

# Identifying and measuring the outcomes of advocacy

ACT Disability, Aged and  
Carer Advocacy Service  
(ADACAS) Incorporated

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Dear Fiona

**Identifying and measuring the outcomes of advocacy**

Attached is a copy of our final report on a framework for identifying and measuring the outcomes of advocacy, which addresses your comments. We trust the framework will be valuable to ADACAS.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lynne Pezzullo', with a stylized, cursive script.

Lynne Pezzullo  
Director, Deloitte Access Economics Pty Limited  
Lead Partner, Health Economics and Social Policy, Deloitte Touche Tohmatsu

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# Glossary

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ADACAS	ACT Disability, Aged and Carer Advocacy Service
DAE	Deloitte Access Economics
DANA	Disability Advocates Network Australia
KPI	key performance indicator
NACAP	National Aged Care Advocacy Program
PICO	Population Intervention Comparison Outcome
SMART	Specific Measurable Achievable Realistic Timely
SSI	semi-structured interview
Target organisations and individuals	government agencies; legal and financial organisations; carers, families, friends, guardians, and other members of the community; and aged care, disability and carer service providers

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## Executive summary

Deloitte Access Economics was engaged by the ACT Disability, Carer and Advocacy Service ('ADACAS'), under the ACT Government's *Governance and Financial Management Initiative Services Agreement*, to identify the outcomes of advocacy provided by ADACAS, and develop a service evaluation strategy for measuring these outcomes. This information aims to assist ADACAS in assessing the impact of its services on improving clients' empowerment levels, and in demonstrating the benefits of advocacy to the broader community.

Advocacy is the act of representing the needs and wants of another person so as to increase their quality of life. ADACAS is an independent, not-for-profit organisation which undertakes advocacy for people with disabilities, older people, and their carers. It receives government funding of approximately \$1 million per annum and provides advocacy to approximately 360 clients per annum currently.

Deloitte Access Economics undertook an international literature review which demonstrated a deficiency in the available literature on research into identifying and measuring the outcomes of advocacy. However, several selected studies were drawn on in developing the findings in this report.

A program logic framework was developed to assist in identifying the outcomes of advocacy, which were further refined through consultation with ADACAS. Two overarching outcomes were identified: high client empowerment ratings, and efficient and effective advocacy delivery processes. Sitting under these outcomes are 31 performance indicators that could assist in measuring performance against these outcomes. A list of sample questions for assessing performance against these outcomes is provided at Appendix A.

The report recommends that a mixed methods approach be used for obtaining data. Quantitative approaches could utilise a Population Intervention Comparison Outcome (PICO) approach to structuring questions, with answers provided on a Likert scale. Qualitative approaches could involve open-ended responses on survey forms, semi-structured interviews and focus groups. Based on the number of clients accessing ADACAS' services, statistical robustness could be achieved from validly surveying 30 clients before and after their advocacy service<sup>1</sup>. However, Deloitte Access Economics recommends that, within resources, as many clients as possible are consulted with all clients and/or their carers offered the opportunity to provide feedback.

Ideally, a copy of a client/carer survey tool should be sent to all of ADACAS' 360 or so current clients before they commence the service and after they complete it. As response rates to surveys tend to be fairly low, DAE would recommend the use of incentives. For example, should finances permit, a \$25 food voucher for each initial response, and then a \$50 voucher for subsequent responses, since dropout rates from those who do respond first time also tend to be high.

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<sup>1</sup> The central limit theorem stipulates that for a normally distributed population, a sample size of 30 is sufficient to provide a representative sample. For example, see Boston University School of Public Health (2013).

While the focus needs to be on clients, not every client would be able to fill out a survey themselves (for example, people with severe mental illness, dementia or intellectual disabilities). As an alternative, the survey invitation should offer to conduct SSIs for such clients – as this still ascertains their direct inputs. Another alternative for those clients who may not be willing to be interviewed, if they preferred, would be that the survey could be filled out by their carer or family member. Of course, in some cases carers are in fact ADACAS clients and the views of carers are also important in the evaluation. Also, as SSIs tend to be time consuming, finances may place a limit on how many could be conducted.

Anecdotally, it is quite difficult to find people who would benefit from advocacy services but have not accessed such services, for cross-sectional evaluations. However, this could possibly be achieved by conducting letter box drops or using other (potentially less costly electronic) strategies through other community organisations e.g. disability or aged care providers, Carers Australia, other peak bodies, and so on.

Given ADACAS' limited resources, consideration should be given to adopting the Priority-Sequence Model which was developed by Morgan (1998). This allows for priority to be given to either quantitative or qualitative analysis, while still reaping the benefits of a mixed methods approach to data gathering.

Longitudinal and cross-sectional approaches should, ideally, both be used for analysing the data. This would assist in demonstrating both the changes in outcomes over time, and the impact that ADACAS' services have on achieving outcomes for its clients relative to a comparator of no advocacy service. However in reality resource limitations may favour longitudinal approaches.

### **Deloitte Access Economics**

# 1 Introduction

The National Disability Advocacy Framework (DPRWG, 2010) defines individual advocacy as the act of supporting people *“to exercise their rights, through either one-to-one support, or by supporting people to advocate for themselves individually, through a third party or on a group basis.”*<sup>2</sup> Many disenfranchised and vulnerable individuals require assistance to ensure that their basic human needs are met, that they are able to access the goods and services necessary to live a fulfilling life, to feel empowered and have an improved sense of self-worth, and to access their rights.

Advocacy organisations have a broad remit to represent individuals in their interactions with various government agencies and service providers, their families, relatives and the wider community, and financial and legal organisations. In addition, advocacy organisations assist in driving systemic change to the systems and processes for dealing with disenfranchised and vulnerable individuals.

## 1.1 Purpose of this report

Deloitte Access Economics has been engaged by the ACT Disability, Carer and Advocacy Service (‘ADACAS’), under the ACT Government’s *Governance and Financial Management Initiative Services Agreement*, to identify the outcomes of advocacy provided by ADACAS, and develop a service evaluation strategy for measuring these outcomes.

Hussein et al (2006) identified the following potential benefits from undertaking an evaluation of an advocacy organisation:

- provide a catalyst for change and improvement of services;
- help counter criticisms that the service is not representative;
- confirm that advocacy accomplishes positive outcomes and is an efficient use of resources;
- provide evidence for self-regulation;
- help funders compare programs;
- clarify the definition of advocacy; and
- attract new workers and volunteers.

This report aims to assist ADACAS in assessing the impact of its services on improving clients’ empowerment levels, and in demonstrating the benefits of advocacy to the broader community.

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<sup>2</sup> The same source defines disability advocacy as enabling people with disability to participate in the decision making processes that safeguard and advance their human rights, and systemic advocacy as seeking to introduce and influence longer term changes to ensure the rights of people with disability are attained and upheld to positively affect the quality of their lives. However, these other forms of advocacy are out of scope in this report, which focuses on individual advocacy.



At ADACAS' request, this report focuses on evaluating the outcomes of individual advocacy. However, there is scope to expand the service evaluation strategy to other types of advocacy (e.g. systemic).

## 2 Overview of the ACT Disability Aged, Carer and Advocacy Service

The ACT Disability, Aged and Carer Advocacy Service is an independent, not-for-profit advocacy organisation helping people with disabilities, older people and their carers. It is an incorporated association governed by a board, and staffed by approximately 12 paid employees. As a not-for-profit organisation, it primarily relies on funding from the ACT and Commonwealth governments.

ADACAS provides advocacy to individuals who are interacting with ADACAS' target organisations and individuals:

- government agencies;
- legal and financial organisations;
- carers, families, friends, guardians and other members of the community; and
- aged care, disability and carer service providers.

The mission of ADACAS is to:

*“ ... vigorously advocate for and with vulnerable people, who have a disability, are older, or their caregivers, so that they may exercise their rights as citizens, live valued and dignified lives in the community, and pursue their dreams.”*

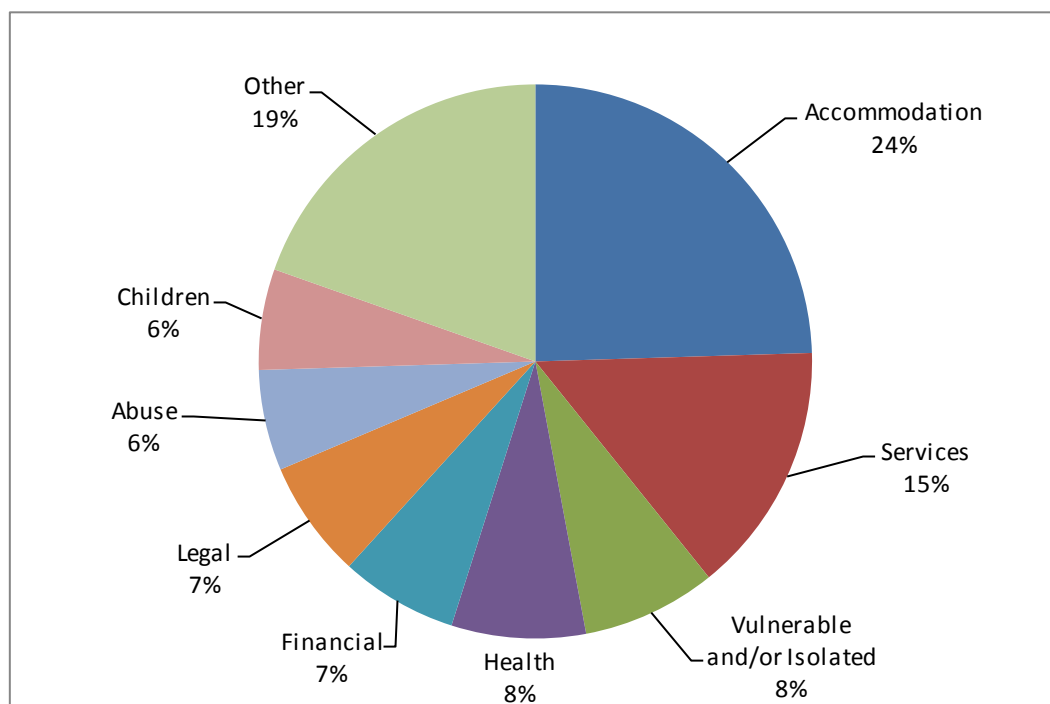
ADACAS does not charge clients for its services. However, ADACAS conducts an individual assessment for each prospective client to determine whether they meet certain criteria, and whether ADACAS is able to assist them.

### 2.1 Key areas of work

In 2012-13, ADACAS assisted 367 clients on 479 advocacy issues. The organisation has noted a steady increase in both the number of clients, and the complexity of the issues. While accommodation and services are the most common advocacy issue handled by ADACAS, child protection work has experienced significant growth over the past year.

Chart 2.1 below outlines the distribution of cases handled by ADACAS in 2012-13.

**Chart 2.1: 2012-13 Case type distribution**



Source: ADACAS 2012-13 Annual Report.

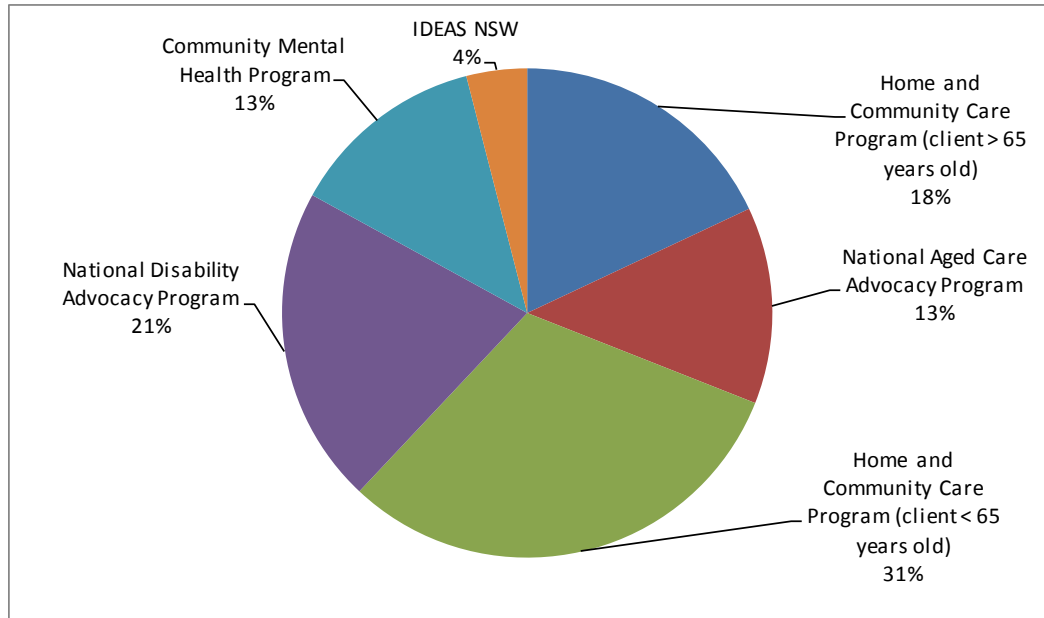
## 2.2 Financial overview

In 2012-13, ADACAS recognised revenue of approximately \$1.071 million and had expenses of approximately \$1.045 million. This was an increase of 7.4% and 9.2%, respectively, from the 2011-12 results.

- The key government programs which provided funding were:
- Home and Community Care Program for Younger People
- Home and Community Care Program for Older People
- National Aged Care Advocacy Program
- National Disability Advocacy Program
- Mental Health Consumer Advocacy Program
- IDEAS Disability Advocacy Brokerage Program

Chart 2.1 below indicates the distribution of these revenue streams.

**Chart 2.2: 2012-13 Funding distribution**



Source: ADACAS 2012-13 Annual Report.

The primary areas of expenditure were staff salaries (and associated on-costs) which represented approximately 75% of expenses, followed by training and staff support, and administrative overheads such as rent, motor vehicles and equipment.

## 2.3 Other advocacy organisations

ADACAS is part of the Disability Advocacy Network Australia, which is a network of almost 70 agencies from across Australia that undertake or provide support for individual advocacy, systemic advocacy, self-advocacy, citizen advocacy, legal advocacy or family advocacy.

## 3 Methodology

In developing this report, Deloitte Access Economics:

- undertook an international literature review to investigate methods to identify the outcomes of advocacy and tools for measuring the impact of advocacy;
- developed outcome measures for ADACAS;
- undertook consultation with ADACAS staff to refine the outcome measures; and
- researched data gathering and analysis techniques to quantify outcomes.
- The section below discusses the insights gained from the international literature review.

### 3.1 International literature review

Deloitte Access Economics undertook an international literature review to investigate methods for identifying the outcomes of advocacy and tools for measuring the impact of advocacy.

A range of Australian and international references were consulted for relevant information, including peer reviewed journal articles and government reports. The focus of the search was outcomes of advocacy, and methods for assessing these outcomes.

The primary research database was Google Scholar. Search terms included: “advocacy AND outcome”; “advocacy AND benefit”; “advocacy and cost ”; “advocacy AND framework”, “advocacy AND evidence”, “advocacy AND economic”, “advocacy AND qualitative”, “advocacy AND quantitative”, “advocacy AND assess\*”.

Additional sources were provided by ADACAS. These included the 2012-13 Annual Report, the 2012-15 Strategic Plan, and performance reports undertaken as part of various government programs. Searches of Australia Government websites, and the bibliographies of relevant articles, were also undertaken.

While the review indicated that there is a deficiency of research in these areas, the following sections summarise the insights gained from the review.

#### 3.1.1 Identification of advocacy outcomes

Hussein et al (2006) analysed the evaluation methods used by advocacy service funders, and identified the generalised outcomes of advocacy services to be:

- empowered service users;
- alignment with policy;
- improved service user status/credibility;
- improved service quality;
- promotion of independent living;
- independent representation available;

- identified need/cause for concern;
- improved status/credibility of advocacy scheme;
- improved family/carer understanding/attitudes;
- improved service monitoring;
- improved inter-agency working;
- better commissioning of decisions;
- assistance with decision-making in complex cases;
- improved status/credibility of local authority;
- cost effectiveness of local authority; and
- fulfilled legal requirements.

Townsley et al (2009) noted that a distinction needs to be made between the benefits from the process of independent advocacy, and the benefits from the outcomes of independent advocacy. Importantly, the outcomes of advocacy may not always be perceived as benefits, even when the advocacy process has been viewed as positive by all parties who were involved.

### 3.1.2 Assessment of advocacy outcomes

A potential approach (Davies et al, 2009) to assess the outcomes of advocacy is to use a comparison group method. This provides data on, and allows for comparison to be made between, the following groups of people:

1. People who are currently receiving independent advocacy services.
2. People who are waiting to receive independent advocacy services.
3. People who would benefit from independent advocacy services but who live in an area without access to those services.

Under this approach, the following data would need to be collected:

- For **group one** participants: a description of their current situation, the issues they are hoping to have addressed, the services they are receiving, and their desired goal or outcome.
- For **group two** participants: a description of their current situation, the issues they are hoping to have addressed, and their desired goal or outcome.
- For **group three** participants: a description of their current situation, and their desired goal or outcome.
- At a later stage, data would be collected across all three groups to assess how each individual was progressing against achieving their desired goal or outcome, and their perceived effectiveness of the services they had received.

To allow for an economic assessment of the cost-effectiveness of advocacy, data on the costs of service provision<sup>3</sup> could also be collected.

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<sup>3</sup> This would cover the funding received, the sources of funding, and the costs of service provision.

Rapaport et al (2005) outline a mixed methods approach to evaluating advocacy services for clients with severe mental illness. This approach involves:

- questionnaires;
- structured interviews; and
- focus group interviews.

The study concludes that the structured interviews were considered to be the most effective and cheapest method. The questionnaires were described as 'hopeless' (this is probably due at least in part to the severe nature of the clients' mental illnesses). Focus group interviews were found to be difficult to arrange and required extensive analysis.

The study also considered giving questionnaires to carers and professionals in contact with the advocacy project, rather than clients. This approach to questionnaires was found to be more effective. The questionnaire investigated:

- awareness of the advocacy service;
- understanding of the service aims;
- access to the service;
- frequency of contact with the service;
- the reliability of the service;
- the advocate's communication skills;
- the level of support from the advocate;
- the advocacy outcome;
- the impact of advocacy on the service user; and
- the impact of advocacy on the way professionals in other organisations worked.

## 4 Program logic

A fundamental platform for the development of a performance indicator framework is a logic framework. The framework represents the conceptual basis for a service or program, by identifying and describing objectives and outcomes and anticipated cause and effect relationships. A program logic<sup>4</sup>:

- facilitates a common understanding of the rationale for the program and makes explicit the program's objectives and desired outcomes;
- assists in highlighting the factors external to the program which contribute to its success; and
- contributes to the development of performance indicators which are aligned to the program's objectives and thus facilitate monitoring and evaluation.

The elements of a program logic framework are as follows:

- **Objectives** – high level, long term benefits to which policy makers and the community aspire. This provides the reason for the existence of the program.
- **Inputs** – the resources and activities which are invested to produce outputs.
- **Outputs** – the programs and services which are delivered.
- **Outcomes** – these are the long-term effects of the services, and thus should reflect the objectives. Outcome indicators measure a change in an identified state associated with the program, such as an increase in client empowerment levels. It is important to note that outcomes are also reliant on contextual factors external to the program.
- **Contextual factors** – elements outside of ADACAS' control, which may be barriers or facilitators.

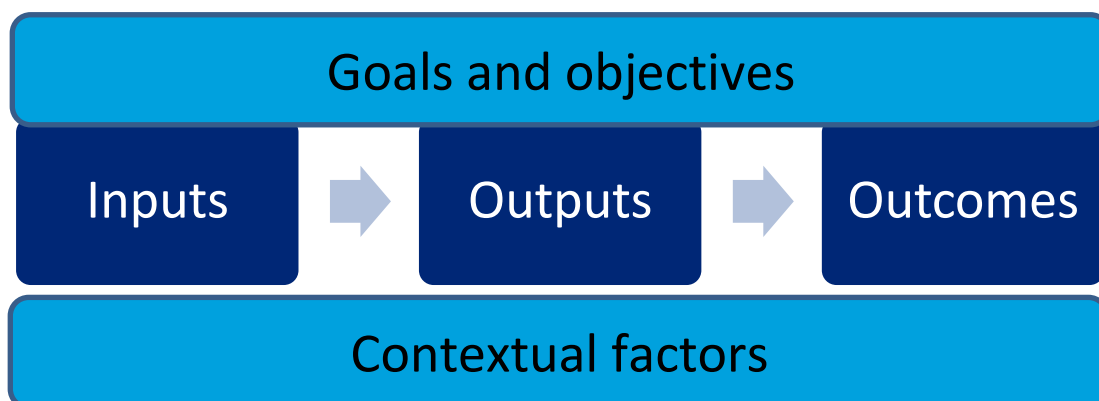
These elements are represented diagrammatically in Figure 4.1.

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<sup>4</sup> Although ADACAS is not strictly a 'program', this terminology has been retained in this report as the set of services provided are similar in nature to those of a program.



Figure 4.1: Program logic diagram



Source: Deloitte Access Economics.

Generally speaking, outcomes may be achieved over different timeframes:

- Short term – usually, up to 1-2 years.
- Medium term – usually 3-5 years.
- Long term – usually, greater than 5 years.

## 4.1 Development of the program logic framework

The program logic framework has been developed based on:

- an analysis of ADACAS by Deloitte Access Economics with reference to the goals and objectives, inputs, outputs and contextual factors;
- the findings from the literature review (see Section 3.1);
- consultation with ADACAS; and
- the National Disability Advocacy Standards.

### 4.1.1 National Disability Advocacy Standards

ADACAS complies with the National Disability Advocacy Standards<sup>5</sup>, which include Disability Advocacy Standards and Key Performance Indicators for advocacy agencies funded under the National Disability Advocacy Program to provide advocacy for people with disability.

The Standards cover 10 areas of services which are relevant to advocacy organisations:

1. **Accessing advocacy** – people with disability have opportunities to access advocacy on the basis of relative need and available resources.
2. **Individual needs** – people with disability receive advocacy that is designed to meet their individual needs and interests.

<sup>5</sup> The Standards are contained in Commonwealth legislation in the *Disability Services Standards (Advocacy Standards) Determination 2012*, which sits under the *Disability Services Act 1986*.

3. **Decision-making and choice** – people with disability have the opportunity to participate as fully as possible in making decisions about the advocacy activities undertaken.
4. **Privacy, dignity and confidentiality** – the right of people with disability to privacy, dignity and confidentiality is recognised and respected.
5. **Participation and integration** – people with disability are supported and encouraged to participate and be involved in the community.
6. **Valued status** – the intrinsic value of people with a disability is recognised and each person is supported and encouraged to enhance their valued status in the community.
7. **Complaints and disputes** - People with disability who have a complaint or dispute with the advocacy agency, are encouraged to raise it, and have it resolved, without threat of retribution.
8. **Agency management** - Each agency adopts quality management systems and practices that optimise the effectiveness of advocacy for people with disability and facilitates continuous improvement.
9. **Staff, recruitment, employment and training** – each person who has an employment relationship with the advocacy agency has appropriate skills and competencies.
10. **Protection of human rights and freedom from abuse** – the advocacy agency acts to prevent abuse and neglect and to uphold the legal and human rights of people with disability.

## 4.2 Program logic elements for ADACAS

The program logic elements for ADACAS reflect both the current state of the organisation, as well as its aspirations.

**Table 4.1 ADACAS program logic elements**

<b>Goals and objectives</b>	<p><u>Current:</u> Maintain high quality advocacy standards; protect and build ADACAS reputation; best practice governance; ensure ongoing staff support; and match resources, facilities and systems (IT, finance, HR etc.) with future needs.</p> <p><u>Aspirational:</u> influence changing environment to ensure advocacy is valued; ensure that ADACAS delivers on its promises; seek funding strategically; and develop workforce planning processes and practices.</p>
<b>Outcomes</b>	<p>High client empowerment ratings.</p> <p>Efficient and effective advocacy delivery processes.</p>
<b>Outputs</b>	<p>Statistical measures: number of clients assisted, number of cases.</p>
<b>Inputs</b>	<p>Time of trained staff and volunteer board members.</p> <p>Commonwealth, state and other funding, broken down by key areas of expense.</p>
<b>Contextual factors</b>	<p>Other advocacy organisations in ACT/NSW.</p> <p>The legislative frameworks within which advocates work.</p> <p>Future funding streams and government support.</p> <p>Other barriers faced by clients which are outside ADACAS' control (e.g. employment, income, sustained effort by client).</p> <p>Societal attitudes towards advocacy organisations and clients.</p> <p>Support from target organisations and individuals.</p>

Source: Deloitte Access Economics and ADACAS.

### 4.2.1 Goals and objectives

ADACAS's 2012-15 Strategic Plan identifies its current goals and objectives as its "pillars", and provides further detail on its aspirational goals and objectives.

#### **Influence changing environment to ensure advocacy is valued**

- Understand and influence policy changes.
  - Understand and influence policy changes for the National Disability Insurance Scheme and aged care and mental health reforms.
  - Contribute to policy development process through relationships with key stakeholders, engagement with identified new entities, and monitoring of standards.
- Develop targeted programs of systemic advocacy that identify key criteria for involvement and how information on systemic issues should be identified, monitored, gathered and retained.
- Analyse the gap between current involvement and required involvement within the community sector.

#### **Ensure that ADACAS delivers on its promises**

- Scope existing evaluation frameworks internationally and locally, and develop a proposal for demonstrating client outcomes.
- Develop performance appraisal mechanisms for Board and staff.

**Seek funding strategically**

- Develop policy on critical evaluation processes for funding opportunities.
- Identify relevant funding opportunities for supported decision making.

**Succession planning for organisational skills and knowledge**

- Succession planning for Board and CEO.
- Develop corporate knowledge retention practices.

**4.2.2 Outcomes**

Following consultation with ADACAS, Deloitte Access Economics has identified two broad outcome measures of ADACAS’ services. The outcomes reflect the nine goals and aspirations of ADACAS which are outlined in Section 4.2.1. The outcomes are delineated into 34 indicators of performance, which are contained in Box One and Two below.

1. High client empowerment ratings.
2. Effective and efficient advocacy delivery processes.

SMART criteria were utilised in the selection of the outcome measures.

**Table 4.2: SMART criteria for outcome selection**

<b>Criteria</b>	<b>Elaboration of criteria – critical questions</b>
<b>Specific</b>	Can the people involved in the service understand and use the outcome? Are terms used in the outcome statement interpreted the same by all users?
<b>Measurable</b>	Is data available to assess the outcome?
<b>Achievable</b>	Can this be done within the resources and time available?
<b>Realistic</b>	Are the outcomes appropriate to the service?
<b>Timely</b>	Is the outcome appropriate to the timeframe? Can the indicator signal an early warning of potential problems?

Source: Deloitte Access Economics.

The following sections expand on both outcome measures by developing performance indicators which can be used for assessing performance. In total, 34 performance indicators have been suggested.

In the absence of available research, the performance indicators are based on advice from the Steering Committee for the Review of Government Service Provision (2011), who specify that:

- indicators should be comparable over time;
- indicators should be simple, meaningful and easily understandable to internal and external program assessors; and
- indicators should be able to facilitate accurate assessments.

#### 4.2.2.1 Outcome One – High client empowerment ratings

Client empowerment is a critical outcome for any advocacy organisation, and directly reflects several of ADACAS' goals and outcomes: maintaining high quality client advocacy standards; protecting and building its reputation; and delivering on its promises. This outcome is measurable in the short term, as its success or otherwise will be apparent following each completed case. It is a 'summative' evaluative outcome, in that it reflects the overall purpose of providing advocacy services.

This outcome has been broken down into two categories: client satisfaction with result, and client satisfaction with process. It was considered important to make this distinction as in some circumstances, despite the best effort of an advocate, the client's desired result may not be achieved. Similarly, in some circumstances a client may be satisfied with the result that is achieved, but may not be satisfied with the process by which it was achieved. This approach to assessing client empowerment is supported by Townsley et al (2009).

**Box 1 – Performance indicators for high client empowerment ratings**

Client satisfaction with result

Client's voice is heard.

Client/carer is more able to achieve outcomes by themselves.

Client's access to relevant goods and services has improved.

Client's self-assessed status in community has improved.

Client's standing with target organisations and individuals has improved.

Client received any necessary assistance to make decisions.

Client's capacity to live independently has improved.

Client's capacity to participate in and integrate with the community has improved.

Where applicable, the client's family/carer have/has an improved attitude towards the client.

Where applicable, the client's family/carer feels more empowered.

Where applicable, the client was able to have disputes with ADACAS satisfactorily resolved.

Clients were assisted to be able to enjoy their human rights.

Client satisfaction with process

Clients who fit selection criteria are able to access ADACAS' services.

Client is satisfied with the resources and time allocated to their case.

Advocacy is tailored to individual client needs.

Client controls the decision making process as much as possible, and the direction of the advocacy process.

Client considers that they were treated in a dignified manner and that their privacy was respected.

Where applicable, the client considers that that were able to raise complaints with ADACAS without the threat of retribution.

Source: *Deloitte Access Economics literature review.*

**4.2.2.2 Outcome 2 – Effective and efficient advocacy delivery processes**

This outcome reflects the following objectives: protecting and building ADACAS' reputation; best practice governance; ensuring adequate workforce development and ongoing staff support; matching resources, facilities and systems with future needs; and strategic appropriation of funding. Achievement of this outcome should allow more

disenfranchised and vulnerable people to be reached, and satisfy funders that their money is being well spent. It is a 'formative' evaluative outcome, in that it reflects the processes needed in providing advocacy services to achieve the summative outcome.

This outcome should be assessed over the short-medium term. Several aspects can be assessed following the completion of a case; however, some aspects (for example, funding and the development of working relationships) should be assessed over a longer timeframe.

**Box 2 – Performance indicators for effective and efficient advocacy delivery processes**

High staff satisfaction rating.

There are quality management systems and governance practices that optimise the effectiveness of advocacy.

There are satisfactory dispute resolution channels for clients who have a dispute with ADACAS.

The relevant legal requirements have been met.

Staff have the necessary skills and resources to deliver high quality advocacy.

Lessons learnt from each client are used to improve the future operation of ADACAS.

ADACAS is adequately funded over the short, medium and long term.

ADACAS has a culture of continuous improvement.

ADACAS has productive and professional working relationships with target organisations and individuals.

Target organisations and individuals have a high opinion of ADACAS' reputation and credibility.

Common and/or recurrent issues with internal ADACAS processes are addressed, for the benefit of both current and future clients.

Common and/or recurrent issues with target organisations and individuals are addressed, for the benefit of both current and future clients.

Source: *Deloitte Access Economics literature review.*

### 4.2.3 Outputs

Statistical measures of output are currently collected by ADACAS and published in their annual reports.

**Table 4.3: Statistical measures of output (2012-13)**

<b>Individual advocacy</b>	
Total number of people assisted	367
Total cases	479
New cases	261
Cases continuing from 2011-12	218
Closed cases	236

Source: 2012-13 ADACAS Annual Report.

Analysis undertaken by ADACAS has identified a steady increase in both the number of clients, and the complexity of the issues, over several years.



#### 4.2.4 Inputs

For the 2012-13 financial year, the key inputs for ADACAS were:

- Time of paid and unpaid staff – ADACAS staff logged 10,224 hours of advocacy, spread over 9 paid advocates<sup>6</sup>.
- Commonwealth, state and other funding – in 2012-13, ADACAS received approximately \$1 million in government funding across several programs. Minor sources of revenue (totalling \$31,084) include funding from DANA, interest, membership income and donations, and contributions for motor vehicles<sup>7</sup>.
  - Key areas of expense – of the approximately \$1 million in expenses incurred in 2012-13, staff salaries (and associated on-costs) represented approximately 75% of expenses, followed by training and staff support, and administrative overheads such as rent, motor vehicles and equipment.

Further detail on ADACAS's financial information is provided in Section 2.2.

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<sup>6</sup>There are approximately 12 paid staff of whom 9 are advocates, and no volunteer staff, at ADACAS.

<sup>7</sup>ADACAS does not actively engage in pursuing philanthropic fundraising.

## 5 Research methods for assessing advocacy outcomes

There are a variety of research methods which can be used for measuring the outcomes of ADACAS' services. It is important to note that these methods are not mutually exclusive and that synergies are potentially available when several methods are used.

Section 5.1 discusses methods for obtaining data, and Sections 5.2 and 5.3 discuss techniques for analysing the data. A recommended approach is outlined in Section 5.4

### 5.1 Qualitative and quantitative aspects of obtaining data

This section outlines quantitative and qualitative methods for obtaining data.

#### 5.1.1 Quantitative methods

Quantitative approaches generally involve surveys which ask participants to respond to a series of statements by providing either:

- an assessment using a Likert scale, which asks the participant to rank their agreement or disagreement to a statement along a five (or ten) point scale ranging from strongly agree to strongly disagree; or
  - For example: the services provided were appropriate (strongly agree/agree/neutral/disagree/strongly disagree).
- a binary yes/no assessment, which requires the participant to either agree or disagree with a statement.
  - For example: the services provided were appropriate (yes/no).

Likert scales with five or more points are typically superior to binary scales as they enable greater granularity in tracking outcomes over time or across groups. For example, an average score of 3.6 may increase to 3.9 within the 'agree' range, if the distribution is different in one survey from another, while the binary form may not be able to statistically robustly distinguish such a difference. An option to respond 'don't know' or 'unsure' is also good practice. Exploration of responses and the reasons for agreement or disagreement can be gleaned through supplementary open-ended questions or through separate qualitative techniques such as focus groups or interviews.

Consideration should be given to adopting a Population Intervention Comparison Outcome (PICO) approach to developing questions. This is a standard approach for obtaining robust data to support evidence-based social policy.

**Table 5.1: Elements of a PICO approach to structuring questions**

<b>Element</b>	<b>Outcome 1</b>
Population	People living in the ACT and surrounding region <sup>8</sup> with disabilities, older people, and their carers.
Intervention	ADACAS clients.
Comparison	A matched group without access to ADACAS services e.g. waiting for services or 'before' receiving the service (compared to 'after' the Intervention).
Outcome	The target outcome (performance indicators under each outcome may be used here).

Source: Deloitte Access Economics

For a cross-sectional Comparator, ethical considerations may arise as a control group must be established which is not currently able to access ADACAS' advocacy. Clearly it would not be appropriate to deliberately exclude eligible people from receiving services in order to evaluate the impacts of services. Comparators outside the ACT (e.g. Cooma, Goulburn etc.) might be considered ethical if the findings also provided impetus for, say, advocacy services to be extended to or initiated in such underserved areas, for example through inter-governmental arrangements between ACT and NSW.

### 5.1.2 Qualitative methods

The general tools used to obtain qualitative data are: open ended responses in questionnaires, semi-structured interviews, and focus groups. They allow participants to provide pertinent information that is difficult to elicit through the quantitative methods outlined above. In addition, it may provide the researcher with additional perspectives on the issue that they have not considered.

However, the data obtained from qualitative approaches is typically more time consuming to provide and interpret, less easy to compare, and less statistically robust.

#### Open ended responses

These types of questions are typically included on survey forms. They may relate to another question, or they could be a stand-alone question. They should be structured so as to focus the client on providing all necessary information. For example: "If you responded with 'agree' or 'strongly agree' to the previous question, please outline your reasoning".

#### Semi-structured interviews (SSIs)

SSIs are one-on-one interviews which have a pre-determined structure and set of questions, but which also allow new issues to be explored as they arise.

#### Focus groups

Focus groups involve a researcher obtaining the opinions of a small group of participants (typically 6-8 people) through leading a discussion on a particular issue.

<sup>8</sup> Services to the surrounding region are funded through IDEAS NSW.

**Table 5.2: Advantages and disadvantages of qualitative measurement methods**

Method	Advantages	Disadvantages
Open-ended responses.	<p>Sensitive information is more likely to be provided as there is no interviewer.</p> <p>Survey can be undertaken at the convenience of the participant.</p>	<p>Length and scope of participants' responses may vary.</p> <p>Participants may misinterpret questions.</p> <p>There may be a low rate of completed surveys.</p>
Semi-structured interviews.	<p>Allows for two-way conversation which may elicit additional information.</p> <p>Interviewer can explore key issues for each participant.</p>	<p>Requires a skilled interviewer.</p> <p>Time and resource intensive.</p> <p>Interview may be limited to the pre-determined topics.</p>
Focus groups.	<p>Allows for two-way conversation which may elicit additional information.</p> <p>Facilitator can explore key issues for each participant.</p> <p>Participants can help each other to clarify questions.</p> <p>Responses from participants may elicit additional responses from other participants.</p>	<p>Requires a skilled facilitator to avoid results being biased by facilitator's views or interpretation.</p> <p>Time and resource intensive.</p> <p>The small number of participants means the results are less representative of the wider population (although multiple groups can mitigate this).</p> <p>Introverted participants and participants who are less able to communicate may not be able to input to the discussion.</p> <p>Tendency of participants to engage in 'group think' i.e. underplay points of disagreement.</p>

Source: Deloitte Access Economics

### 5.1.3 Quantum of data required and methods for obtaining it

A sufficient quantity of data must be obtained to ensure statistical robustness. The central limit theorem specifies that a **sample size of 30 clients** is sufficient. However, Deloitte Access Economics recommends that as many samples as possible, within resources, are obtained.

Ideally, a copy of the survey should be sent to all of ADACAS' 360 or so current clients. As response rates to such surveys tend to be fairly low, DAE would recommend the use of incentives. For example, should finances permit, a \$25 food voucher for each initial response, and then a \$50 voucher for subsequent responses, since dropout rates from those who do respond first time also tend to be high. Such small incentives increase the participation rate and sample size, and hence reduce any response bias and increase the ability to segment responses by different demographic groups.

It is important to note that offering incentives to clients for undertaking surveys still allows for surveys to be completed anonymously. For example, completed surveys could be returned in a sealed envelope, with a signed covering note from the client stating that they have completed the survey.

However, the loss of anonymity is unavoidable when obtaining data through semi-structured interviews and focus groups. In order to minimise any bias<sup>9</sup> that may arise when surveys are not conducted anonymously, assurances could be given to clients that all responses will be treated confidentially (i.e., responses will not be attributed to an individual client). In addition, response bias could be further mitigated by having the interviews conducted by a facilitator that is not an ADACAS advocate.

While the focus needs to be on clients, not every client would be able to fill out a survey themselves (for example, people with severe mental illness, dementia or intellectual disabilities). As an alternative, the survey invitation should offer to conduct SSIs for such clients – as this still ascertains their direct inputs. Another alternative for those clients who may not be willing to be interviewed, if they preferred, would be that the survey could be filled out by their carer or family member. Of course, in some cases carers are in fact ADACAS clients and the views of carers are also important in the evaluation. Also, as SSIs tend to be time consuming, finances may place a limit on how many could be conducted.

Anecdotally, it is quite difficult to find people who would benefit from advocacy services but have not accessed such services, for cross-sectional evaluations. However, this could possibly be achieved by conducting letter box drops or using other (potentially less costly electronic) strategies through other community organisations e.g. disability or aged care providers, Carers Australia, other peak bodies, and so on.

## 5.2 Longitudinal approaches to data analysis

Longitudinal approaches to analysing data consider movements and trends in the data over time, conducting assessments before and after the receipt of advocacy services.

### 5.2.1 Outcome One

For client empowerment ratings, a potential option is to collect data over three stages, as recommended by Davies et al (2009). The stages are:

1. Before clients have received advocacy **(T1)**.
2. Shortly after the client has received advocacy **(T2)**<sup>10</sup>.
3. Approximately three months after the client has received advocacy **(T3)**.

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<sup>9</sup> The most common bias in this situation might be clients overstating their level of satisfaction with the advocacy process and result, for fear of offending their advocate or negatively impacting on the client's ability to obtain services in the future from ADACAS.

<sup>10</sup> Clients would be free to respond anonymously. However, if they were satisfied that identifying data would be removed for survey analysis, providing some identifying data (e.g. a client number rather than a name) would enable individuals to be tracked longitudinally, which would be useful.

The initial (T1 or baseline) assessment can assist the client to set expectations from the advocacy process in terms of both the process and the result, as well as helping develop criteria for assessing whether the client's goals are met. A first follow-up (T2) assessment after the advocacy has been received enables an evaluation to be made of whether the client has achieved their goals.

The purpose of collecting data at T3 is to provide a 'reasonableness' check against the data collected at T2. A common issue with data collected at point T2 is that a 'halo effect' from recently receiving the advocacy may cause respondents to overstate their satisfaction levels. T3 data collection can help assess whether respondents change their views over time. T3 data collection is desirable but not necessary for evaluation.

As noted in Appendix A, the sample questions provided have been written from a T2 and/or T3 perspective. These questions can be readily re-phrased for use at T1, where a baseline level of current satisfaction for each client is established. Note that client satisfaction with the advocacy process cannot be established at T1, as the client has not yet received advocacy from ADACAS, so the question set at T1 (baseline) is a little shorter than that at follow-up (T2 and/or T3). The same questions asked at T2 should also be asked at T3; however, as noted above, T3 data collection is desirable but not necessary for evaluation.

It is desirable but not necessary to track individual client responses between T1, T2 and T3. The purpose of the exercise is to obtain statistically robust data on the achievement of client outcomes at an aggregate level, rather than identifying the achievement of outcomes for each client. However, follow-up of individual clients ensures completely matched groups, which reduces statistical risks and assists interpretation of findings.

## 5.2.2 Outcome Two

As assessment of whether ADACAS has achieved its goals in relation to advocacy delivery processes is best undertaken by or with ADACAS staff. For Outcome 2, rather than 'before and after' a client service, the longitudinal approach may be better suited to an annual review process, evaluating how staff satisfaction, skills, governance, dispute resolution and other Outcome 2 domains change over time.

Given the experience and knowledge of case workers who have provided services to many clients, staff surveys, interviews or focus groups would be valuable as part of the process evaluation toolkit. Domains such as 'high opinion of ADACAS' reputation and credibility' could be included in client evaluation feedback from Outcome 1, as well as through broader stakeholder engagement.

## 5.3 Cross-sectional approaches

A cross-sectional approach compares data on a "with/without" basis, that is, participants with a particular characteristic compared to participants without that characteristic.

### 5.3.1 Outcome One

For this outcome, data from three groups of people could be analysed:

1. Clients who are receiving advocacy from ADACAS.

2. 'Matched' clients (either based on demographics or case type) who have approached ADACAS but are yet to receive advocacy.
3. Individuals who would benefit from ADACAS-type advocacy but are either not aware or not able to access it (capturing this group may also be important in evaluating reach of ADACAS' services).

Data from the first client group could be compared against data from either of the other two client groups. So as to provide data on the impact of ADACAS' services, each group would need to assess their current situation against each performance indicator – for example, current access to relevant goods and services, current ability to live independently, and so on.

### 5.3.2 Outcome Two

A cross-sectional approach to assessing performance against this outcome would typically involve comparing the organisational performance of many different advocacy organisations that are matched to ADACAS in terms of size or the type of services provided.

However, consultation undertaken with ADACAS indicates that this outcome would be difficult to measure using a cross-sectional approach. It is common practice within the community services industry to distribute surveys to other organisations which seek information on each organisation's self-assessed performance against a range of criteria. Unfortunately, ADACAS has noted that these surveys generally have a very low response rate, and so are unlikely to be a useful source of data.

A potential data source for comparison would be the annual reports undertaken by agencies which are funded through the National Aged Care Advocacy Program (NACAP)<sup>11</sup>. The information provided through the NACAP reports includes information on agency performance against key performance indicators such as client satisfaction surveys, training and education undertaken by staff, and internal complaints processes. In addition, the results of surveys undertaken by agencies on training sessions and client satisfaction are included.

## 5.4 Recommended approach

Based on the evidence presented, Deloitte Access Economics recommends a 'mixed methods' approach to obtaining data for measuring outcomes. Following this, a combination of longitudinal and cross-sectional analyses will provide a fuller picture of ADACAS' performance against its outcomes.

Under a mixed methods approach, a combination of qualitative and quantitative research is undertaken, which draws on the strengths of each method. This approach is supported by the available literature, for example Rapaport et al (2005) and Morgan (1998).

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<sup>11</sup> It would be ideal to compare against other advocacy organisations that also undertake both older persons' advocacy and disability advocacy. However, ADACAS advised that there is a low response rate to requests for performance data from other advocacy organisations.

The diversity of ADACAS’ clients means that not all research methods will be appropriate for all clients. For example, a client with severe mental disability may not be able to undertake a questionnaire, whereas an introverted client may provide more information through taking part in a SSI.

The following arrangements serve as a guide for a potential implementation strategy:

- Outcome One:
  - At least 30 satisfactorily completed client surveys (T1 and T2 responses, at least, both complete).
  - 15 surveys for carers (T1 and T2) and 15 client SSIs (post-service).
- Outcome Two:
  - Satisfactorily completed surveys from all advocates (undertaken every six-month basis), combined with relevant reporting data analysis (such as that required for funders, or for annual reports).

When dealing with limited resources, a potential approach to combining qualitative and quantitative analysis is outlined by Morgan (1998) is the Priority-Sequence Model, whereby each method is undertaken sequentially. The sequencing order is determined by the priority assigned to each method. Note, however, that if resources are not constrained then best results are obtained by undertaking extensive quantitative and qualitative analysis. We would recommend a focus on follow-up analysis to capture the impact of ADACAS’ interventions, and a focus on a quantitative principle method as it may be difficult for ADACAS’ clients to fill out lengthy surveys.

**Table 5.3: Priority-Sequence Model**

	<b>Quantitative Principle Method</b>	<b>Qualitative Principle Method</b>
<b>Focus on follow-up analysis</b>	Brief initial qualitative analysis followed by extensive quantitative analysis. This can help to guide the data collected in the quantitative phase.	Brief initial quantitative analysis followed by extensive qualitative analysis. Can provide data on key issues which can be focused on in the qualitative phase.
<b>Focus on preliminary analysis</b>	Extensive initial quantitative analysis followed by brief qualitative analysis. Can provide additional information on unexpected results.	Extensive initial qualitative analysis followed by brief quantitative analysis. Data on emergent trends can be collected in the follow-up phase.

Source: adapted from Morgan (1998).

A list of sample lines of questioning and example statements which address each performance indicator is provided at **Attachment A**. For Outcome One, these questions are framed from a “without advocacy” reference point. They can be readily adapted to a “with advocacy” reference point.



### 5.4.1 Ethical issues

An evaluation of ADACAS' performance against its objectives should be conducted with reference to the Australian Evaluation Society's (AES) Guidelines for the Ethical Conduct of Evaluations (AES, 2010). The Guidelines provide advice on:

- commissioning and preparing for an evaluation – all parties should be fully informed about the anticipated deliverables so that they consider whether to take part;
- conducting an evaluation – an evaluation should respect the rights, privacy, dignity and entitlements of those affected by and contributing to the evaluation; and
- reporting the results of an evaluation – the report should be fair and balanced, and reflect the terms of reference for the evaluation.

## Conclusions

Two overarching outcomes were identified:

- High client empowerment ratings; comprising
  - client satisfaction with result; and
  - client satisfaction with process.
- Effective and efficient advocacy delivery processes.

Sitting under these overarching outcomes are 31 performance indicators which will assist in measuring performance against these outcomes. These are detailed in Section 4.2.2 and in the Appendix.

Deloitte Access Economics recommends a mixed methods approach to obtaining the required data, whereby a combination of quantitative and qualitative research methods are used. This provides quantitative data which is easily able to be analysed, but also allows participants to provide pertinent information that is difficult to elicit through the quantitative methods outlined above. In addition, it may provide the researcher with additional perspectives on the issue that they have not considered.

Quantitative methods typically involve survey questions with answers provided on a Likert scale. Qualitative methods include open-ended responses on survey forms, semi-structured interviews, and focus groups. Both forms of data can then be analysed on a longitudinal or cross-sectional basis.

Recommendations acknowledge that, as a not-for-profit organisation, resourcing constraints impact on the method(s) practically implementable by ADACAS. We would recommend a focus on follow-up analysis to capture the impact of ADACAS' interventions, and a focus on a quantitative principle method as it may be difficult for ADACAS' clients to fill out lengthy surveys.

In addition, Deloitte Access Economics notes the deficiency in the research which has been undertaken into identifying and assessing the outcomes of advocacy, and recommends that further work be undertaken to refine and develop these methods. A list of sample questions which address each performance indicator is provided at [Attachment A](#). For Outcome One, these questions are framed from a "without advocacy" reference point. They can be readily adapted to a "with advocacy" reference point.

Ideally, a copy of the survey should be sent to all of ADACAS' 360 or so current clients. As response rates to such surveys tend to be fairly low, DAE would recommend the use of incentives such as food vouchers to increase participation and response rates.

While the focus needs to be on clients, not every client would be able to fill out a survey themselves (for example, people with severe mental illness, dementia or intellectual disabilities). As an alternative, the survey invitation should offer to conduct SSIs for such clients – as this still ascertains their direct inputs. Another alternative for those clients who may not be willing to be interviewed, if they preferred, would be that the survey could be filled out by their carer or family member. Of course, in some cases carers are in fact

ADACAS clients and the views of carers are also important in the evaluation. Also, as SSIs tend to be time consuming, finances may place a limit on how many could be conducted.

### **Scope for further work**

A key direction for further work would be to undertake an economic assessment of the benefits that accrue to the community from advocacy. A literature search was unable to identify any robust studies which had been undertaken in this area. Benefits could potentially include:

- improvements to quality of life;
- enhanced treatment of any underlying physical or mental health problems through better access to services – this would provide a range of productivity benefits and avoided costs; and
- reduced time expended by clients and carers when dealing with target organisations and individuals.

Benefits could also be established through a willingness to pay analysis, which assigns a value to advocacy based on the dollar amount that a client would be willing to pay for it. This method could also be used for estimating the benefit of improved access to rights. A willingness to pay experiment could establish a value for human rights, which could be combined with an analysis of client outcomes to quantify the benefit from improved access to rights. However, such studies are resource intensive if conducted thoroughly, and need to be handled carefully in order to avoid client concern about funding and service access, so there can be ethical and design challenges.

An additional direction would be to explore collaboration opportunities with the Disability Advocacy Resource Unit, which is currently undertaking a project that aims to work with advocacy agencies to improve data collection for people who are accessing services through the National Disability Insurance Scheme (DARU, 2013). Such a collaborative venture may be of value in evaluating outcomes of systemic advocacy, for example.

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# Appendix A

**Table A.1: Sample evaluation statements for a potential questionnaire tool or interview/focus group discussions**

<b>Outcome measure</b>	<b>Performance indicator</b>	<b>Statement root*</b>
<b>Client satisfaction with result.</b>	1. Client is satisfied with the result of the advocacy.	I am satisfied with the result of the advocacy.
	2. Client's voice is heard.	My voice is heard in the areas I want or need to impact.
	3. Client/carer is more able to achieve outcomes by themselves.	I am able to achieve my desired goals with little assistance.
	4. Client's access to relevant goods and services has improved.	I am able to access the goods and services I need.
	5. Client's self-assessed status in community has improved.	There has been an improvement in the value and respect I am given in my community.
	6. Client's standing with target organisations and individuals has improved.	Organisations and individuals respect me and listen to my opinion when I need to express it.
	7. Client received any necessary assistance to make decisions.	I have received the assistance I needed to make decisions.
	8. Client's capacity to live independently has improved.	I am capable of living independently.
	9. Client's capacity to participate in and integrate with the community has improved.	I participate in community activities and feel like a part of the community.
	10. Where applicable, the client's family/carer have/has an improved attitude towards the client.	My relationship with my family/carer is satisfactory.
	11. Where applicable, the client's family/carer feels more empowered.	My family/carer are/is able to achieve positive outcomes for me.
	12. Where applicable, the client was able to have disputes with ADACAS satisfactorily resolved.	I was able to resolve any disputes I had with ADACAS.

	13. Clients were assisted to be able to enjoy their rights.	I am able to enjoy my human rights.
<b>Client satisfaction with process.</b>	14. Clients who fit selection criteria are able to access ADACAS's services.	I was able to access ADACAS's services in a timely manner.
	15. Client is satisfied with the resources and time allocated to their case.	The resources and time allocated to my case were sufficient.
	16. Advocacy is tailored to individual client needs.	The advocacy service I received was tailored to my needs.
	17. Client controls the decision making process as much as possible, and the direction of the advocacy process.	I was able to control the direction of and decisions made during the advocacy process.
	18. Client considers that they were treated in a dignified manner and that their privacy was respected.	I was treated with dignity and my privacy was respected during the advocacy process.
	19. Where applicable, the client considers that they were able to raise complaints with ADACAS without the threat of retribution.	I did not feel I would be disadvantaged if I raised a complaint with ADACAS about how they were handling my case.
<b>Effective and efficient advocacy delivery processes.</b>	20. High staff satisfaction rating.	I find my work to be productive and rewarding.
	21. There are quality management systems and governance practices that optimise the effectiveness of advocacy.	The quality management systems and governance practices at ADACAS optimise the effectiveness of the advocacy I provide.
	22. There are satisfactory dispute resolution channels for clients who have a dispute with ADACAS.	I consider that the dispute resolution channels at ADACAS are satisfactory.
	23. The relevant legal requirements have been met.	ADACAS adheres to all of the relevant legal requirements.
	24. Staff have the necessary skills and resources to deliver high quality advocacy.	I have the necessary skills and resources to deliver a high quality of advocacy.
	25. Lessons learnt from each client are used to improve the future operation of ADACAS.	I apply the lessons I learn from each client to improve the future operation of ADACAS.
	26. ADACAS is adequately funded over the short, medium and long term.	There is adequate funding to support ADACAS' short, medium and long term operations.

27. ADACAS has a culture of continuous improvement.	There is a culture of continuous improvement at ADACAS.
28. ADACAS has productive and professional working relationships with target organisations and individuals.	The working relationships I have with target organisations and individuals are productive and professional.
29. Target organisations and individuals have a high opinion of ADACAS's reputation and credibility.	Target organisations and individuals rate ADACAS' reputation and credibility highly.
30. Common and/or recurrent issues with internal ADACAS processes are addressed, for the benefit of both current and future clients.	Common issues with internal advocacy delivery processes at ADACAS are resolved quickly and do not reoccur often.
31. Common and/or recurrent issues with target organisations and individuals are addressed, for the benefit of both current and future clients.	Common issues with target organisations and individuals are resolved quickly and do not reoccur.

Source: Deloitte Access Economics. \* The statement root is written in a particular voice (e.g. client's) but could be modified depending on the questionnaire respondent (e.g. carer, staff member). It is also written from a T2 and T3 perspective, which could also be tailored as needed for a T1 setting.

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