DADHC

Department of Ageing, Disability & Home Care

NSW DEPARTMENT OF

AGEING, DISABILITY AND HOME CARE (DADHC)

Specification

my plan, my choice:

Individualised (Packaged) Support.

A NSW Government

Participatory Action Research Strategy

DADHC.08.114

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1. Background

Support for people with a disability and their families/carers in NSW has primarily been offered through traditional and largely standardised service types such as respite, day programs and therapy type services. There remains a need for these services.

As part of *Stronger Together,* the NSW Government's 10-year plan for the growth of disability services, the NSW Department of Ageing, Disability and Home Care (DADHC) is seeking to place greater control, choice and scope of services, supports and opportunities to the person with a disability and their family/carer.

The underpinning philosophy of the *Stronger Together* Plan is one of early intervention to enable increased participation in community life by people with disabilities, appropriate to their choices. The Plan augments funding over a sustained ten-year period, to increase the range of services available to a person with disabilities and their family and carers. This support will:

a) Enable people with a disability to achieve their maximum potential as members of the community (NSW Disability Services Standards);

b) Improve the capacity of people to participate in the community and/or remain in their own homes, particularly through the promotion of community inclusion, individual tailoring of solutions and early intervention/prevention approaches;

c) Enable people to have a significant role in determining the services they receive and the manner in which they receive them;

d) Be holistic and link the overall level of services provided to meet all a person's needs;

e) Incorporate futures planning, which will address the requirement for all NSW government services and funded services to evidence an early intervention and prevention component; and

f) Enable resources to be allocated on a fair, transparent and efficient basis.

This form of support, to be known in NSW as *my plan, my choice*, enables people living with disabilities to be more included in community life as an outcome of the way support is identified, funded and integrated into an individualised package. They will have a key role in determining the opportunities and services they receive and how they receive them, which may include formal and informal services from traditional and non-traditional providers.

The principle of personalised support involves practical and technical change as well as far reaching effects on many stakeholders' thinking and approaches to support solutions. This form of support is referred to as "Individualised (Packaged) Support" in the NSW context. The term "people living with disabilities" refers to those with the disability and those who are directly affected by their disability, such as family and carers.

Moving to this form of support will require change processes for stakeholders. An internal and external stakeholder transition (hereafter referred to as the "Transition") from traditional and standardised approaches of service delivery models to personalised approaches within selected program areas is to take place. Evidence of the value of this approach is also needed. The evidence will be used to guide the realisation of *Stronger Together* aims when personalised support is used.

This shift in the service system, alignment with policy and outcomes is in line with contemporary practice. It also reflects the aspirations of the UN Convention on the Rights of Persons with Disabilities, of which Australia is a signatory, in its quality of service provision and the outcomes such services, supports and opportunities seek to create (http://www.un.org/esa/socdev/enable/rights/convtexte.htm).

2. The Request for Tender

DADHC is seeking professional services to use participatory action research to facilitate this Transition over three years. The service is to build participatory action research capabilities and capacities of DADHC staff and systems to sustain the Transition and to generate evidence of the value of Individualised (Packaged) Support in the NSW context. This research will set an international benchmark for longitudinal research into personalised approaches to support for people living with disability.

DADHC has selected four target groups to voluntarily participate in the Transition in four Pilot Projects specific to their demography. The four target groups are:
1. Young children;
2. Children;
3. Adults; and
4. Older carers

There is important descriptive information in the Appendix about the Pilot Projects. Each Pilot Project has different starting times, and very different participant and service characteristics. Some are already in operation.

As the Transition develops, more Pilot Projects will join the research, and some of the existing Pilot Projects may exit the research strategy, or change their form by coming together into one new entity. The dynamic is fluid; however this Request for Tender identifies clear criteria to guide the Applicant's responses and manage the complexity of such a dynamic action site. These are identified as boxed and numbered "limits" in the text.

The participatory action research strategy (hereafter referred to as "the Strategy") has four aims:

1. To generate **evidence** about the differences made by Individualised (Packaged) Support for:
   a) DADHC;
   b) Individuals living with disabilities and using the services; and
   c) People and organisations essential to the consumer's quality of life.

2. To establish a systemic process of **change** that uses participatory action research to continually drive Transition:
   a) From current traditional and standardised, largely block funded, service delivery models to Individualised (Packaged) Support approaches;
   b) Within the aims and objectives of *Stronger Together* and participating programs.

3. To augment DADHC's existing **continual improvement processes** to:
   a) Sustain Transition;
   b) Continually improve the quality of Individualised (Packaged) Support approaches and outcomes; and reflexively
   c) Improve continual improvement processes within DADHC.

DADHC's current continual improvement process is referred to within DADHC as an "Integrated Monitoring Framework" and includes other quality and monitoring systems.

4. To complement **other evidence bases** developed by DADHC about the value of personalisation of service delivery over the three-year time frame of the Strategy. For example:
   a) The Strategic Evaluation Cycle;
   b) Evaluations of other DADHC programs using individualised approaches to service delivery and those that are not, as sources of comparative data; and

c) Other forms of data within DADHC, including the Minimum Data Set, and the evaluation project known as *Evaluation of Services Accessed by DADHC Clients*, which is yet to be implemented.

The Strategy will work across the four planned Pilot Projects to generate the evidence, co-create the Transition, and embed the continual improvement process in a monitoring framework. The Strategy will also make the evidence, the Transition and improvement process accessible to stakeholders in the whole *Stronger Together Plan*.

Limit 1: Transition will be considered complete when a *credible evidence base* has been generated by the Strategy to *demonstrate the value* of Individualised (Packaged) Support within the *four planned Pilot Projects*, as agreed by *participating stakeholders* and *Executive*, within the *time and budget* available.

It is understood that Transition is an iterative process. The Strategy will need to drive Transition in response to growing evidence that it produces, and increasing capacity to use action research to continually improve Individualised (Packaged) Support.

The following thumbnail diagram illustrates this iterative and reflexive understanding.

Diagram 1: The iterative relationship between
the Research Strategy's aims
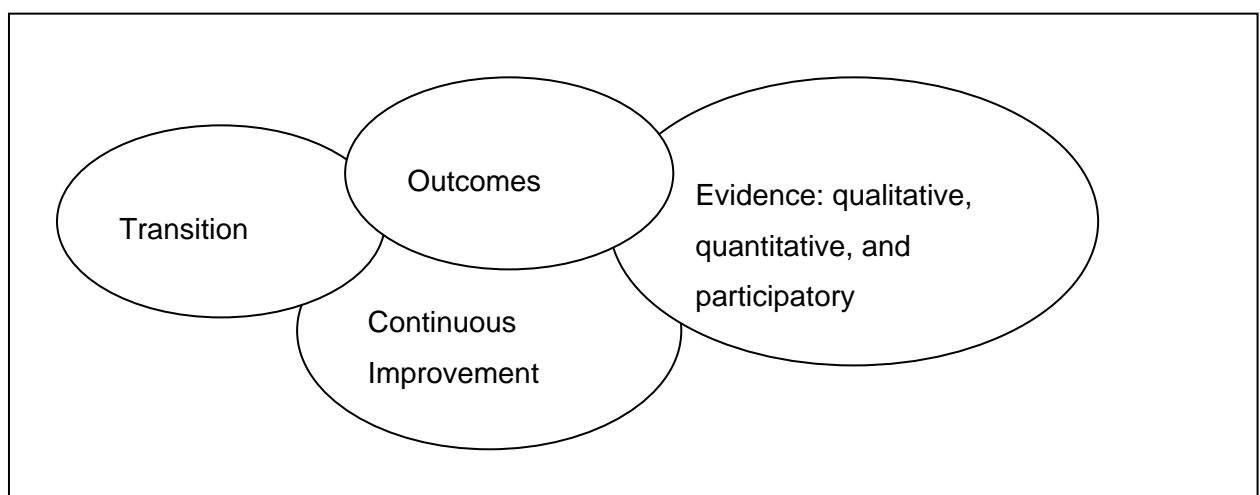
Individualised (Packaged) Support will be made available to other target initiatives in the future. Consumer, external and internal DADHC stakeholder participation in both the

individualised approach and the research strategy will be voluntary. Anyone affected by the transition to individualised approaches for support has a right of participation in this Strategy whether the site of affect is internal or external to DADHC.

As discussed, the dynamic is fluid: the reach of the impact of Transition will change; unplanned Pilot Projects may come into the Strategy, and already-selected Pilot Projects may change or cease involvement in response to the Strategy.

> Limit 2: The Strategy will be *judged for its success* in terms of the extent to which participatory action research practice, Transition elements and directions, and continual improvement processes are *systemically embedded* within the *four planned Pilot Project research sites* and the extent to which entering project staff take up participatory action research practices within an agreed timeframe. *Future* DADHC staff need to be able to use *recognised, good participatory action research practices* to drive as yet *unplanned* transitions to Individualised (Packaged) Support within currently *uninvolved* DADHC initiatives.

While the details need to be negotiated with the successful Applicant, the Strategy allows for this measure of success to take place within the phases of the research cycle and is identified in the monitoring arrangements described in Section 14 in this Request for Tender.

An amount of **$150,000 per annum** (or $450,000 total) is budgeted for the **three-year** Strategy.

3. The Scope of the Strategy

The Strategy's primary focus is the end point of Transition. This is to say, to generate empirical evidence about the value (however this term is understood and measured by the participants) of Individualised (Packaged) Support.

The secondary focus of embedding participatory action research capability and capacity within DADHC human resources and quality management systems has an obvious and dynamic relationship with the realisation of the value of Individualised Support. The level of embed-ness that the Strategy can realistically seek to achieve within the Strategy's timeframe and resources is not something that can be predetermined or required within the Request for Tender.

The Applicant's approach to managing the relationship between process and outcome and the level of organisational ownership of this relationship within the four planned Pilot Projects, and any others that move into the Strategy, is a significant aspect of their design solution.

To assist with this challenging request, DADHC provides a conceptual map of the scope of the Strategy. The Applicant may choose an alternative approach to conceptualising the research problem and addressing the Strategy's four aims.

Limit 3: The Applicant is encouraged to design their approach in reference to the conceptual map of the Scope of the Strategy (Diagram 2), however a non-conforming tender will be judged with the same selection criteria as a conforming tender.

3.1. The Conceptual Map

The following discussion explains the symbols on the map.

The green circles identify the Pilot Project sites, within the context of the program boundaries as identified by the grey ellipse.

The "operational edges" between these Pilot Projects and their program boundaries, and the Transition to Individualised (Packaged) Support will be the location of participation and the source of participatory data.

The term "operational edges" refers to areas of support activity where Transition is requested and research questions arise in daily practice.

These yet to be determined operational edges will also generate specific kinds of research output (knowledge), described in the purple boxes on the conceptual map. Personnel within DADHC who are responsible for maintaining systems within the generic areas described in the purple boxes will also generate participatory data and provide participation; however these generic domains of knowledge are not limited to DADHC personnel.

(See the Section 8 for information about an indicative array of internal and external stakeholders in the strategy).

For example, "decision-making" is one of these areas of generic knowledge. It relates to the consumer and their families, the service provider and broker, internal DADHC quality and policy areas and external organisations that participate in the support package. Shifting to personalised approaches may affect each of these areas of decision-making. Research questions about who makes the decision, what processes of decision-making are used, and what the consequences are is unknown at this point. If decision-making is identified as a key area that generates questions in the practical realities of all those making decisions, then this area will be a key interest in the Strategy. It could drive Transition, generate data about the value of personalisation and inform continuous improvement processes. Questions about decision-making are also highly relevant to participatory action research.

It is important to note that "data" in a participatory action research sense is not limited to quantitative sets of abstracted figures. Data is "accurate representations of experience" as derived from principled practices that establish an equitable balance of reflection and action - in action. In a participatory approach, these capabilities to generate data may include those with the least voice who are affected by the planned change. Data can take many forms appropriate to the needs of the participants: narrative (story telling), artistic (painting, cartoons, photographs), performative (playback theatre), technical (systems, theories) and secondary (literature reviews, surveys, accessing other research), for example. Competency with working with quantitative data and research methods, while not essential to success in consideration of many other desirable qualities, will be taken into account.

Limit 4: The successful Applicant will need to demonstrate competency of working with many kinds of data, enabling access to it by many, and perhaps all, stakeholders within the agreed ethics of the Applicant's designed Strategy.
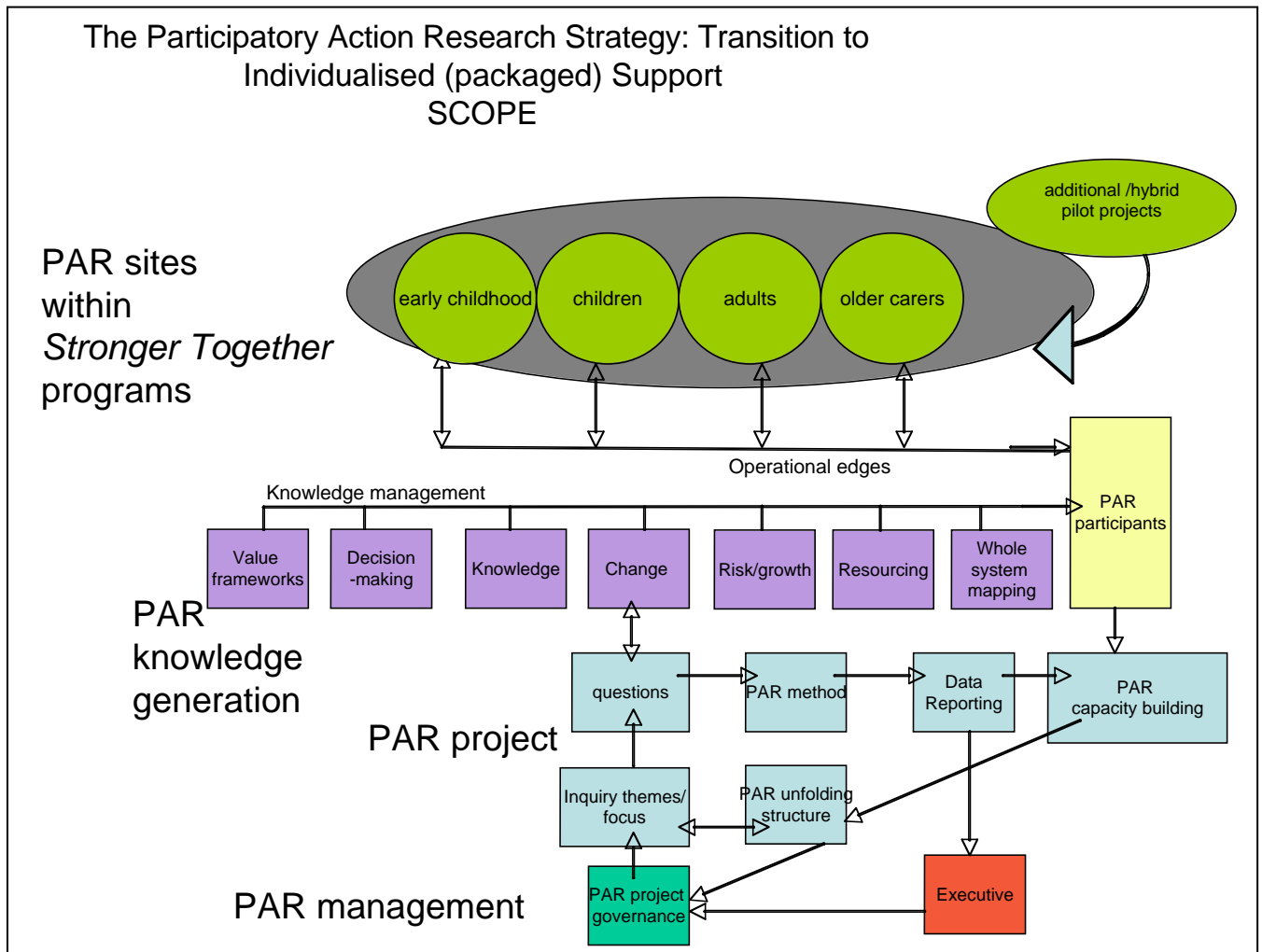
Returning to the conceptual map: The blue boxes describe the cyclical flow of action research activity in very general terms, feeding into/and from knowledge about change, which influences all other aspects of both the Strategy and the Transition.

The research described in this Request for Tender is both a "project" and a "strategy". It will require clear project management and governance arrangements, and will limit its research activity to "Pilot Project sites". It will also have a "real place" and "real time" impact on the ongoing life of DADHC, which will also be open to inquiry.

This additional scope requires a *systemic* understanding of the project's presence within DADHC.

Limit 5: Project governance is a key area of interest. The whole initiative, the action research project and its impact and outcomes, is referred to as the "Strategy" in this Request for Tender. The research design will need to accommodate both project management and project impacts and outcomes in its considerations.

Diagram 2: The scope of the participatory action research Strategy

The Participatory Action Research Strategy: Transition to
Individualised (packaged) Support
SCOPE

PAR sites
within
Stronger Together
programs

additional /hybrid
pilot projects

early childhood

children

adults

older carers

Operational edges

PAR
participants

Knowledge management

PAR
knowledge
generation

| Value frameworks | Decision -making | Knowledge | Change | Risk/growth | Resourcing | Whole system mapping |

PAR project

questions

PAR method

Data Reporting

PAR capacity building

Inquiry themes/ focus

PAR unfolding structure

PAR management

PAR project governance

Executive

4. Key Research Themes

It is understood that participatory action research is a research methodology that enables participants to ask questions that are essential to *them* within the context of the action that is being inquired into. Inquiry Themes emerge over an extended period of time and the participants' questions within the agreed inquiry focus cannot be predicted. It is therefore inappropriate for this Request for Tender to pre-determine what the Inquiry Themes will be from an external stakeholder perspective.

However, given the iterative nature of the Transition to Individualised (Packaged) Support, there are some Inquiry Themes that the Department needs working knowledge of in order to make personalised support a consumer option. The themes listed as strategic questions in Table 1 below are relevant to each Pilot Project while also generic to DADHC's engagement with *Stronger Together.*

They are drawn in part from Diagram 2 describing the scope of the research. In the research project area, the pale blue box labelled "Inquiry Theme" governs the blue box labelled "Questions". The following table accounts for possible Inquiry Themes and not Questions, which the participants will develop for themselves, once the Strategy is underway. The Themes are also drawn from the generic domains of knowledge that are identified in the purple boxes. These are listed in the left hand column of the table labelled "elements". However, in the interests of not skewing the starting point of the Strategy, the thematic questions do not cover all the identified knowledge domains and as previously stated, are not inclusive of other external stakeholding interests. There are also items such as "ethics" in the "elements" column not listed in the generic knowledge domains of Diagram 2, because they relate to research design rather than the scope of research.

Limit 6: It is understood that Inquiry Themes are indicative of DADHC's starting point and that the Strategy will raise new themes, to create a new focus, with new research questions within DADHC and with its external stakeholders as participation changes over time. The limit to this emergent process is *Stronger Together*, and the specific aims and objectives of the participating programs within the four planned Pilot Projects.

Other Stakeholders will have different Inquiry Themes and questions that the Applicant may also wish to indicate in their proposal.

For the response to this Request for Tender, the questions in the tables that follow are **not to be answered**; however the Applicant's approach to how they would be inquired into within a participatory action research methodology **is** requested.

The Applicant does not need to include *all* these thematic questions in their response, but under Section 15 – Selection Criteria, the Applicant is asked to provide a written scenario that describes how the Applicant imagines their chosen method and plan would inquire into one or more of the thematic questions. The Strategy will need to have the potential for an *integrated methodology* within a participatory action research frame.

Table 1: DADHC's early Inquiry Themes

	Aims and Approaches			
Element	**Self-Directed Support**	**Transition**	**Continuous Improvement Process**	**Participatory action research Strategy**
Scope	What is Individualised (Packaged) Support within the aims of *Stronger Together* and specific Program objectives?	What is the Transition plan or process to Individualised (Packaged) Support?	What is a continuous improvement process that manages the quality of Transition to, and uptake of, Individualised (Packaged) Support?	Which aspects of Individualised (Packaged) Support, the Transition, and continuous improvement process are best suited for participatory action research? What other kinds of research are needed to meet the four aims of the Research Strategy?
Values	What is the value of Individualised (Packaged) Support as seen by the variety of stakeholders in the Transition?	What specific strategic directions to realise the value of Individualised (Packaged) Support does the Transition need to take?	What structures, processes, products and practices need to safeguard and activate the agreed value of Individualised (Packaged) Support?	What is agreed to be "evidence" of the value of Individualised (Packaged) Support by the broad spectrum of decision-makers (including consumers) and how can evidence and participation be made accessible to them to enable their participation within the Research Strategy?

Element	Self-Directed Support	Transition	Continuous Improvement Process	Participatory action research Strategy
Ethics	How does Individualised (Packaged) Support affect support practice, case management, management systems and policies that involve the strategic priorities A (Intake, Eligibility and Assessment) and B (Packaged Support) on the 2008/9-20010/11 strategic Plan?	What communication and management strategy, and what duty of care, are needed for sustained Transition?	How can Individualised (Packaged) Support increase flexibility while also satisfying accountability requirements?	What ethical questions, risks and benefits are emerging with the Strategy and how are they being responded to?
Decision-making	Who is making decisions about Individualised (Packaged) Support and who is affected by these decisions?	How does decision-making affect the governance and financial arrangements that support the Transition to and use of Individualised Packaged Support?	How will Strategy participants and observers know when Transition and Continuous Improvement Processes are in operation? How will they engage?	What different kinds of knowledge and knowledge systems are needed by stakeholders to participate in Transition to, delivery and continual improvement of Individualised (Packaged) Support?

Element	Self-Directed Support	Transition	Continuous Improvement Process	Participatory action research Strategy
Systemic change	Does Individualised (Packaged) Support give people living with disability and their family's sustainable access to a greater variety of services? Do the service arrangements better suit a consumer's specific circumstances as compared to traditional approaches	Which elements of the whole DADHC system involved in achieving the *Stronger Together*'s aims through Individualised (Packaged) Support need to participate in Transition, and what do they need to do differently?	What capacity and capability building needs to take place for continuous improvement process to drive Transition?	What kinds of participatory action research methods are best suited for driving different aspects of Transition?
Other kinds of change	How are existing approaches to service provision (e.g. funding and service financing) affected by the uptake of Individualised (Packaged) Support?	What kinds of change in which elements of the *Stronger Together* need to take place to drive Transition to Individualised (Packaged) Support?	How will the quality of the structures, processes, products and practices needed for Individualised (Packaged) Support be continuously improved?	What kind of Participatory action research is best suited for continually improving DADHC's approaches to Individualised (Packaged) Support?

5. Specific Requirements

Contemporary approaches to participatory action research are founded on the understanding that there is no one-way to do action research. While some thirty years ago the linear, cyclical model of "plan, act, observe and reflect" was considered to be the definition of the action research method, the contemporary field reflects significant shifts in understanding about the nature of knowledge and knowledge generation. These considerations also include developments in participatory action research in the disabilities field, which has produced its own action research hybrids.

This Request for Tender, including the specific requirements that follow, is made in the light of this more contemporary understanding but *does not* require the Applicant to use any specific kind of participatory action research. The Applicant's choice will be a key selection criterion (see Section 15 Selection Criteria).

> Limit 7: The proposed Strategy that the Applicant submits needs to clearly present the Applicant's informed working assumptions and questions about action research and participation.

The Applicant's proposal should also clearly discuss the limits to those assumptions given the necessity for participatory action research to create opportunity and potential for participants to influence the research method as well as operationalise its intentions. In particular, the difficulty of working with a *variety of knowledge types* for different groups of participants (consumer including people with learning disabilities and brain injury, practitioner, manager, evaluator and executive, for example) in Individualised (Packaged) Support models of service needs to be a central interest to the Strategy design.

The reason why this is important to the Strategy is that depending on the model of Individualised (Packaged) Support that develops through the research and DADHC's capacity to support participation, the Strategy and the changes that it generates may be driven, more or less, by consumer decisions.

In light of these considerations about the nature of knowledge and the directions of change, the research Strategy needs to be *systemic* in its operation. That is, because the transition to Individualised (Packaged) Support is fundamentally a change of operational

principles, practices and (potentially) outcomes, the boundaries of each of the four Pilot Projects are not limited to the Pilot Project site in terms of location of service delivery. They extend "up the line" into Departmental operations that support service delivery, change management and quality assurances. They also extend beyond Departmental boundaries into the consumer's life, and other agencies and individuals that are providing support or are affected by the consumer's movement towards a more inclusive community life. This includes movement towards realising the obligations under the UN Convention on the Rights of Persons with Disabilities. It is this systemic reach, which also influences the knowledge generation approaches and outcomes.

Limit 8: The Strategy design, including the Applicant's response to the specific requirements that follow, must clearly identify the Applicant's capability with systemic intervention and knowledge generation practices within the Applicant's chosen research methodology.

Table 2 lists specific requirements at a meta-level of strategy design to enable the Applicant to formulate responses that incorporate a selection of the Thematic Questions in the previous section of the Request for Tender, with their preferred methodology.

Table 2: Specific Requirements

Requirement	Outcome
A transparent, inclusive and effective model of governance is established to manage Strategy.	The Strategy is able to account for its operations, impacts and outcomes to all affected by its operations in a timely and accessible manner throughout its phases.
A meta-level of research activity is established.	A well resourced, planned and transparently principled inquiry environment which is accessible and meaningful to participants occupying both a vertical and a horizontal slice of the Pilot Projects.
Participatory action research *capability* is built.	Participants learn skills to become recognisably good participatory action researchers, appropriate to their end use of research output, and within the limits of time, budget and ability.
Participatory action research *capacity* is built.	The Pilot Projects are able to provide resources and opportunity for Individualised (Packaged) Support participants to use good participatory action research practices to generate data, to make decisions about Individualised (Packaged) Support, and to continually improve its quality.
The Strategy generates evidence of the value (including risks and rewards) of Individualised (Packaged) Support in the four Pilot Projects.	Decision-makers engaging with any aspect of Individualised (Packaged) Support in the four Pilot Projects have the knowledge they need (including value, risks and rewards) to carry out the actions that will transition support *for and with* people with disabilities, their families and carers to Individualised (Packaged) Support and towards the realisation of the State's obligations under the UN Convention on the Rights of Persons with Disabilities.

Requirement	Outcome
An integrated research methodology is accommodated.	Data and research findings from pre-existing (e.g. Research of the Attendant Care Program) and existing sources (the DADHC Minimum Data Set, the Evaluation of Services Accessed by DADHC Clients) can be brought into the action research strategy. As well, data that is not produced through action research methods (eg: psychometric research about the value of outcomes for consumers) if required, may also be generated to complement other forms of evidence as produced in participatory action research activity.
A Transition to Individualised (Packaged) Support is researched, designed, operationalised and improved.	Participatory action research participants carry out changes in the way they engage with support services, supports and opportunities in the Pilot Project sites so that their quality of engagement, wherever they are located in Individualised Packaged Support, increases the end consumer's access to a more inclusive community life and realising the State's obligations under the UN Convention on the Rights of Persons with Disabilities (the "end consumer" being person with disabilities and/or their family and carers).
Continual improvement process of Individualised Support and Transition towards this approach to service delivery is researched, designed, operationalised and improved.	Individualised (Packaged) Support and outcomes for all stakeholders are monitored in reference to their agreed value, the subject of research and research, and ongoing learning and training at formal and informal levels of cultural and organisational change.

6. Participatory action research Strategy Design

The Applicant is required to describe the Strategy design. As discussed it is understood that the design is sensitive to the kind of knowledge (epistemology) that the Applicant intends to generate. In a participatory context this question itself is sensitive to the needs and social conditions of the end-knowledge user (and knowledge creator).

The design needs to be congruent with the Applicant's participatory action research *stance* on this matter. The following self-reflective criteria explain the term "stance". It is underpinned by an understanding that all social research contributes to social functioning and as such the Researcher is active in this societal role. The Request for Tender invites the Applicant to reflect on these criteria to describe their operational stance in this light and present a methodology and other statements that demonstrate congruency with their reflections:

1. The ethics and principles of participatory action research practice that the Applicant will use with particular reference to working with people living with disabilities (those with the disability and their families and carers) including Aboriginal people and people from CALD backgrounds.
2. The trans-disciplinary or meta-level of research activity that the Applicant perceives in the tender including their knowledge of the policy context of the disabilities field in NSW and working with Aboriginal and CALD background people.
3. The role that the Applicant will undertake as a participatory action researcher or team of researchers and the role of DADHC personnel as participatory action researchers.
4. The form of systemic mapping that the Applicant intends to undertake in order to operationalise a systemic participatory action research Strategy including where the Applicant locates the Strategy and their research activities within this map.
5. The approach that the Applicant will take to the iterative cycle of evidence generation, Transition and continual improvement that the participatory action research Strategy drives.
6. The approach that the Applicant will take to building capacity (resources and opportunity) and capability (skills and learning) within the Continuous Improvement Process.
7. The capacity for the Applicant to continually improve their participatory action research practice and strategy in response to participant and observer feedback over the three year of the action research strategy.

8. The attitude that the Applicant has to problems that *Stronger Together* presents and addresses and the way in which it intends to address them (note: an advocacy attitude for example, is not necessarily undesirable or desirable: DADHC needs to know).

9. The tactical response that the Applicant offers to the problem of integrating multiple forms of knowledge for the benefit of a variety of decision-makers as reflected in a vertical and horizontal representation of end people living with disability in each Pilot Project.

The Applicant is required to consider the research themes, the identified requirements and the questions of stance as described in this section of the Request for Tender in formulating their research design.

The criteria by which the Applicant will be evaluated are listed in Section 15 of this Request for Tender.

7. Project governance

The Strategy is sponsored by the Reform and Development Unit of DADHC. The Strategy will be managed by an officer from the Reform and Development Unit, DADHC; this includes managing the engagement of the participatory action research service. The Strategy manager will be the primary contact for the service and its personnel. They will coordinate communication and any feedback between DADHC, and the participatory action research service. Examples of this include comment on project deliverables and agreement on draft data generation and collection approaches, system mapping, Transition design and continual improvement process design.

The Applicant is invited to make suggestions about the Strategy governance. It will be explored and agreed in the first phase of the research schedule.

8. Stakeholders in the research Strategy

The Strategy has a complex array of stakeholders, which will also change over time. Because participation is voluntary, within DADHC and external to it, stakeholders are indicative. The following list includes the highest level of governance as well as all other levels within the Department and in its external environment. The Reform and Development Unit has a lead role in the research strategy in the project management group. The stakeholder groups are identified within the following table.

Table 3: Stakeholders

Location	Groups
Pilot Project sites	• The service consumer, their family, carers or those they care for, and supportive community networks including CALD and Aboriginal Community Networks • Package Brokers (individuals and services) • A variety of service delivery agencies operating in local communities including CALD and Aboriginal communities • DADHC Support Planners, Support Coordinators, key workers and other caseworkers • Local DADHC service managers • *Stronger Together* managers and officers
Pilot Projects x four Additional Pilot Projects	• Early Start • Extended Family Support • Life Choices and Active Ageing: Self Managed • Older Carers • Other Pilot Projects are being considered for inclusion in this action research Strategy in the future. Currently the Acquired Brain Injury Support Pilot Project is likely to join the research while existing Pilot/s may exit the research before the Strategy is concluded
DADHC units and levels of decision making	• Community Access Directorate: Reform and Development, Early Intervention and Clinical Practice, Family and Children's Programs, Day and Post School Programs • DADHC Regions • Strategic Policy and Planning Directorate: Sector Development and Funding Reform • Internal Working Group on Access, Assessment and Individualised Support • Change management Group (DADHC Executive)
External stakeholders outside Pilot Project sites	• External Working Group • Centrelink

8.1. Stakeholder engagement

Issues of complexity regarding stakeholder engagement in the Strategy, and which may influence participation, include:

a) Internal and external resistance to the Transition towards Individualised (Packaged) Support approaches to service delivery – including consumer resistance.

b) The competition for time to participate in participatory action research capability development and data generation.

c) Resistance to the credibility, viability and authority of the kinds of evidence and knowledge that participatory action research produces.

d) The difficulty of asking challenging questions, identifying resistance to change or acknowledging the value of small scale and slow change.

e) The great diversity of disability needs and support approaches affecting the equity of consumer participation in the Strategy.

f) Geographical locations and variety of attributes of the Pilot Projects (see descriptions of Pilot Projects for details).

g) The tension between seeking increased flexibility for people living with disability and the stringent accountability requirements demanded of support services and opportunities and their management in agencies and within DADHC.

h) Ensuring equitable and accessible communication about the Strategy throughout the networks of participants for the duration of their engagement.

9. Project Schedule

Understanding the need for the Strategy to work within the research paradigm that the Applicant considers to be the most appropriate to this work, the following table suggests some specific outcomes and outputs in line with the information already given. The Applicant is invited to address these items or propose an alternative approach.

A non-conforming tender will be considered with the same selection criteria as a conforming tender.

The scope of the Strategy consists of four (4) phases, an initial Establishment Phase followed by three cycles of action research. Each phase is followed by a critical reflection. Who engages in the critical reflection, how it is done and regarding which aspects of the Strategy is the Applicant's decision.

As previously stated, the Strategy is planned for a three-year timeline with an indicative budget of $150,000 per year ($450,000 budget total).

Table 4: Participatory Action Research Strategy Schedule

Phase 1: Establishment Phase - Year 1		
Outcomes	Outputs	Due date
A transparent, inclusive and effective model of governance is established to manage the Strategy	Finalised Strategy plan delivered and signed off by key stakeholders. Strategy governance model and arrangements established	Weeks 1 – 6
A meta-level of research activity is established	Report 1 delivered (thematic questions). Enquiry environment established. Communication strategy established. Secure data storage and management systems established. Ethical protocols in place	Weeks 6 - 10
Phase 2: Year 1 Capacity and capability building and first cycle of participatory action research Strategy		
Outcomes	Outputs	Due date
Participatory action research **capability** is built	Participatory action research capability building strategy delivered with Strategy participants. Report 2 delivered (Site based participatory action research *project*s)	Second quarter Year 1

Outcomes	Outputs	Due date
Participatory action research **capacit**y is built	The participatory action research Strategy generates a first round evidence of value of Individualised Packaged Support, first round of Transition building and use, first round of continual improvement process using participatory action research practices The Transition is active Report 3 delivered (first round of participatory action research)	Third quarter Year 1 Final quarter Year 1
Phase 3 Year 2: second cycle of participatory action research Strategy		
Activity	Output	Date due
Critical reflections on Phase 1	Report 4 delivered	Beginning of Year 2
The participatory action research Strategy generates evidence of the value of Individualised (Packaged) Support in the four Pilot Projects	The participatory action research strategy generates a second round of evidence of value of Individualised (Packaged) Support, a second round of Transition building and use, second round of continual improvement process using participatory action research practices Report 5 is delivered	Throughout Year 2

Activity	Output	Date due
A mature, integrated research methodology is in operation	The participatory action research Strategy methodology is expanded. Capacity and capability to participate in expanded methodology is delivered	Final quarter Year 2
Phase 4: year 3 Final cycle of participatory action research Strategy		
Activity	Output Phase 3 Year 3	Date due
Critical reflections on Phase 2	Report 6 delivered	Beginning Year 3
The Strategy supports the Exit and entry of Pilot Programs using the transition and continual improvement systems to do so	The Strategy generates a third round of evidence of value of Individualised (Packaged) Support, a third round of Transition building and use, third round of continual improvement process using participatory action research practices	Throughout Year 3
Critical reflections on Phase 3 and strategy completion	Continual improvement process is in place Report 7 (CIP) is delivered Report 8 (final) is delivered Capacity and capability building elements completed and handed over to DADHC Final strategy accounting	End of third quarter Year 3

10. General Requirements

The following dot points are general requirements that the Strategy is and the approach to its delivery are required to accommodate. The Request for Tender also repeats the "limits" for the Applicant's convenience in this section.

a) The Strategy is intended to build the capacity of DADHC staff to generate and gather data. The Applicant is reminded that "data" is not limited to quantitative data. As the Strategy proceeds it is expected that staff participation in embedded participatory action research practices will increase and the successful Applicant's participation will reduce. This may change the way budget is allocated.

b) The Applicant is encouraged to use as much existing data, and as many existing data sources as possible to carry out the Strategy.

c) Overall, and in time, this Strategy is intended to make good action research practice (including participatory action research) a standard of practice for all DADHC staff.

d) The successful Applicant does not need to be experienced in the disabilities or aged care field. DADHC is seeking the services of a participatory action research specialist with demonstrated capacity to *respect the expertise* of the participants and focus on developing and embedding participatory action research practices.

e) The Strategy will involve both participants and observers in some capacity. It is up to the Applicant to determine how this will come about in the research design.

f) The Strategy will engage multiple stakeholders in various degrees of participation. It is up to the Applicant to determine how this will come about in the research design.

g) The Strategy has to be resourced and designed to work systemically. That is, it accommodates extended horizontal and vertical lines of engagement, knowledge generation and use, change processes and outcomes.

h) The Transition is complex and fluid. The Strategy design needs to work with complexity and dynamic and not seek to control against it.

i) The successful Applicant may or may not be competent with other forms of research.

To reiterate the limits:

Limit 1: Transition will be considered **complete** when a *credible evidence base* has been generated by the Strategy to *demonstrate the value* of Individualised (Packaged) Support within the *four planned Pilot Projects*, as agreed by *participating stakeholders* and *Executive*, within the *time and budget* available.

Limit 2: The participatory action research Strategy will be *judged for its **success*** in terms of the extent to which participatory action research practice, Transition elements and directions, and continual improvement processes are *systemically embedded* within the *four planned Pilot Project research sites* and the extent to which entering project staff take up participatory action research practices within an agreed timeframe. *Future* DADHC staff needs to be able to use *recognised, good participatory action research practices* to drive as yet *unplanned* transitions to Individualised (Packaged) Support within currently *uninvolved* programs in Stronger *Together*.

Limit 3: The Applicant is encouraged to design their approach in reference to the conceptual map of the **Scope** of the Strategy, however a non-conforming tender will be judged with the same selection criteria as a conforming tender.

Limit 4: The successful Applicant will need to demonstrate competency of working with many kinds of **data**, enabling access to it by many, and perhaps all stakeholders within the agreed ethics of the Applicant's designed Strategy.
.
Limit 5: Project **governance** is a key area of interest. The whole initiative, the action research project and its impact and outcomes, is referred to as the "Strategy" in this Request for Tender. The research design will need to accommodate both project management and project impacts and outcomes in its considerations.

Limit 6: It is understood that Inquiry **Themes** are indicative of the Department's starting point and that the participatory action research Strategy will raise new themes, to create a

new focus, with new research questions within DADHC and with its external stakeholders as participation changes over time. The limit to this emergent process is the *Stronger Together* Plan, and the specific aims and objectives of the participating programs within the four planned Pilot Projects.

Limit 7: The proposed Strategy that the Applicant submits needs to clearly present the Applicant's informed assumptions **and questions** about action research and participation.

Limit 8: The Strategy design, including the Applicant's response to the specific requirements that follow, must clearly identify the Applicant's capability with **systemic intervention** and knowledge generation practices within the Applicant's chosen research methodology.

11.   Project management and communication

The successful Applicant must ensure that their proposed resourcing of the project includes sufficient allowance for undertaking the participatory action research from inception to completion. This does not include resourcing the participation of people living with disabilities. It will include travel to the Pilot Projects at their operational sites, some of which are located in Sydney and the Hunter Valley, some of which are State-wide.

As new Pilot Projects come on line their particular characteristics of location and need for site-based engagement will have an impact on the Strategy's resources. The Applicant is advised to make a judgement about the costs of site-based participation in the Strategy and provide an annual costing, which can be brought into the total Strategy budget should new Pilot Projects we brought on line. Other strategies may also include increasing Departmental participation in new Pilot Project sites to reduce the call on the Research Strategy's resources.

As outlined in the Requirements table, the Applicant may need to provide substantial reporting at the conclusion of each phase. The duration and number of the cycles within each phase is the Applicant's decision. The Applicant is also required to make regular (monthly) Strategy status reports. These *brief* reports should detail:

a) The current status of the Strategy against the agreed project timeline and budget;
b) Any current or emerging key issues which may impact on the Strategy's successful completion and what action is being taken to mitigate or address these;

c) Any significant learning outcomes that the Strategy is generating to be used in the next cycle;

d) Self critical reflections; and

e) Any potential variations to the Strategy scope, budget or deliverables.

12. Ethical considerations

The activities for the Strategy and related research and capacity building activities should be consistent and comply with the latest iteration of the *National Statement on Ethical Conduct in Research Involving Humans* 2007 published by the National Health and Medical Research Council (NHMRC).

Specific ethical considerations may also apply when evaluating or researching Aboriginal families and children. In this case, practice should be consistent with the latest version of the *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research,* also published by the NHMRC.

The Disabilities Services Standards provide an important reference for working with people with disabilities:
http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/asmade%5Cbyid/A905634762AAD937CA257306000BDD57?OpenDocument

With regard to the ethics of participatory action research methodologies, the Applicant is invited to present their own considerations of this question. We provide the following considerations drawn from
http://www.facsia.gov.au/housing/reconnect_action_research_kit/p1.htm

Sound ethics and good professional conduct form part of basic learning and everyday practice in *my plan my Choice* and in Participatory Action Research.
Ethical practice:
  * assists workers to identify the values and principles, which underpin their work
  * provides a guide and standard for ethical conduct and accountable service
  * provides a foundation for ethical reflection and decision-making.

Ethical practice requires you to examine your personal feelings, morality and social norms and standards to ensure that they are reasonable and well founded. The Good Practice Principles (above) should be considered as some of the primary principles that underpin

ethical Participatory Action Research.

Some of the other specific principles and values relevant to Participatory Action Research include:
  * the right to privacy and the right to informed decision-making and consent
  * the importance of providing clients with competent services based on research
  * an awareness of potential conflicts of interest.

Engaging in Participatory Action Research is an opportunity to enhance ethical practice through actively seeking feedback from co-researchers, supervisors, colleagues and clients on your work.

The Australasian Evaluation Society's guidelines for ethical conduct of evaluations are considered to be an adequate standard (http://www.aes.asn.au/).

13.   Project Assumptions/Constraints

Estimate unit costings will be provided to the successful Applicant along with relevant MDS, network and CIS data.

The Applicant is required to provide an estimate unit cost for research strategy for '**A Pilot Project'**, to enable unplanned pilot projects to join the Strategy and be additionally funded, outside the $450,000 project budget.

14.   Performance Monitoring

The performance of the successful Applicant will be monitored by the Manager, Policy and Programs (Packaged Support), Reform and Development Unit, Community Access Branch.

The successful Applicant's performance in managing and delivering the Strategy will be progressively monitored and assessed by DADHC at the receipt of each deliverable and at the conclusion of each phase.

Regular meetings with the successful Applicant's representative and DADHC Project Manager will also be a mechanism for monitoring performance.

The following performance monitoring plan provides an outline of the performance criteria to be used by DADHC in assessing the adequacy and "fitness for purpose" of specific deliverables to be provided by the successful Applicant during the three-year engagement.

In addition to these criteria the successful Applicant's performance in the overall management and delivery of the research Strategy will also be assessed in terms of:

a) Project management
b) Quality management
c) Cost management
d) Client service, and
e) Stakeholder management.

Where the successful Applicant's performance is considered unsatisfactory in any one or more of these areas, they will be advised by DADHC and required to develop and implement appropriate strategies to achieve the required standard of performance.

Table 5: Performance Monitoring

DELIVERABLE	PERFORMANCE MEASURES - **Year 1**		MILESTONE FOR PAYMENTS
Engagement of successful Applicant On receipt of the signed contract, an initial proportion payment of the overall fee will be made to the successful Applicant			Signing of contract – 33% of year 1 ($50,000)
Phase 1 - Determining the Research Design and Strategy - **Year 1**			
Establishment	Are the key documents (Strategy and Report 1) sufficiently well understood by the successful Applicant and the relevant issues integrated into the agreed research design and Strategy? Have the complexities of key stakeholder engagement been successfully analysed and the relevant issues integrated into the agreed research design and Strategy? Does the Strategy and agreed methodologies reflect sufficient depth and breadth of understanding of knowledge generation from the detail provided in the Aims and Themes? Does the successful Applicant's practice reflect their stance? Is Strategy Governance rigorous, viable and contributing to Research Strategy success? Has the successful Applicant presented their proposed Strategy to the Advisory / Steering Group clearly and concisely?		Receipt and acceptance of proposed research Strategy by management and key stakeholders Project governance, communications, progress reporting, ethics clearances, data storage and enquiry environments established and operational Report 1 25% of year 1 ($37,500)

Phase 2 – Capacity and capability building and first cycle of participatory action research Strategy-Year 1		
First phase of cycles	Has the successful Applicant facilitated capability building resources and experiences to the array of stakeholding participants engaged in the first-phase cycles of research to a level of recognisably good participatory action research practice at an acceptable level of capability? Is Report 2 in a timely and sufficiently consultative manner? Is each research document / tool of acceptable quality? Has a first round of evidence generation, change and continuous improvement process been completed to an acceptable level of attainment? Is Transition active? Has the successful Applicant presented Report 3 in a timely and sufficiently consultative manner? Is each research document / tool of acceptable quality? Does the Report 3 provide sufficient detail to be able to determine that the research is proceeding efficiently and will achieve the required objectives?	Presentation of the: Capacity and capability building resources Agreed evaluation of capacity and capability reached Report 2: 25% of year 1 ($37,500) First iterative phase of cycles completed (change, evidence and CIP) Research documents / tools for approval (data collection instruments etc) Report 3: 17% of year 1 ($25,000)

Phase 3 – Second cycle of participatory action research Strategy- **Year 2**		
Critical reflection	Has there been a comprehensive approach to critical reflection on Year 1? Does Report 4 present sufficient detail to be able to determine that the research is proceeding efficiently and will achieve the required objectives?	Report 4 20% of year 2 ($30,000)
Second phase of cycles	Has the participatory action research strategy generated a second round of evidence of value of Individualised (Packaged) Support, a second round of Transition building and use, second round of continual improvement process using participatory action research practices Does Report 5 present sufficient detail to be able to determine that the research is proceeding efficiently and will achieve the required objectives?	70% ($105,000) of year 2 in staged payments depending on research strategy design Report 5 10% of year 2 ($15,000)

Phase 4: Final cycle of participatory action research Strategy - **Year 3**		
Critical reflection	Has there been a comprehensive approach to critical reflection on Year 2? Does Report 6 present sufficient detail to be able to determine that the research is proceeding efficiently and will achieve the required objectives?	Report 6 10% of year 3 ($15,000)
Phase 3 – second cycle of participatory action research Strategy		
Third phase of cycles	Has the participatory action research strategy generated a third round of evidence of value of Individualised (Packaged) Support, a third round of Transition building and use, third round of continual improvement process using participatory action research practices? Is continual improvement process is in place? Have Pilot Projects exited and new Pilot Projects joined with a duty of care and to an extent that new staff can use recognisably good participatory action research practices? Does Report 7 present sufficient detail to be able to determine that the research is proceeding efficiently and will achieve the required objectives?	50% ($75,000) in staged payments depending on research strategy design CIP in place 20% ($30,000) Report 7 10% ($15,000)
Completion	Does Report 8 present sufficient detail to be able to determine that the research is proceeding efficiently and will achieve the required objectives? Have capacity and capability-building elements completed and handed over to DADHC? Has final strategy accounting been completed?	Report 8 10% ($15,000)

15. Selection Criteria

1. The degree to which the Applicant has demonstrated understanding of the requirements of the **Request for Tender** including the:

   a) The policy environment of Individualised (Packaged) Support;

   b) Purpose of using participatory action research in achieving the Strategy's four aims;

   c) The role of capacity and capability building within the Strategy;

   d) Standards of quality and ethics in each Pilot Strategy and overall Strategy governance (including providing a recommendation on a governance structure);

   e) Understanding of the four Pilot Projects and their systemic role in Transition;

   f) Understanding of the complexity and fluidity of the Strategy and stake-holding and how to manage this within a Strategy methodology and governance arrangement.

   In demonstrating the applicant's understanding of the 1a) – 1f) they will need to provide:

   i. a clear statement about the ethical responsibilities, arrangements and references that the Strategy will use.

2. The appropriateness and quality of the Participatory Action Research (PAR) **methodology** the Applicant proposes to follow, including:

   a) Clarity of PAR approaches including the accommodation of non-participatory methods in an integrated methodology;

   b) The need for clarity about "stance" and why this matters within this Strategy in particular;

   c) Clarity about decision-making rights and responsibilities, processes and outcomes within the methodology and why this matters in this Strategy in particular;

   d) Understanding of what makes recognisably "good" PAR and AR practice;

   e) Proposed schedule and timetable of activities;

   f) The quantity of resources, including staff, allocated to undertake the Strategy and produce each output;

   g) The management structure for the Strategy;

   h) Ability to meet the standards of quality and ethics required;

   i) Response to addressing the thematic questions and limits;

   j) The effectiveness of any subcontracting arrangements.

In demonstrating the applicant's understanding of the 2a) – 2j) they will need to provide:

ii	a chosen research method within the participatory action research methodology with a concise argument for the choice
iii	a written scenario that describes how you imagine your chosen method and plan would inquire into one or more thematic questions (Table 1).
iv	a Strategy plan, consistent with the schedule (Table 4) and monitoring framework (Table 5) in this Request for Tender, that details responses to the Specific Requirements (Table 2)

3. The Applicant's **experience** in PAR including:
   a) Stance;
   b) Delivering similar open ended outputs and outcomes within set timeframes;
   c) Delivering innovative approaches for the first time;
   d) The extent and relevance of previous PAR experience and theorising;
   e) Communication skills including reporting, and communicating to many different groups of participants in and around the edges of a PAR site;
   f) PAR capacity and Capability building skills, resources and approaches;
   g) Systemic intervention, design and facilitation;
   h) Approaches to working with individuals about reflective practice, action learning and other PAR skills in lay and professional settings, and in both capability building and researching contexts.

In demonstrating the applicant's understanding of the 3a) – 3h) they will need to provide:

v	a clear statement about the Applicant's stance as a participatory action research practitioner or facilitator of such practices (references to papers and theories are encouraged).

4. The expertise and experience of **the people** proposed to undertake the work, including the:
   a) Qualifications and experience of the staff who will undertake the work of the Strategy;
   b) Extent to which each nominated person will be involved in the Strategy and what their role will be;

c) Experience of PAR and other non-participatory research methods across the team and any sub-contracted services;

d) Experience of working with multiple stakeholders across many different disciplines, fields and forms of empowerment;

e) Experience of working across insider and outsider organisational boundaries;

f) Team experience with evaluation as a mode of Strategy governance;

g) Ability to effectively communicate with and engage participants and stakeholders in the sector to which the Strategy relates.

5. **Value for money**, including:

a) The Consultant's overall fee for the engagement and disbursement costs.

b) Costs assigned to each phase of work and associated deliverables.

c) Any significant additional use of DADHC's personnel, facilities etc

d) The Applicant is required to provide an estimate unit cost for research strategy for **a Pilot Project**, to enable unplanned pilot projects to join the Strategy and be additionally funded, outside the $450,000 project budget.

16.   Appendix - Pilot Briefs

The following are the briefs providing description of the four pilot projects. As they are pilots, they remain in draft form.

1. BACKGROUND

The principle of prevention and early intervention is embedded in NSW government service delivery and the Department of Ageing, Disability and Home Care (DADHC) plays a lead role in funding, coordinating and delivering specialist services for people with a disability across NSW. DADHC's vision for children and young people with a disability is to enable them to live as part of a family and community so that they have opportunities to reach their full potential at all stages of their lives - and to do this requires families to be supported in their roles as carers in a way that promotes strong connections to their local communities.

In 2005/06 the NSW Government announced '*Stronger Together*: *a new direction for disability services in NSW: 2006-2016'* which includes a commitment to more flexible and innovative support arrangements for people with a disability, their families and carers, recognising their diverse needs and situations. The strategy will improve the lives of people with a disability by strengthening families; promoting community inclusion; and improving services.

Stronger Together funding has been allocated for a range of additional early childhood intervention services including a pilot project to trial individualised funding (also known as individualised packaged support). The move towards this approach is in line with international trends and a growing evidence base to support the direction. *my plan, my choice: EarlyStart* is a part of a suite of pilot packaged support initiatives funded by DADHC.

2. PROJECT SUMMARY

my plan, my choice: EarlyStart aims to build on a family's knowledge, skills and capacity to self manage the needs of their child with a developmental delay or disability. An approved service provider acts as an intermediary providing information, assistance and advice (as required) enabling the family to identify a range of formal and informal supports which meet their child's needs and are incorporated into the child's everyday experiences and activities. A support plan is developed by the family and reflects the developmental

needs of their child, optimises their parenting capacity and facilitates community access and inclusion.

The two year pilot program will commence in the 2008/09 financial year and is for children up to (but not including) six years of age with a developmental delay or disability and their families living in the South West Sydney Local Planning Area. Priority of access is to be given to those children currently not receiving any early childhood intervention services.

A partnership between the family and the intermediary service provider will be developed with a shared commitment to action. The intermediary will provide assistance, information and advice as required using a family-centred practice which acknowledges and strengthens the capacities of the family.

A family will identify what is required to meet the needs of their child and other family members and will develop a support plan that looks beyond traditional constraints and reflects their needs, aspirations and choice. The family's wider social network and local communities are included as desired. As the family's experience and expectations change new goals will be developed. The family may choose to be the point of contact for supports and services and to monitor the implementation and review of their plan. An annual budget is also developed to complement the family support plan and to enable tracking and accountability of fund expenditure. Goals and plans will be different for each child and family, reflecting their individual identity, culture, aspirations, interests and needs.

The intermediary service provider will manage the financial, legal and administrative requirements including
DADHC's accountability, data, and reporting obligations outlined in the DADHC Funding Agreement.

3   FUNDING
The intermediary service provider will receive $160,000 per annum for two years to purchase supports and services (identified in family support plans) for a minimum of 20 families including six Aboriginal families. Additional funds will be made available for establishment costs and capacity building to be expended over the two years. Funding will be allocated by 1 April 2009.

Brokerage funds are to be used to provide support for 20 families. From $8,000 it is expected that up to 10 % maximum will be charged for indirect costs.

4   OUTCOMES

my plan, my choice: EarlyStart will contribute to the Key Result Areas and outcomes for children with a developmental delay or disability and families in the following ways:

Key Result Areas	Outcomes for children with a developmental delay or disability and their families
Care arrangements are sustainable.	Family routines and positive relationships are established or enhanced through a range of services and supports chosen by the family. Families report increased self sufficiency and opportunity to plan and manage their supports.
Supportive networks are developed and maintained.	Children have increased opportunities for social interaction with children of all abilities and these are sustained over time. Family members' formal and informal community networks are increased.
Communication skills and positive behaviours are enhanced.	Children have increased access to developmental supports and services that build their skills and capacities. Families identify and build on their child's strengths and abilities. Families support their child's skill development and positive behaviours in the home and community.
Participation in community life is increased.	Children's access to age-appropriate community activities is increased. Families report increased social networks and community participation.
Opportunities for decision making and choice are increased.	Supports and services reflect families' wishes, strengths and needs.

Outcomes will vary reflecting individual identity, culture and needs. The intermediary service provider will facilitate the achievement of family goals across the Key Result Areas by ensuring that supports and services are provided in flexible ways and are directed to implement the family support plan.

5 **PROGRAM EVALUATION**

An action research and evaluation model will inform the ongoing implementation of this pilot program and future NSW packaged support models for early childhood intervention services. A reference group will be established to facilitate information flow. The intermediary service provider will be required to partner DADHC in the action research and program evaluation and to report on critical service outputs and outcomes as part of DADHC's quarterly reporting requirements.

DRAFT
Packaged Support: Pilot 2
Extended Family Support

1.   **PROJECT SUMMARY**

Under the *Extended Family Support* program[1], packages of up to $50,000 are allocated to individual families to meet the following objectives:

- To help families at risk of relinquishing care manage their day to day demands and build resilience;
- To reduce care stresses and sustain care arrangements; and
- To provide more responsive short or long term out of home placements where a child or young person is currently unable to remain living at home. Where a child or young person is unable to remain living at home the focus will be on restoration.

Through *Extended Family Support*, existing models of support are expanded (i.e. in terms of level of hours of service provided or expanding the range of supports being provided). The funding aims to address some critical gaps in the service system for families experiencing significant stress. This includes the need for:

- More flexible, longer term support for families at risk of relinquishing care, particularly families with complex needs and families caring for children with high support needs or challenging behaviours;
- Provision of out of home placements at short notice for a small number of children requiring immediate care;
- New support strategies or intensive foster placements/professional care arrangements for children with challenging behaviours and/or who are at risk of harm to themselves and others.

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[1] This program was implemented in 2007/08.

This Pilot will evaluate the *Extended Family Support* program.

2. TARGET GROUPS

- Families with a child with a disability aged 0-18 years.
- Families already accessing DADHC funded disability services where the type of DADHC/NGO specialist and mainstream support are not otherwise available in the quantities families need to continue care.

3. PRIORITY GROUPS

Priority for funding will usually involve one or more of the following situations:

- The child/young person has very high medical needs and the family has been struggling to manage care demands for a sustained period (12 months or more);
- The family situation is complex (e.g. due to mental or physical illness, drug or alcohol problems) where parents/other family members require specialist and/or ongoing support and where the child has very high support needs or the care situation is precarious (moving towards a risk of harm situation);
- The family goes from crisis to crisis, requiring regular, intensive intervention;
- The child is placed in respite for extended periods;
- The child/young person has very high support needs and the family is at a very high risk of requiring an out of home placement for their child and have already discussed placement with their case manager;
- There is a very high risk of family breakdown that is linked to the ongoing care responsibilities for the child with a disability;
- The child is at risk of harm to themselves or other family members (moving to a child protection situation); and
- The child or young person is included in the High Needs Pool client group, the family has struggled to continue to care for sustained periods and has discussed care relinquishment as the only option with their case manager.

4. OUTCOMES

The intended outcomes are:

4.1 Families at risk of voluntarily placing their child with a disability in out of home care and/or family breakdown are able to identify and access the supports they need at critical times and for longer periods where needed.

4.2 Families are better able to manage stress with a reduced risk of the child with a disability being placed in long term out of home care.

4.3 Families accessing packages have an improved sense of well-being. This would include; a more positive perception of family circumstances and the impact of care on siblings; families are more empowered and committed to care for their child; families have developed more sustainable routines; and the needs of individual family members are recognised in family routines and functioning.

4.4 Families receive support, which is designed to meet the family's individual needs, in the least restrictive way.

4.5 Families have the opportunity to participate as fully as possible in making decisions about the events and activities in their daily life in relation to the services that the family receives.

4.6 Children/young people requiring out of home placement receive 'family like care' rather than centre-based care.

5.   ACCESS TO PROGRAM

Regions will identify clients for the program (as per program Guidelines) and clients will be asked to participate in the Pilot. It is proposed that all existing and new clients accessing the program in the specified locations will be asked to participate in the Pilot.

6.   LOCATION

The Pilot will be conducted in the Metro North and Hunter Regions.

7.   FUNDING

$2.05 M will be available to the Pilot project to support all extended family support packages provided in the Metro North and Hunter Regions - some 41 packages. Allocations of up to $50,000 per child/family per annum will be provided through non-government organisations under a brokerage model.

The funding includes an administrative component of 5-10% maximum per package.

8.   PLANNING AND PURCHASING

The case manager will undertake the services planning in consultation with the family and NGO provider.

Funding for individuals, based on a plan, will be approved by a referral panel established by the Region.

The program is intended to supplement existing service coordination, case management, therapy and respite services. Funds can be used to lever mainstream access to services or to purchase or sub-contract mainstream services, e.g. overnight nursing options for children with very high medical needs.

While flexible placements are included as part of this brokerage funding program, the critical aim of the program is to support families to continue to care. Only in extreme cases would funds be used for permanent shared care or out of home placement. For example as a guide it is estimated that 95% of the total funds allocated to providers will be used to extend support while 5% may be allocated for placements.

DRAFT:

Packaged Support: Pilot 3

Life Choices **and** ***Active Ageing*****: Self Managed model**

1.   PROJECT SUMMARY

Two new age-appropriate day programs for adults with a disability, *Life Choices and Active Ageing*, will be implemented in 2009. The new programs will include three service models:

- Centre Based with Community Access;
- Individual Community Based Options; and
- Self Managed model.

This pilot will evaluate the Self Managed model in both the *Life Choices and Active Ageing* programs.

The Self Managed model will provide some people with a disability with the flexibility to design a customised program of support. They will purchase and control their own support using an intermediary who manages financial, legal and administrative requirements. This model is based on the premise that individuals and their family/carer/advocate will make decisions about their goals and support needs and shape their support rather than having access only to defined service options.

Self Managed models have the following key features:

- The person develops an Individual Plan which details the funded supports and services to be provided within the funding allocation. The intermediary can provide information and service referrals to help people develop and implement their Individual Plan.

- The person's Individual Plan has the flexibility to provide as many options as possible. This means activities can occur at times and in ways that best suit their needs. The Plan reflects a creative and flexible approach to developing support.

- The Individual Plan and a Funded Support Plan (budget) will be reviewed by an Independent Panel. The Panel will be chaired by a DADHC senior regional manager. Membership will also include a DADHC case manager and an independent representative.

- A portion of the funding is provided to a provider who acts as an intermediary i.e. manages the financial, legal and administrative requirements associated with support.

- The intermediary acts as the legal employer of staff. They take responsibility for payment of wages, insurances and occupational health and safety requirements. People and families choose their own staff.

2.   **TARGET GROUPS**

The *Life Choices* and *Active Ageing* programs will target adults with moderate to high support needs, aged between 25 and 64 who are living in the community or in supported accommodation and currently do not access a DADHC funded day or post school program.

3.   **PRIORITY GROUPS**

Priority of access will be determined at a regional level.

4.   **OUTCOMES**

That service users select and determine their day program activities in line with the Self Managed model.

5.   **ACCESS TO PROGRAM**

Case Managers within the regions will identify eligible people and support them to register with their preferred service provider.

Service users who select the Self Managed model and provide consent to participate in the pilot will form part of this pilot.

6.   **LOCATION**

This model will be offered state wide.

7.   **FUNDING**

The average funding per place in the *Life Choices* and *Active Ageing* programs is $15,195 to provide a minimum of 18 hours of support for 48 weeks of the year. Regions will determine the actual level of funding for each individual based on their support needs and in negotiation with the individual's service provider.

Intermediary service providers are able to apply a maximum of 12% administration fee.

8.   **PLANNING AND PURCHASING**

A person with a disability and their family or advocate designs an individual program within the funding allocation. They choose, direct and control the nature of their support, consistent with the aims of the *Life Choices* and *Active Ageing* programs. An intermediary acting on behalf of the person with a disability and their family will manage the financial, legal and administrative requirements.

Prior to any use of funds or commencement of activities, categories of expenditure, timelines for purchasing supports and other key elements must be agreed between the person and/or their family/advocate and the provider and documented in the Funded Support Plan. Reimbursement can only be sought for items that are set out in the Funded Support Plan. The service user will receive a monthly income and expenditure statement.

The Funded Support Plan can be changed, according to an agreed process negotiated between the intermediary and the person, within parameters agreed with DADHC.

The intermediary can act as a point of contact and actively work to link families together to share their knowledge and experiences (e.g. about the Self Managed model or to set up a shared activity).

DRAFT

Packaged Support: Pilot 4

my plan, my choice: Packaged Support for Older Carers

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1. BACKGROUND

The pilot targeting older parent carers will be funded under the Disability Assistance Package (DAP).

The DAP was transferred from the Australian Government to the NSW State Government from 1 October 2008 under a bi-lateral agreement. Over 500 older parent carers have been identified by Centrelink as potentially requiring disability support. DADHC is conducting assessments with these clients through the Older Parent Carer Support Coordinators.

One of the initiatives planned under the DAP is the allocation of funds towards the establishment of packaged support for older carers of people with a disability, as agreed by the DADHC executive on 8 August 2008.

2. PROJECT SUMMARY

my plan, my choice: Packaged Support for Older Carers is planned for implementation in 2009, and will provide portable and flexible Disability Services funding to meet an individual's disability support goals and needs within one package.

Key features of this program include:

- The person develops an Individual Plan and funded support plan with a DADHC Case Manager. The plan will focus on social inclusion and take an early intervention approach. It will plan for the anticipated changing circumstances and needs for the person with a disability and their carer, within the caring relationship. The plan will encourage creative solutions that may call on formal and informal, and traditional and non-traditional approaches.
- Block funded supports that the client may already be accessing can be considered as part of the Package, and these supports can be 'traded' for other supports, by 'buying out of' the block funded component.
- A panel, chaired by DADHC, agrees the plan and funding level;
- The case manager and the broker will be separated: DADHC will provide the Case Management, Older Parent Carer Support Coordination service providers will deliver the Brokerage and act as a financial intermediary.
- Allocated funds for brokerage are portable within a defined group of Older Parent Carer Support Coordination service providers.

- The carer and person with a disability have a high degree of control and choice over their supports. This may include the selection of staff and oversight of their support budget.

3.   TARGET GROUPS

- Carers aged over 60 years who provide primary care for a family member who is 25 years and older; and
- Indigenous carers over the age of 45 who provide primary care for a family member who is aged 25 years and older

People who are self-funded retirees, or other older parent carers who were not referred through Centrelink, and who fall into this target group are also eligible.

4.   OUTCOMES

Key Result Areas	Outcomes for older carers and the person with a disability
Care arrangements are in place.	Current care arrangements are supported where required. Plans and preparation are in place for future care arrangements.
Supportive networks are developed and maintained.	Families/carers/person with a disability have opportunities to access broader forms of support and build informal networks.
Daily routines, health and well being are maintained or improved.	Personal care, daily routines and support needs are maintained in a safe, positive environment. Both the carer and the person with a disability have the opportunity to have a break from the caring relationship.
Participation in community life is increased.	Families report a greater sense of social connection and participation.
Opportunities for decision making and choice are increased.	Families/carers/person with a disability have a say in how respite services are planned and delivered.

Outcomes will be assessed utilising an Outcomes Survey tool based on Person Centred Planning.

5.   ACCESS TO PROGRAM

Referral will be via DADHC or DADHC funded Case Managers. Priority for the program will be determined by a DADHC nominated panel. This pilot will be provided in Northern Region and will be available region wide.

The program will prioritise those who are looking to plan for changing care arrangements. It will target those who are pre-drop in support and pre-accommodation.

6.   FUNDING

$1.5 M will be available to the pilot project, which will involve a nominal 30 families, with allocations of up to $50,000 per family per annum (non-recurrent). Amount required for each package will be determined by the panel on advice from Purchasing based on benchmark costings for support. Consideration will be given by the panel to people's circumstances where a need for more than the $50,000 is indicated.

Support Coordinators (brokers) are able to apply a maximum of 10% administration fee.

7.   PLANNING AND PURCHASING

The case management and purchasing functions in this pilot will be kept separate.

DADHC Case Managers, in partnership with families, will be responsible for identifying supports and preparing a plan, and how the service mix should be amended over time to meet the changing needs of the individuals.

Support Coordination service providers, in partnership with families, will be responsible for:

- determining who will provide the supports;
- how and when the supports will be provided;
- develops a budget in cooperation with the DADHC nominated panel;
- prepare and monitor the individualised budget agreed by the panel;
- Arrange payment of services;
- Provide a quarterly expenditure report to the family;
- Meet DADHC's accountability, data, and reporting obligations as outlined in the DADHC funding agreement;
- Monitor the implementation of the plan.

Brokerage funds will be made via a direct allocation against an individual to one of the following Support Coordination service providers:

- Life Without Barriers - New England LPA
- Carers NSW - Mid North Coast LPA
- Tweed Council (COPS consortium) Far North Coast LPA