in society.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

41. Enabled me to know better my duties as a citizen.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 Totally disagree	2	3	4	5	6 Totally agree	Not applicable / Don't know
-----------------------	---	---	---	---	--------------------	-----------------------------

My participation in the activities performed in the centre...

1. Improved my chances of getting a job.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

2. Enabled me to learn how to look for a job.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

3. Made me more capable of handling the demands of work.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4. Made me more aware of what it means to be employed nowadays.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

5. Have improved my confidence that I will get a job.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

6. Will help me to keep a job when I get one.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

7. Enabled me to define realistic employment goals.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

8. Will enable me to find a suitable job.

<input type="checkbox"/>						
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	1 Totally disagree	2	3	4	5	6 Totally agree	Not applicable / Don't know
My participation in the activities performed in the centre...							
9. Enabled me to know how to work as part of a team.	<input type="checkbox"/>						
10. Made me more aware of my strengths and needs in getting a job.	<input type="checkbox"/>						
11. Will enable me to overcome the challenges towards getting a job.	<input type="checkbox"/>						
12. Have increased my motivation to get a job.	<input type="checkbox"/>						
13. Have increased my sense of responsibility.	<input type="checkbox"/>						
14. Have made me better in coping with changes.	<input type="checkbox"/>						

APPENDIX 5: QOLIS-ER QUESTIONNAIRE EASY TO READ VERSION

Directions for administration

Individually supported oral administration

The QOLIS-ER should not be administered by a member of staff who is involved in the services that are being rated by the person and they should not be present in the room when the questionnaire is being administered.

If the person has significant oral communication difficulties or intellectual challenges it is advisable to arrange in advance that a significant other, family member or interpreter is present during the administration of the QOLIS-ER.

1. Always provide the person with a copy of the questionnaire
2. Explain that the questionnaire is designed to allow the person to indicate how the service has helped him or her in life
3. Orient the person to the service by asking him or her to describe:
 - a. Some of the activities are involved in the service
 - b. Some of the people who provide the service to them
4. Make it clear that the staff who are providing the service will not know what he or she has indicated
5. Present the Cue Sheet from Annex 1 and the example items
6. Explain that before completing all the questions, the person can practice on some examples
7. Administer the examples by:
 - a. Reading the item aloud
 - b. Determining whether the person has understood the meaning
 - c. Read out the response options
 - d. Asking them to point to the symbol that represents his or her answer
 - e. It is also useful to accompany this by making a thumbs up gesture when you read out the 'Yes I agree' response option and a thumbs down gesture when reading out the 'No I disagree' response option
 - f. Record the persons response on a hard copy of the questionnaire
 - g. Once it is clear that the person understands the procedure move on to the first item of the questionnaire
8. Continue to administer each item using the procedure which worked best for the person during the administration of the examples.
9. Make sure to vary the version of the response scale that is used with different questions to avoid the possibility of response bias

Name of Interviewer:

Date of Administration:

Details of the Respondent

Code:		Date of Birth:	of		Gender:	M	F	Length of time in project	
Title and Number of project:									
Was the respondent accompanied by another person?					Yes	No			
If so, what was his or her relationship with the person?									
Provide any details of adjustments or accommodations made for the respondent?									
Provide an estimate of the extent to which you judged that person understood the content and intention of the interview.									

Quality of Life Impact of Services Easy Read Version (QOLIS-ER) Examples

		No I disagree	Yes I agree	DK
Ex 1	My service helps me to fly in the sky			
				?
Ex 2	My service helps me to learn	Yes I agree	No I disagree	DK
				?
Ex 1	My service helps me meet other people	No I disagree	Yes I agree	DK
				?
Ex 2	My service helps me to become taller	Yes I agree	No I disagree	DK
				?

Quality of Life Impact of Services Easy Read Version (QOLIS-ER)

1.1	My service helps me to make more friends	No I disagree	Yes I agree	DK
				?
1.2	My service helps me to get on better with my friends and family	Yes I agree	No I disagree	DK
				?
1.3	My service helps me to sort out arguments with people	No I disagree	Yes I agree	DK
				?
2.1	My service helps me to find things to do in my local area	No I disagree	Yes I agree	DK
				?
2.2	My service helps me to decide things for myself	Yes I agree	No I disagree	DK
				?
2.3	My service helps me to choose what I want to do	Yes I agree	No I disagree	DK
				?
2.4	My service helps me to stand up for myself	No I disagree	Yes I agree	DK
				?
2.5	My service helps me to stop and think before I do things	No I disagree	Yes I agree	DK
				?

2.6	My service helps me to be able to deal with my own problems	Yes I agree	No I disagree	DK
				?
3.1	My service helps me to do be part of things in society the same as everyone else	Yes I agree	No I disagree	DK
				?
3.2	My service helps me to know my rights	No I disagree	Yes I agree	DK
				?
3.3	My service helps me to know the things I must do in society	Yes I agree	No I disagree	DK
				?
4.1	My service helps me to join in activities to help others in my area	No I disagree	Yes I agree	DK
				?
4.2	My service helps me to know what help I need to do what I want in life	Yes I agree	No I disagree	DK
				?
4.3	My service helps me to be part of local activities such as arts and sports activities	Yes I agree	No I disagree	DK
				?
5.1	My service makes it easier for me to get work	Yes I agree	No I disagree	DK
				?
5.2	My service helps me know what I need to do to get a job	No I disagree	Yes I agree	DK
				?
5.3	My service makes me want to get work	No I disagree	Yes I agree	DK

				?
5.4	My service helps me to be in charge of my life	Yes I agree	No I disagree	DK
				?
5.5	My service helps me to do what I am asked at work	No I disagree	Yes I agree	DK
				?
5.6	My service helps me to know what work would suit me	Yes I agree	No I disagree	DK
				?
6.1	My service helps me to deal with my feelings such as not to getting angry or sad too easily	No I disagree	Yes I agree	DK
				?
6.2	My service helps me to handle things that make me worry	No I disagree	Yes I agree	DK
				?
6.3	My service helps me know what I am good at	Yes I agree	No I disagree	DK
				?
7.1	My service helps me to be more healthy	Yes I agree	No I disagree	DK
				?
7.2	My service helps me to do the things I need to do every day better	No I disagree	Yes I agree	DK
				?
7.3	My service helps me to take care of myself	Yes I agree	No I disagree	DK
				?

8.1	My service helps me to use money better	No I disagree	Yes I agree	DK
				?
8.2	My service helps me to get money by working	Yes I agree	No I disagree	DK
				?

APPENDIX 6: PROJECT FINANCES INSTRUMENT

The project finances instrument aimed to:

- Obtain an overview of the costs of providing the service
- Obtain an assessment of the relative costs of providing the service
- Obtain an assessment of possible future costs of service provision

The PFQ was developed on the basis of consultations among the project team and Genio with a view to obtaining an instrument which could identify major changes in the costs of providing services under the new model when compared to more traditional services. It was not intended that this instrument should enable line by line cost comparisons, rather that it should identify the major costs categories and the major changes in costs that might occur in providing the new service. In addition, the projects should be able to explain the cost structures that they had and to make comments on the costs of service provision.

A first draft of the PFQ was generated by WRC with explicit reference to the detailed cost categories to be found in the Value for Money Report. This was done not only because of the fact that it is the most comprehensive of such reports in the area, but also to enable comparison between the cost data collected within this project and the VFM report. This questionnaire was piloted with some of the projects and a number of amendments were made on the basis of this.

The final instrument had four sections:

- Background information – this asked for some basic descriptive information on the project
- Pay related costs of the new and old services – this asked for information on the amount of money spent on pay for various categories of staff, be they direct or indirect. It also asked about the time inputs by volunteers²⁸.
- Non-pay elements of the new and old services – this asked about the various non-pay cost elements such as overheads, professional fees and so on.
- Your perceptions of costs and savings – this asked respondents to give their opinions on whether they thought that costs would increase, decrease or be about the same when comparing traditional services with the new ones. They were also asked to say why they held their opinions.

²⁸ Volunteer time was not included in the overall calculations of direct pay costs

Project Finance Questionnaire

Introduction

Requirements:

- Broad categories of spending
- Pay and non-pay costs
- Changes from traditional service
- Reasons for change – continuing or once-off
- Costs savings, if any

This Financial Assessment Instrument aims to identify any significant changes in costs between the **PROJECT NAME** and the traditional services that your organisation provides. We are interested in identifying both increases and reductions in costs and we also would like to identify whether these cost changes are likely to be once-off changes due to the set-up costs for the new services or if they are changes that would carry forward.

We are also interested to identify the reasons why there have been cost-changes (if any), so that we can identify key features of how your new service operates.

Any information provided by you will be treated confidentially. It should also be noted that this assessment of costs is not related to any financial statements or audits that Genio require from you as part of the grant allocation process.

In addition, it is recognised that the cost changes that have occurred up till now may not be typical of a full-scale roll out of the service.

We are interested in obtaining the information so that we can compare your project costs before and after the introduction of the new service – we will not be making comparisons between your services and others provided by other agencies.

The questionnaire is divided into two main parts – Pay costs and non-pay costs. In each of these sections we ask a set of questions about the level of costs that you have incurred with the new services and whether there have been any changes in these costs as a result of the new service. If possible, we would like to obtain quantitative information from you, but we are also interested in obtaining other types of information that will allow an assessment of cost differences between the old and the new service.

Section 1. Background information

In order to make comparisons easier, we would like to obtain information for a specific month rather than for the entire project to date. We would like you to select this month on the basis that it is typical of the ongoing costs of running the new service. If there are exceptional items included in the cost information that you supply, Please use the space below to explain why it is not a typical month.

- 1 **Name of the service:**
- 2 **Name of respondent:**
- 3 **Number of clients to which this questionnaire refers:**
- 4 **Month for which you are supplying information:**
- 5 **Is this a typical month? Yes No**
- 6 **If no, in what ways are the cost information not typical?**

Section 2: Pay related costs of the new and old services

In this section we would like to ask you for information on the pay related costs of the NEW SERVICE that you provide. We would also like to ask you about the costs that would apply to the service that the client would receive if they were not taking part in the new project (OLD SERVICE).

Where possible, we would like to obtain real cost information. Where that is not possible, we also ask to provide information that will allow us to make comparisons, e.g. information on the amount of staff time that is allocated to the project.

On an ANNUAL BASIS, for the NEW SERVICE, please tell us for each of the following categories of **Project Staff**:

Staff category	What percentage of their time is allocated to the project	Do these provide direct project input or do they provide in-kind or structural support?	What is the cost of this time per month?
Project manager/coordinator			
Administrative/secretarial assistant			
Job Coach			

Literacy and Numeracy Teacher			
Social Skills Instructor			
Personal Assistant			
Care Assistant			
Community Liaison			
Vocational Trainers			
Clinical psychologist			
Psychological assistant			
Occupational Therapist			
Physiotherapist			
Nursing staff			
Medical and dental services			
Administrative and financial services			
Research and evaluation			

Most projects function with the aid of **voluntary staff** who fulfil a number of important roles. In the question, we would like to ask you to describe or name these roles, the number of hours per month provided by these volunteers and what you would estimate the cost of these hours to be were they to be paid for. In addition, we would like you to estimate what costs of managing these volunteers are on a monthly basis.

[Function/role	Number of hours per month	Cost estimate	Cost of management

In this question we would like to ask you for information on the pay related costs of the **OLD SERVICE**, i.e. the costs that would apply to the service that the client would receive if they were not taking part in the new project on an ANNUAL BASIS.

Staff category	What percentage of their time is allocated to the	Do these provide direct project input or do they provide in-	What is the cost of

	service in a typical month?	kind or structural support?	this time?
Project manager/coordinator			
Administrative/secretarial assistant			
Job Coach			
Literacy and Numeracy Teacher			
Social Skills Instructor			
Personal Assistant			
Care Assistant			
Community Liaison			
Vocational Trainers			
Clinical psychologist			
Psychological assistant			
Occupational Therapist			
Physiotherapist			
Nursing staff			
Medical and dental services			
Administrative and financial services			
Research and evaluation			
[Function]			

Do you think that salary elements are different for the new and the old services (Please tick one)?

Response	Yes	Please state the reasons why
The new service is more costly		
The old service is more costly		
There is no significant difference		

Section 3: Non-pay elements of the new and old services:

In this section we would like to obtain some information about the non-pay costs of running the new and the old services. We realise that you have provided some information on these issues already, but we need to investigate these costs from a different perspective here.

Do you think that non-pay cost elements are different for the new and the old services (Please tick one)?

Response	Yes	Please state the reasons why
The new service is more costly		
The old service is more costly		
There is no significant difference		

Below you will find a list of non-payroll costs. For each of these, please tell us for the designated month:

- Have these costs changed (increase/decrease)
- Why have they changed
- Are these changes likely to be once-off or recurrent?

Cost element	Do these costs apply to your new project?	Please estimate these costs are in an average month?	Are these costs once off or will they recur from month to month?	Are these costs direct project inputs or indirect?
Administration and finance				
Maintenance				
Office expenses				
Rent				
Catering				
Miscellaneous				
Heat, power and light				
Cleaning and washing				
Insurance				
Travel and subsistence				
Education and training of staff				
Client transport				
Medical surgical				

supplies				
Professional services				
Suppliers and contracts				
Monetary allowances for participants				
Equipment (including ICT)				
Other costs – please specify				

Section 4: Your perceptions of costs and savings

In this section we ask some questions about your perceptions of changes in costs relating to providing the new service. Here we are particularly interested in finding out what you believe will be the long term situation regarding the costs of providing the new service. In addition, we would like to identify any once-off costs that are associated with your new service.

Question	Response
Are there any significant once-off costs associated with the new services? (These could be pay or non-pay related)	
In the long term, do you think that the new service will be more cost-effective than the old service?	
Finally, do you have any further comment on the issue of costs associated with the new service?	

Thank you for completing this questionnaire

Should you need any help in completing this questionnaire, please contact:

About Genio

Genio is an independent, non-profit organisation based in Ireland. We are driven by a vision of a society that benefits by valuing all of its citizens. Genio brings together Government and philanthropy to help develop and scale, cost-effective citizen-centred services so that everyone has the chance to live full lives in their communities.

Genio is supported by the Atlantic Philanthropies in collaboration with the Department of Health and the Health Service Executive. We work in partnership with all stakeholders to re-configure resources to reform services in order that they reflect national policy and international best practice.

Established in March 2008, Genio Limited is an Irish registered company (Reg no. 454839).

Genio Trust is a registered charity (CHY 19312).

Disclaimer

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