in focus
fact sheet

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Australia's Retirement Villages Care Pilot: Performance Measurement Lessons for Evaluating Supportive Housing

This ***In Focus*** is part of the CRNCC ***In Focus Series on Supportive Housing***. For definitions, models and additional discussions of supportive housing, go to the CRNCC Knowledge Bank: http://www.crncc.ca/knowledge/factsheets/index.html

Why performance measurement for senior supportive housing?

Bringing care to people in settings like supportive housing is an important component of aging at home strategies in Ontario, Canada and internationally. Advocates and clients cite much anecdotal evidence of the benefits of supportive housing to older people and the broader health system. Yet, there are few evaluative frameworks currently in place to assess:

- whether supportive housing programs offer choices to people about where to age;
- whether they enhance quality of life and dignity;
- whether they help minimize a decline in functional capabilities and promote social inclusion and connectedness;
- whether they contribute to the sustainability of health care by helping to address such problems as inappropriate emergency room use and Alternate Level of Care (people who remain in hospital beds but do not require acute care);
- whether they are viable, cost-effective substitutions for institutionalized care.

As Ontario moves to establish evaluative processes for supportive housing, it may be useful to look to other jurisdictions for guidance to identify the common components and best practices in evaluation frameworks. We begin by highlighting the Australia Retirement Villages Care Pilot, one of the few frameworks which attempts systematically to evaluate aging in place at a national level.

What is Australia's Retirement Villages Care Pilot?

Between October 2003 and April 2004, under the Australian Department of Health and Ageing *Choosing to Stay at Home* initiative, 10 provider organizations participated in a Retirement Villages Care Pilot (RVCP). The goal was to convert existing retirement villages, designed to meet the needs of individuals aged 55 and over to more comprehensive assisted living style accommodations (Hales, Ross, & Ryan, 2006). More specifically, the Pilot aimed to extend home and community care supportive services to enable residents to stay at home safely with appropriate levels of support.

Australia has two levels of supportive services for older people in the community:

1. Community Aged Care Packages (CACPs) which provide support services for seniors living at home with complex needs who would otherwise be eligible for low-level residential care;
2. Extended Aged Care at Home (EACH) which delivers home care to individuals who would otherwise require the equivalent of high-level residential care.

The RVCP program targeted residents living in retirement villages that Aged Care Assessment Teams (ACATs) identified as eligible for either CACP or EACH level of assistance in order to

remain at home. Most of the older people participating in the Pilot project received regular and ongoing support for the first time. Between mid 2004 and mid 2005, the Australian Government conducted a national level evaluation of the Pilot. The evaluation examined 238 residents who received supportive services in the retirement villages and 104 family carers.

Key evaluation questions were:

- How did the RVCP support service packages compare with the EACH and CACP packages which older people not living in the retirement villages received? (Comparative program evaluation)
- Did recipients of RVCP care packages have a reduced need to enter institutional care facilities as a result of receiving support services? (Program effectiveness evaluation)
- Did more retirement village residents have the option of being cared for at home as a result of the Pilot than before? (Diversion evaluation)
- Was the Pilot was cost-effective? (System sustainability/cost evaluation)

Data Gathering Methods

The care experiences of RVCP residents who received supportive services in the retirement villages were recorded over an 18 week period with a follow up evaluation occurring within 12 to 18 months after the initial-data collection. The study included both quantitative and qualitative measures in order to ensure breadth and depth of information.

The quantitative data included socio-demographic information and a summary of each client's service activity over the 18-week data gathering period. Project managers took baseline measures to assess client functional status when clients first entered the program and then, took comparative measures 16 weeks later.

Baseline measures involved four categories of data for analysis:

1. A description of the severity of client activity limitation in core daily activities including self-care (eating, bathing or showering, dressing, grooming, toilet use and continence management), mobility, and communication (understanding others and making oneself understood). These definitions are used by the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers.

2. The client's need for assistance in activities of daily living (ADL) and instrumental activities of daily living (IADL). "Need for assistance" depended on ADL and IADL scores on a number of items. ADL items covered self-care and mobility as described above while IADL items included housework, shopping, ability to get to places away from home, self-medication, management of personal finances and telephone use. This measure was determined using a 10-item Modified Barthel Index (MBI) and a 7-item Older American Resources and Services (OARS) IADL scale for ADL and IADL measurement.

3. Carer strain using the Caregiver Strain Index on family members or spouses who provided informal care.

4. Health status such as number and type of medical conditions and number of medications at time of entry into program.

To ensure comprehensiveness, qualitative data were also collected. These included:

- Semi-structured interviews with staff regarding project operations, client groups and local conditions of the project;
- RVCP Care Experience Survey with a mix of closed and opened-ended questions given to clients and their carers;
- Client case studies to provide more in-depth data regarding the experiences of clients in the RVCP.

Evaluation took the form of an observational design. Researchers chose this particular

approach since they recognized that using traditional experimental methods would not be possible or ethical under circumstances where they could not hold constant, measure, or even identify all pre-existing or emerging factors that could influence outcomes. In this context, observational design was a preferred method.

RVCP Evaluation Indicators

Evaluation Question	Indicators
How did the RVCP support service packages compare with the Extended Aged Care at Home (EACH) Packages and the Community Aged Care Packages CACP packages?	• Demographic (e.g., age, sex, income, living arrangements, carer availability) • Nature of care management and monitoring (e.g., frequency) • Number of service hours • Flexibility in distribution of average weekly service hours per client (e.g., 1 hour block vs. 4 x 15 minutes) • Flexibility of service level provided (e.g., to match changing level of care needs) • Flexibility of service mix provided (e.g., extent to which services cross the continuum of care)
Did recipients of RVCP packages of care have a reduced need to enter residential aged care facilities as a result of receiving the package in comparison to CACP recipients?	• ADL and IADL need for assistance and changes in need • Measures of other known risk factors for residential entrance (e.g., medication use, number of health conditions, primary health conditions, other core functions such as ability to communicate) • Number of acute health events resulting in emergency room visit or hospital admittance (known to be a key factor in entry in residential care) before and after receiving care packages • Duration of participation in the Pilot • Number of RVCP residents moving to residential care • Number of CACP residents moving to residential care (comparison group) • Reasons behind transfer to residential care (qualitative data)
Did more retirement village residents than before have the option of being cared for at home as a result of the Pilot?	• Services provided • Care Experience Survey data (e.g., expectation of clients in Pilot, quality of services offered, presence of unmet service needs, areas of service improvement, adequacy of program as a replacement for residential care) • Qualitative data (gathered through interviews and surveys)
To what extent was the Pilot cost effective?	• Reports on expenditure per client service day for each provider as an estimate of patterns in the cost of care

Lessons for Ontario and Beyond

What are the key lessons from the Australia Retirement Villages Care Pilot that Ontario or other jurisdictions should consider when developing an evaluation framework for senior supportive housing?

Mixed data: To provide a comprehensive evaluative framework, the RVCP evaluation combined quantitative and qualitative data, different data sources, varying methods (surveys, administrative data and client assessments) and different target groups (clients, carers and providers). Using a combination of different data sources and methods has a greater likelihood of producing a more accurate and multi-dimensional picture of the impact on clients than using a single methodology and data source.

Time frame: The RVCP researchers noted that the time between program implementation and evaluation was insufficient to produce reliable measures of long-term outcomes. For example, the Carer Strain Index was only measured over an 18 week period which may be too short to detect carer burnout. Furthermore, if elderly spouses are the primary care providers, their functionality will likely decline over time and thus limit their ability to provide care. The impact of such shifts may take years to become evident. Thus, long-term evaluation is a component of a measurement system since many of the benefits of these types of supported living programs do not show significant outcomes in short periods of time.

Who gathers the data: RCVP researchers recruited frontline service providers to gather evaluation data. Researchers believed that doing so would facilitate data gathering and minimize service disruption to care recipients. However, there is a potential conflict of interest when service providers collect and record data that will be used to evaluate the program in which they work, raising questions as to the accuracy of the information reported. To ensure accuracy, RCVP researchers had to make certain that frontline service providers clearly understood that the purpose and objectives of the evaluation process was to evaluate the Pilot project and not the performance of specific service provider organizations. An alternative to ensure accuracy would be to recruit research personnel not employed by service providers to collect data.

Comparing apples with apples: A challenge in the Pilot was how to account for the variability among the service provider organizations. These 10 providers demonstrated differences in key aspects such as consistency of staffing, service quality and “out of hours” assistance, as well as in the income levels of the recipients served.

Another challenge was in the comparability of recipients. RVCP recipients were compared to CACP recipients although the two groups differed in important characteristics such as: 1. living alone (RVCP recipients were more likely to live alone); 2. core activity deficits (self-care, mobility and communication needs) with CACP recipients having greater functional challenges; 3. potential “self selection” effects (i.e., those who elected to enter retirement villages were deemed to be more future-oriented planners who would be more likely to be receptive to suggestions of going to nursing home as an option as compared to CACP recipient.

The lesson here is that while comparing apples to apples is ideal, this may not always be possible. Nonetheless, in the Australia Retirement Villages Care Pilot, researchers carefully outlined the differences among comparator groups so that any interpretation of results will take such differences into account.

Summary

The Australia Retirement Villages Care Pilot illustrates some key challenges in establishing an evaluative framework. Nonetheless, the Pilot points to a number of indicators, components and best practices which are important to include in any framework which aims to evaluate the impact of supportive housing on the well-being of individuals and the broader health and social care system.

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