National Disability Authority Resource Allocation Feasibility Study

January 2013

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The National Disability Authority (NDA) has commissioned and funded this evaluation. Responsibility for the evaluation (including any errors or omissions) remains with the authors. The views and opinions contained in this report are those of the authors and do not necessarily reflect the views or opinions of the National Disability Authority.

# Executive Summary

1. In November 2011, SQW was appointed by the National Disability Authority (NDA) to evaluate the first phase of a feasibility study to examine the use of the Support Intensity Scale® (SIS) and the In Control Resource Allocation System (RAS) support needs assessment instruments in Ireland.

## Background and context

1. The Irish Government has committed to the implementation of individual budgets for a proportion of all service users with a disability, with the aim of ensuring better quality services and outcomes for people with disabilities. The development of individual budgets requires a method for allocating budgets based on an assessment of need. In light of this, a feasibility study was designed to identify the strengths and weaknesses of two resource allocation tools (SIS and RAS).
2. The purpose of the study was to compare the implementation costs, feasibility and acceptability of the two assessment tools. We cannot make any judgement as to which is the better or more accurate assessment tool – only the differences and similarities between them, based on feedback from those involved in the study.
3. A total of 112 adult service users participated in this study by completing both the RAS and SIS questionnaires. They were recruited to ensure coverage of a range of circumstances including age, gender and nature of disability.
4. The RAS and SIS interviews were conducted by a team of 15 interviewers all of whom had extensive experience of working in the provision of supports to people with disabilities, as well as a relevant qualification in this field. They were supported by a team of 21 project liaison officers whose role was to recruit service users to the study, gain their consent and co-ordinate the timetabling of interviews. The project liaison officer was also a key contact point for service users and their families, dealing with any queries or concerns regarding participation in the study.
5. Training in using the two supports needs assessment tools was provided to interviewers. The actual interviews were delivered by individuals that had no prior knowledge of the service user and their support needs. The interviews were timetabled to take place in the course of a single day and the sequencing of interviews (i.e. whether the RAS or SIS was undertaken first or second) was rotated across the sample. Service users had the option of being accompanied by a family member or key worker. Service users with cognitive impairments and intellectual disabilities were routinely joined by a key worker.
6. In evaluating the first phase of the feasibility study to examine the use of the SIS and RAS support needs assessment instruments, we collated and analysed data from six key sources as outlined below:

* **Monitoring sheet** – this was developed by the National Disability Authority and was designed to capture anonymised baseline data on the characteristics of the service users participating in the study, as well as coding the interviewer conducting each assessment, the date of the assessment, and who was present. The National Disability Authority also collated indicative data on the costs of service users’ current support packages.
* **Timesheets** – we designed an online timesheet for interviewers to capture information on the time involved (e.g., training, travel, administration and interview) in administering the two assessment tools. This information was collected in real time by the interviewers.
* **Quick response sheets** – we captured feedback from all participants (interviewers, service users, key workers and family members) immediately after each SIS or RAS interview was completed. We did this in the form of a short quick response sheet (QRS) which comprised a series of mainly closed questions which asked respondents to rate satisfaction with the interview process as well as the assessment tools themselves.
* **RAS/SIS assessment results** - As interviewers completed SIS interviews they entered the results into an online reporting tool (SISOnline). This data was anonymised and service users’ unique identifier codes were included so that information could be linked back to the characteristic data collated in the monitoring sheet. RAS interview results were recorded in paper form by interviewers who then sent this on to the National Disability Authority to be entered onto a central spreadsheet (again service users’ unique identifier codes were included). This data has formed the basis for a comparison of the results of the two assessment tools.
* **Detailed response questionnaire** - in addition to the quick response sheet SQW undertook an online survey once all the interviews were complete, providing a further opportunity for interviewers and project liaison officers to reflect on their overall experiences.
* **Focus group** – with interviewers involved in the feasibility study, giving them an opportunity to reflect upon and share their experiences of the SIS and RAS interviews more generally.

## Key findings

1. **There was a very strong overall correlation between RAS and SIS scores for individual service users**. This was also true when we correlated scores in relation to gender and age. There was a slightly weaker correlation between RAS and SIS scores for some groups of service user (based on type of disability). A National Disability Authority desk-based review of 15 cases where the correlation between service users’ RAS and SIS scores was weaker suggested reasons for this that were not directly related to the tools, but instead highlighted variations in their use:

* **Inconsistencies in the interpretation of questions** – this relates to both support needs assessment tools. For example, there were different interpretations as to whether questions relate to the existing support provided to the service user, or the support they would like or need to receive in order to engage in particular activities.
* **Conflicting responses to questions in the assessment tools –** in one instance explained by different people being present at the two interviews, in another however, the service user highlighted a support need in one interview but not the other.
* **Challenging behaviour –** where a service user has challenging behaviour, they might require constant supervision with all daily activities. They might indicate they can do these tasks without support- which they can – but it does not capture the fact that they need constant supervision while they are doing these tasks (this additional need was not captured as clearly in the RAS).

1. The strength of the correlation between the scores suggests either would give very similar assessment results. Thus, the decision on which assessment tool to rollout nationally is likely to be driven by the acceptability and cost implications.

### Acceptability of the two support needs assessment tools

1. **The acceptability of both support needs assessment tools was good**. Service users were overwhelmingly happy with the length of interviews (despite the SIS taking twice as long to complete), and they did not identify one assessment tool as being better than the other in allowing them to describe support needs. Interviewers had a clear preference for the SIS assessment tool which they perceived to be more comprehensive, but service users and others did not clearly identify a preference for one tool over the other.
2. One area in which service users did differentiate more clearly between the tools (and which was statistically significant) was that service users with a physical disability were more likely to say that there were parts of the SIS questionnaire which did not apply to them, compared to service users with mild to moderate intellectual disabilities. This may well be a reflection of the fact that the SIS needs assessment tool was specifically developed for service users with intellectual and related disabilities.
3. The implication from the findings was that either assessment tool could be rolled out nationally and would be acceptable to service users. As yet, neither tool has been used to undertake resource allocation in Ireland, and the overall acceptability of either tool may be affected in the longer term by the extent to which service users feel the tool results in them being allocated a budget which they regard as acceptable in meeting their support needs.

### Cost implications for rolling out the RAS or SIS support needs assessment tool

1. The indicative rollout cost for the SIS would be more than twice that of the RAS, at just under €2.9m compared with just under €1.3m.[[1]](#footnote-1) These figures do not include costs for appropriate IT systems and associated hardware. They are based on the assumption that 42,000 assessments are completed by 70 interviewers, over a three year period. Whether or not these figures represent a cash cost or an implicit cost would depend on whether the assessment process becomes part of the core duties of existing staff or if staff are hired for the purpose of carrying out assessments. The difference in cost between the SIS and RAS is largely driven by the amount of time needed to complete the SIS assessment (average 125 minutes) versus the RAS assessment (average 55 minutes).

### Summary of the strengths, weakness and similarities between the RAS and SIS Needs Assessment Tools

1. In Table-1 below, we provide a summary of the relative strengths and weaknesses of the two assessment tools, as well as highlighting areas of similarities. This Table builds upon earlier work done by the National Disability Authority [[2]](#footnote-2) (items indicated ‘(NDA)’ in the Table), complemented with key findings from the feasibility study.

**Table-1: Strengths, weaknesses and similarities between RAS/SIS, incorporating earlier work by the National Disability Authority and findings from the feasibility study.**

|  | Strengths | Weaknesses |
| --- | --- | --- |
| Similarities | Satisfaction levels with both assessment tools is high amongst service users  Service users did not differentiate between the two assessment tools with respect to which was better in helping them to say what their support needs are  Service users were happy with the length of both RAS and SIS interviews  There is strong overall correlation between RAS and SIS scores for individual service users. This remains when correlating scores by age and gender  There was a relatively weak correlation between either the RAS or SIS scores and the value of current service user packages.  Both tools identify non-clinical supports[[3]](#footnote-3)  Both tools would incur an annual charge related to usage | |
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| **RAS** | * Developed for use in social care system but flexible enough to extend to other areas such as health care needs (NDA) * Existing track record in being used for resource allocation for people with a range of disabilities (NDA) * The template can been modified to appreciate local configuration of available resources (NDA) * RAS could be adapted for use with children (NDA) * Assessment quick to complete (average 55 minutes – excluding travel) * National rollout costs including training and interviewing time are estimated to be less than half that of the SIS assessment tool | * Psychometric data not publicly available to confirm the reliability and validity of the In Control RAS 5 as a support measure, or to determine the predictive power in determining cost (NDA) * With the focus on resource allocation for social care services it is not clear how this tool would align with Ireland’s needs assessment processes under the Disability Act (NDA) * Service users with mild to moderate intellectual disabilities were the group most likely to score more highly on the SIS when compared with the RAS * Interviewers did not think the RAS was as comprehensive in gathering information on service users’ support needs as the SIS (although service users did not report similar issues) |
| **SIS** | * A comprehensive comparison of support needs measures identified the SIS as the most robust (NDA) * Has widespread use both within the US and internationally (NDA) * Its predictive power to determine costs associated with supports for persons with intellectual disability has been established (NDA) * Version for children is under development (NDA) * Interviewers felt that the SIS was very comprehensive in gathering information in service users’ support needs (although service users did not make this distinction between the two assessment tools). | * Its intended audience is people with intellectual disabilities, as a tool in identifying support needs and resource allocation * As a standardised tool, the SIS cannot be modified to accommodate the Irish context (NDA) * With the focus on resource allocation for social care services it is not clear how this tool would align with Ireland’s needs assessment processes under the Disability Act. (NDA) * Assessments take a relatively long time to completed (average 125 minutes- excluding travel time) * Service uses with a physical disability were significantly more likely to state that parts of the SIS questionnaire were not relevant to them*[[4]](#footnote-4)* and a more general concern was raised by interviewers as to the applicability of all SIS questions for service users with physical disabilities. * Service users with physical disabilities were the group most likely to score more highly on the RAS when compared with the SIS. * National rollout costs based on licensing fees, training and interviews likely to be at least twice as high as RAS |
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Source: SQW/NDA

Issues for consideration in rolling out a support needs assessment tool

1. Based on the findings from the feasibility study we identify a number of issues for consideration for national rollout of a support needs assessment tool. These are discussed below:

* **Refining the tools** – Despite the high correlation, concerns were raised by some interviewers as to the applicability of the SIS tool for service users with physical disabilities. Furthermore, service users with physical difficulties were the most likely to state that questions in the SIS were not relevant to them. This suggests a possible need for some level of adaptation of the tools to best capture the support needs of all users.
* **Training and support for interviewers** – there was demand from interviewers for additional training around how to deal effectively with difficult and/or challenging interview scenarios, irrespective of which tool was rolled out nationally. Furthermore, the review of individual cases where there was less correlation between RAS and SIS scores, suggested that some of this might have resulted from inconsistent interpretation of questions.
* **Independent interviewer role** – interviewers considered the independence of their role as being very important. They suggested that the interviewer should be impartial in the process, and therefore independent of the funding organisation or the service user’s current service provider.
* **Role of key workers/family members in interviewers** – interviewers and project liaison officers identified family members and key workers as important in providing an advocacy role for the service user, as well as providing additional information, but felt that their role in the process should be clarified with them at the start of the interview.

### Moving from assessment scores to resource allocation

1. There was a relatively weak positive correlation between the value of current support packages and both RAS and SIS scores. This could indicate that either the package data might be unsound or that both the RAS and SIS valued needs quite differently to previous assessments. The latter is quite possible given the way allocations have been calculated in the past which we understand has been based on a system of block funding which is not specifically calibrated either to the level of need of service users or to the achievement of quality standards.
2. The weak correlation between both the RAS and SIS scores and the value of service users’ existing support packages will have wider implications for allocating resources through individual budgets. It is likely that if either tool is eventually adopted, this will have implications for the resources allocated to individual users.

* Some service users could see a drop in the value of their existing support packages, while others will see an increase. There is a concern that the scale of change for individuals may be quite large.
* In some cases, existing packages of support were reported to be based on service providers’ perceptions of an individual’s needs. Moving away from a deficit model through systematic resource allocation would alter this and may raise cultural change issues.
* It will be important to manage the resource allocation process effectively, and a transitional arrangement may be needed to limit the extent to which an existing package of services can be adjusted in the short term.

1. **Service providers will also be affected by changing service users budgets** – a move towards a resource allocation driven model could see greater consistency across service providers in relation to the cost of services provided, but this could lead to funding being reduced for some service providers. Again, it will be important to manage the expectations of service providers.
2. **There are also likely to be a series of challenges around allocating an appropriate level of resources based on results from the tool**. In England, the impact of allocation tools is moderated by the need for an indicative budget, which is then subject to change before the final budget is agreed. However, if the agreed final budgets are significantly different from those calculated as indicative, then it will call in to question the extent to which the initial process is robust. The extent of any such variance should be assessed as part of any further testing of the resource allocation process.

Introduction

* 1. In November 2011, SQW was appointed by the National Disability Authority (NDA) to evaluate the first phase of a feasibility study to examine the use of the Support Intensity Scale® (SIS) and the In Control Resource Allocation System (RAS) support needs assessment instruments in Ireland. This report presents the findings from the evaluation of first phase of the feasibility study.

Background and context

* 1. The Irish Government has committed to the implementation of individual budgets for a proportion of all service users with a disability, with the aim of ensuring better quality services and outcomes for people with disabilities. The development of individual budgets requires a method for allocating budgets based on an assessment of need. In light of this, a feasibility study was designed to identify the capacity, strengths and weaknesses of two resource allocation tools (SIS and RAS) to support the development of individual budgets in Ireland.
  2. The feasibility study has two distinct phases:
* Phase 1 – to understand the characteristics of the two needs assessment tools by studying the tools in practice
* Phase 2 – to review how the tools could be used to generate individual budgets.
  1. SQW was commissioned by the National Disability Authority to evaluate the findings from the first phase of the feasibility study, with a specific focus examining the two tools with respect to:
* how people with disabilities respond to, and view each tool
* the extent to which the tools meet the needs of service users with different types of disability, including correlating service users’ results for each assessment
* the resources required to administer each tool.
  1. In undertaking this evaluation our role has been to compare the implementation costs, feasibility and acceptability of the two assessment tools. We cannot make any judgement as to which is the better or more accurate assessment tool – only the differences and similarities between them, based on feedback from those involved in the study.

Design of feasibility study

* 1. The National Disability Authority led on the design of the feasibility study with the support of an advisory group comprising nominees of key disability organisations, along with members of the Department of Health and Health Service Executive (HSE). Ethical oversight was provided by international ethics expert Dr. Ron Iphofen.
  2. The assessment tools selected for inclusion in the study were agreed following an initial scoping exercise and a subsequent literature review on resource allocation tools, conducted by the National Disability Authority. Three tools were initially investigated in the literature review; the SIS, RAS and the I-CAN (developed by the University of Australia in Sydney in Australia). Public workshops were held at the National Disability Authority with international experts on each of these tools. As I-CAN had not yet been used for resource allocation on a national basis, it was decided that this tool would not be included in the feasibility study.
  3. A detailed examination of the ethical issues related to the study was conducted by the National Disability Authority prior to its commencement. Issues identified included:
* Informed consent and proxy consenting
* Respondent fatigue
* Relevance of questionnaires to participants’ needs
* Timing and context of interviews
* Presence of family members and key workers
* Disclosure of matters of concern
* Data protection.
  1. The majority of issues were resolved prior to the study’s commencement. Others are addressed in general terms throughout this report. Dr. Iphofen was available to address the relatively small number of detailed matters of ethical risk reported in the duration of the study.
  2. It was agreed that 120 service users would be recruited to take part in the study in which they would be interviewed using both the SIS and RAS support needs assessment tools. Providers delivering support to service users were asked to nominate staff to be trained to undertake interviews and/or to take on a project liaison officer role. Project liaison officer was the name given to the role of supporting the recruitment of service users to the study and gaining their informed consent, as well co-ordinating the timetabling of interviews and acting as a named contact for participants. Twenty-one project liaison officers were recruited and 15 people undertook interviews with service users. [[5]](#footnote-5) The National Disability Authority specified that interviewers needed three years’ experience of working in the provision of supports to people with disabilities as well as at least an undergraduate degree in the health, education, or social sciences field, including nursing, or for nursing the equivalent in experiences, as well as IT skills.
  3. The service users (of which 112 completed both interviews) were recruited to cover a range of circumstances using the following inclusion criteria:
* Women and men
* Between 18-65 years of age
* With intellectual, cognitive, physical and sensory disabilities or acquired brain injury
* From the following types of service (congregate setting[[6]](#footnote-6), group home[[7]](#footnote-7), and day services[[8]](#footnote-8))
* Living in the Republic of Ireland
* Have volunteered and consented to participate.
  1. The following exclusion criteria were also used:
* Children or those aged over 65 years
* People with disabilities not included in the list above, for example people with mental health difficulties as their primary rationale for the receipt of disability services.
  1. Training in using the supports needs assessment tools was provided to sixteen interviewers as follows:
* RAS – 1 day training course delivered by In Control
* SIS – 3 day training course delivered by Will Buntinx
  1. Interviews were purposely delivered by individuals that had no prior knowledge of the service user and their support needs. The interviews themselves were timetabled to take place in the course of a single day[[9]](#footnote-9) and the sequencing of interviews (i.e. whether the RAS or SIS was undertaken first or second) was rotated across the sample to try and identify whether there was any bias in responses related to the order in which service users completed the interviews. Interviewers also only ever conducted one support needs assessment with an individual service user (either the RAS or the SIS)
  2. Service users had the option of being accompanied by a family member or key worker. Service users with cognitive impairments and intellectual disabilities were routinely joined by their key worker.

Interviewer briefing session

* 1. SQW held a workshop session for the interviewers at the National Disability Authority offices in Dublin to introduce the evaluation and to provide information on the research tools they would need to complete over the course of the evaluation (e.g. timesheets and quick response sheets). The session was also used to gather feedback about the questions to be included in the tools that would be used, to help ensure that these were properly framed for all service user groups.

Evaluation design (methodology)

* 1. The evaluation approach has focused on data collection and analysis in six key areas as identified in **Figure-1**below (the annex referencing indicates the location of the core data analysis for each component).

**Figure-1: Evaluation design**

|  |
| --- |
| This outlines the key components of the evaluation design and references the annex in which further detail can be located.  Monitoring Sheets (Annex A), Timesheets (Annex B), Quick Response Sheets (Annex C), RAS/SIS results (Annex D), Deatiled Response Questionnaire (Annex E) and Focus Group (Annex F) |

Source: SQW

Monitoring sheet

* 1. The monitoring sheet was developed by the National Disability Authority to capture anonymised[[10]](#footnote-10) baseline data on the characteristics of service users included in the study. The purpose of this was to allow for subsequent data analysis to be cross-tabulated with service user characteristics. The service user characteristics that were recorded included:
* Location
* Gender
* Age (18-40 or 41-65)
* Type of disability
* Type of service accessed.
  1. The monitoring sheet also collected data related to the interview process itself including an anonymised code to identify the interviewer, the sequencing of the interviews (i.e. whether they did the RAS or SIS first) and whether there was a family member and/or key worker present at the interview. This information was taken from the quick response sheets completed at the end of the interviews.
  2. In addition, the National Disability Authority requested that all service providers supply a breakdown of the value of current support package costs for all service users included in the feasibility study, so this could be used as a factor in the analysis of the SIS/RAS assessment scores. The data is based on existing patterns of allocation of funds to services, and a suggested method of imputing costs of collective services to individuals, rather than precise, accurate costing data. These data are not routinely collected at a service user level and have required service providers to disaggregate delivery costs using guidance provided by the National Disability Authority. In practice it took a considerable length of time for service providers to be able to collate this information. As such, the current support package data has been treated as ‘indicative’ where we have used this in our analysis.

Timesheets

* 1. SQW designed an online timesheet for interviewers to capture information on the time involved (e.g., training, travel, administration and interview) in administering the two assessment tools. This information was collected in real time by the interviewers. Interviewers recorded the time they spent on different activities each week and submitted this to the evaluation team. Interviewers were asked to indicate whether the time they were recording related to the RAS or SIS tool, but were not asked to record which service user the actual interview was linked to. In other words, we know the aggregate time each interviewer spent on different tasks related to the SIS or RAS, but not the amount of time in relation to a specific individual interview (although actual interview times were recorded in the questionnaires).
  2. Interviewers were asked to record data each week even where this was to indicate they had spent no time conducting activities related to the feasibility study that week. Regular reminder emails were sent to interviewers to prompt completion of the timesheets.

Quick response sheets

* 1. We sought to capture feedback from all participants (interviewers, service users, key workers and family members) immediately after each SIS or RAS interview was completed. We did this in the form of a short quick response sheet (QRS) which comprised a series of mainly closed questions which asked respondents to rate satisfaction with the interview process as well as the assessment tools themselves. The quick response sheet design was adapted as necessary so it was relevant to the respondent type completing it. Quick response sheets were not completed by service users with severe to profound intellectual disabilities.

RAS/SIS results

* 1. As interviewers completed SIS interviews they entered the results into an online reporting tool (SISOnline). This data was anonymised and service users’ unique identifier codes were included so that information could be linked back to the characteristic data collated in the monitoring sheet. RAS interview results were recorded in paper form by interviewers who then sent this on to the National Disability Authority to be entered onto a central spreadsheet (again service users’ unique identifier codes were included). SQW was able to access the SIS results directly from the online tool, with the RAS results being supplied to us by the National Disability Authority. This data has formed the basis for a comparison of the results of the two assessment tools.

Detailed response questionnaire

* 1. In addition to the quick response sheet, SQW undertook an online survey once all the interviews were complete, providing a further opportunity for interviewers and project liaison officers to reflect on their overall experiences.
  2. The detailed response questionnaire comprised a mix of open and closed questions and was hosted online via Key Survey, with an email invite sent out to all interviewers and project liaison officers. Reminder emails were also sent out to encourage completion of the questionnaire. A very good response rate was generated: 81% completion for project liaison officers; and 80% for interviewers.

Focus group

* 1. It was agreed with the National Disability Authority that SQW would host two focus groups; one for each the following groups of participants in the feasibility study:
* Interviewers – 15 individuals undertook interviews with service users
* Key workers – specifically those that had been participated in interviews with more than one service user (seven individuals)
  1. The purpose of the focus groups was to give those involved in the feasibility study a chance to reflect upon and share their experiences of the SIS and RAS interviews more generally. A total of eight interviewers attended a two hour focus group on 30th April 2012. Unfortunately, only three key workers confirmed attendance at that focus group and a last minute cancellation by one of these, led to a decision to cancel this focus group. Instead, telephone interviews were subsequently undertaken with two key workers to gather additional feedback from this group of individuals.

Report structure

* 1. The remainder of this report draws together the key findings from the analysis of data collected over the course of the feasibility study, as follows:
* **Chapter 2**: **An overview of the RAS and SIS –** explains the context for the current trial and the two tools being examined
* **Chapter 3:** **Comparing the RAS and SIS results** – considers the characteristics of the service users participating in the study, and the similarities and differences between the *‘results’* generated by the two tools
* **Chapter 4:** **Comparing the acceptability and costs of the RAS and SIS**– considers the similarities and differences between the two tools from an *‘implementation and usability’* perspective.
* **Chapter 5**: **Key findings and issues for consideration** – a summary of the overall strengths and weaknesses of the two assessment tools, and issues for consideration for national rollout of an assessment tool
  1. Detailed analysis and findings from each specific element of the evaluation – which have informed the main report – can be found in the accompanying annexes, as referenced in **Figure-1**.

An Overview of The RAS and The SIS

Introduction

* 1. In this chapter we set the context for the feasibility study and the evaluation by describing the current situation with regards to the funding of social care for people with disabilities in Ireland, the theory behind resource allocation, and then identifying the key features of the two assessment tools that have been used in the feasibility study. The information in this chapter is primarily drawn from a paper produced by the National Disability Authority: *The Introduction of Individual Budgets as a Resource Allocation System for Disability Services in Ireland: A Contemporary Developments in Disabilities Service Paper* (NDA, May 2011).

Irish context

* 1. The current system of funding disability services in Ireland is guided by the numbers of service users registered on National Disability Databases. In 2010 the budget for disability services delivered directly by the HSE amounted to €450M, with additional services delivered by non-statutory service providers being valued at €1.026 billion. The majority of this funding is allocated to services for people with intellectual disability and autistic spectrum disorders, with the next largest allocation of funding going to service users with physical and sensory disabilities. Almost three-quarters of disability funding is spent on residential and adult day care services
  2. The current databases suggest there are close to 34,000 service users currently accessing services or with a future requirement for services. These comprise:
* Approximately 18,000 adults with intellectual disability (from the National Intellectual Disability Database)
* Approximately 16,000 adults with physical and sensory disabilities (from the Physical and Sensory Disability Database)
  1. The databases only contain service users that have been registered with services, and they may be an underestimate of the total number of service users that may be eligible for a support needs assessment and individual budget in the future. Whilst this does not impact the feasibility study itself, it will have implications for estimating the costs of national rollout of either assessment tool. It is estimated that the coverage of the Physical and Sensory Disability Database is about two thirds of the total figure. Therefore, for the purposes of assessing the roll-out costs of an assessment tool, a total figure of 42,000 service users is used in this report. Anecdotal evidence from England suggests that introducing personal budgets has meant that some service users who did not take up the traditional service offer have accessed a personal budget due to the additional flexibility it offers.
  2. At present, support service funding is not undertaken on the basis of commissioning, competitive tendering or individualised funding options. Even where unit costs are available for particular services, these have been developed around historic staffing levels rather than being based on the level of support needed. *The Review of Efficiency and Effectiveness of Disability Services in Ireland[[11]](#footnote-11)*, under the remit of the Value for Money and Policy Review Initiative 2008-2011, summarised two key goals in relation to reform of services for people with disabilities[[12]](#footnote-12):

**Full inclusion and self-determination for people with disabilities**

* Citizenship
* Control
* Informed choice
* Self-determination
* Responsibility
* Inclusion
* Participation

**The creation of cost-effective, responsible and accountable system which will support the inclusion and self-determination of people with disabilities**

* Equity
* Person-centred
* Quality
* Effective
* Efficient
* Sufficient
* Accountable and transparent
  1. The proposals call for a reframing of provision away from a deficit model towards one of individualised supports and also highlights the need for a strong governance framework to underpin the provision of support and services for people with disabilities. It suggested that the governance framework should include a process for both *assessing needs* and *allocating resources* in a way which created a transparent link between the amount of resources and the support need. It is against this policy backdrop and commitment to review support services for disabled people, that the National Disability Authority has undertaken the feasibility study to examine the use of assessment instruments for people with disabilities in Ireland.

What is resource allocation?

* 1. Having described the existing situation in Ireland and the policy drivers framing this study, it is useful to outline the principles of resource allocation. In simple terms, resource allocation provides a way of calculating a funding package which is based on an assessment of an individual service user’s needs. The allocation of resource has to reflect the needs of the individual but will also (usually) be constrained by the budgets of funders, and so the resource allocation system can also act as a way of balancing these two factors.
  2. The National Disability Authority paper on the introduction of individual budgets as a resource allocation system for disability in Ireland, points to multiple benefits for introducing such a system:
* It is equitable – those with the most need receive the most support
* Budget holders (i.e. the service user) exercise control over their support and funding follows them, not the service provider they are accessing
* It is transparent
* It can result in efficiency savings (of 10% upwards) based on experience from elsewhere.[[13]](#footnote-13)
  1. In the UK, resource allocation models for adult social care have evolved over the last ten years with expansion of this approach in the context of children’s social care. Work undertaken by SQW for the Department of Education in England in relation to the Individual Budget Pilot Programme for Families with Disabled Children, included a review of resource allocation models. Our work pointed to a number of factors which could be seen as typifying good practice (**Figure-2**) and these mirror the benefits National Disability Authority has identified for the resource allocation approach.

**Figure-2: Good practice in resource allocation**

|  |
| --- |
|  |

Source: SQW

* 1. Our research also suggested a number of potential weaknesses or challenges inherent in existing resource allocations, which may need to be borne in mind for the implementation of such an approach in Ireland. Weaknesses included:
* The extent to which the system is actually viewed as transparent by service users, especially as assessments and scoring are converted into monetary value.
* The use of old budgets or costings as the basis for new ones, when it is suspected that these might not be reliable. This issue can arise at the level of the individual or for a group of users (where the overall budget is based on the sum of their previous packages).[[14]](#footnote-14)
* Taking account of different user groups within a single approach, with the risk that the formula unfairly favours one type of user over another.
* The extent to which the indicative allocation[[15]](#footnote-15) is a good indicator of the final allocation. If the variance is very large it calls in to doubt the reliability of the initial allocation.
  1. Having described the principles behind resource allocation, and the perceived strengths and weaknesses of this approach, the remainder of this chapter summarises the two assessment tools that have been used in the feasibility study (and which could form the foundation for resource allocation and individual budgets for service users in Ireland).

An overview of the SIS

* 1. The Supports Intensity Scale (SIS) was developed over a five year period by the American Association on Intellectual and Development Disabilities (AAIDD) to assist disability organisations to understand the support needs of people with intellectual and related disabilities. It is a tool developed to assess the needs of this specific group of individuals and is used as a basis for personal support planning, as well as an element in resource allocation applications.
  2. The tool was developed in the context of shift in perspective from one that focused on a person’s deficits in adaptive behaviour and independent living skills to one which emphasised how individuals could live a life of their own choosing if provided with the appropriate support. The SIS has been subject to rigorous testing of its validity and predictive powers in relation to determining the needs of individuals with intellectual and related disabilities.
  3. In the USA the Human Services Research Institute has considerable experience of utilising the SIS for the purposes of determining prospective budget allocations for individual service users (i.e. the SIS has been used for the purpose of determining individual budgets). However, there are variations in the application of the SIS for this purpose, and the tool is not always used for the purpose of resource allocation.
  4. The SIS contains four sections. The scores generated from the first section will give the overall support needs index for an individual. Section 2 is not used to determine resource allocation. Section 3 does not feed into the overall support needs score either, however, if an individual scores a total of 5 points or a score of 2 against a single question in part 3a or 3b of this section they are defined as having additional support needs. In essence this means that if two people have the same support needs scale score, this section could differentiate one as having an additional support need that may require additional resources. Section 4 also does not feed into the overall score but elicits information on additional exceptional health needs, risks to community safety or risk of self-harm, which will inform the overall support needs assessment and planning.
  5. The key domains included in the SIS are as follows[[16]](#footnote-16):

**Section1:** Support Needs Scale

* Home living activities
* Community living activities
* Lifelong learning activities
* Employment activities
* Health and safety activities
* Social activities

**Section 2:** Supplemental Protection and Advocacy Scale (not usually included in the determination of resource allocations)

**Section 3:** Exceptional Medical and Behavioural Support needs – assess level of support needed for medical and behavioural reasons

**Section 4:** Oregon Supplemental Questions – captures information on any additional exceptional health needs, and whether they are a severe community safety risk to others, or at risk of self- harm

* 1. The SIS is copyrighted by the AAIDD and as such, in order to use this tool it is necessary to pay a licence fee, as well as a per user fee for materials and for access to the online tool. It is a standardised tool and so it could not be adapted for the Irish context.

An overview of the RAS

* 1. The RAS was developed by In Control, a UK national charity. In Control began their work by illustrating the ways in which the social care system in England could be reformed using self-directed support.
  2. In Control has designed a seven stage process of self-direction described below:
* Find out how much money they will receive for their supports
* Plan their own supports
* Get their plan agreed by the funding body
* Organise how much money will be managed with a level of choice at their discretion
* Decide how their supports will be arranged
* Implement self-direction
* Monitor their supports and adapt as appropriate.[[17]](#footnote-17)
  1. In Control’s system of self-directed support has formed the basis for the adoption of personal or individual budget concept by many local authorities in the UK, for care support across older persons’ services and services for people with disabilities. Personal budgets are being accessed by service users that have physical disabilities, intellectual disabilities and mental health difficulties. Thus, the approach has been tried and tested with service users that have similar needs to those that it is anticipated would be covered by individual budgets in Ireland.
  2. The In Control resource allocation system is based on assessing service users against a number of key domains in the form of a self-assessment questionnaire. Each domain in the RAS self-completion questionnaire comprises a series of statements which are allocated points. The tool has evolved over time and is now in its fifth iteration - RAS 5. The domains are as follows:
* Meeting personal care needs
* Eating and drinking
* Practical aspects of daily living
* Relationships and social inclusion
* Communication
* Staying safe and taking risks
* Work, learning and leisure
* Support from friends and family
  1. The RAS also includes an additional question that allows the service user to categorise themselves as having additional support needs, against the following statements (response B and C are not mutually exclusive and both responses can be selected):
* A[[18]](#footnote-18) – I do not need any additional support
* B – I need support regularly throughout the night
* C – I often need support from two people
  1. In the UK, at the end of the RAS assessment an individual’s scores are aggregated and the allocation is multiplied by a locally agreed ‘price point’ (i.e. monetary value agreed by the funding authority based on local intelligence). There are a range of methods used by local authorities to derive a price point. The aim of the assessment is to allocate appropriate levels of resources to individuals related to their needs and circumstances. The assessment process results in service users being informed of an ‘indicative’ allocation for their personal budget which is then finalised when an individual support plan is agreed.
  2. The RAS model has been the subject of several reviews which have indicated that the quality of life for those self-directing their own services is enhanced, albeit based on retrospective recall rather than more robust impact trials. However, psychometric testing of RAS 5 and its predictive ability to determine cost have not been tested. Thus, as a result there is a question as to which a ‘single price per point’ system is relevant for groups of individuals that are not necessarily homogenous.
  3. The RAS 5 tool can be adapted to meet the Irish context. An annual fee would be payable to In Control in order to use the RAS tool. The fee would cover use of all In Control RAS materials (subject to agreement of ethical principles), adaptation of the tool to the Irish context, and initial training on the tool for assessors.

Comparing the SIS and RAS – strengths and issues for consideration

* 1. In this chapter we have described the key characteristics of the two assessment tools. In **Table-**, we summarise the strengths and areas for consideration for each tool, as highlighted by the National Disability Authority in their report on the introduction of individual budgets as a resource allocation system for disability services.

**Table-2: Key considerations for Resource Allocation Models in an Irish Context**

|  | Strengths | Issues for consideration |
| --- | --- | --- |
| **RAS** | Developed for use in social care system but flexible enough to extend to other areas such as health care needs | Psychometric data not publicly available to confirm the reliability and validity of the In Control RAS 5 as a support measure, or to determine the predictive power in determining cost |
|  | Used extensively to allocate resources across people with a range of disabilities  The template has been modified in England to appreciate local configuration of available resources  It can be adapted for use with children | With the focus on resource allocation for social care services it is not clear how this tool would align with Ireland’s needs assessment processes under the Disability Act.  There would be ongoing annual costs associated with using the RAS tool (e.g. to access materials and training for assessors) |
| **SIS** | A comprehensive comparison of support needs measures identified the SIS as the most robust | It is primarily a tool for determining support needs and resource allocation for people with intellectual disabilities. |
|  | Has widespread use both within the US and internationally | As a standardised copyright tool, the SIS cannot be modified to accommodate the Irish context. However, SIS scores could be used in conjunction with other instruments as part of a resource allocation formula |
|  | Its predictive power to determine costs associated with supports for persons with intellectual disability has been established | The SIS is a copyright tool and would incur an ongoing cost |
|  | Version for children is under development | With the focus on resource allocation for social care services it is not clear how this tool would align with Ireland’s needs assessment processes under the Disability Act. |

Source: Adapted from The Introduction of Individual Budgets as a Resource Allocation System for Disability Services in Ireland: A Contemporary Developments in Disabilities Service Paper (NDA, May 2011).

* 1. In the next chapter we present the RAS and SIS results from the feasibility study, identifying the level of correlation between scores generated by the two assessment tools for individual service users.

Comparing The RAS and The SIS Results

Introduction

* 1. In this chapter we outline the characteristics of the service users who participated in the study and present the results of the RAS and SIS assessments that were undertaken. We discuss the extent to which scores from the two assessments are correlated. We also draw upon other evidence drawn from the quick response sheets, detailed response sheets and focus group, where this is relevant in explaining the quantitative results.

Characteristics of service users participating in the feasibility study

* 1. The headline characteristics of the service users that participated in the study are as follows:
* 53% female
* 47% male
* 51% aged 18-40
* 49% aged 41-65
  1. The National Disability Authority recruited a mix of service users to ensure representation of different types of disability were included in the study. Just over 40% of the service users had mild/moderate intellectual disabilities. The next largest groups of service users were those with a physical disability (25%) and those with a severe/profound intellectual disability (20%). The proportion of service users with neurological or sensory disabilities was relatively small, 11% and 5% respectively (**Table-**).
  2. The service type of service provision accessed by service users in the study can be categorised as follows:
* Congregated care settings – residential service with a home accommodating 10 people or more
* Group home – residential service with homes accommodating four to six people
* Day services – these can either be agency based or non-agency based.
  1. Just over a third (34%) of service users were in a group home and this category was predominated by service uses with mild to moderate intellectual disabilities. A further quarter (27%) were categorised as using day services (non-agency based), and the remaining two-fifths were almost evenly split between accessing day services (agency based) or congregated accommodation. Congregated care was only being accessed by those with severe or profound intellectual disabilities.

**Table-3: Type of Disability by Type of Service Provision**

| **Type of Service provided** | **Type of Disability** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mild/ Moderate**  **intellectual** | **Severe/ Profound**  **intellectual** | **Neurological** | **Physical** | **Sensory** | **Total** |
|  | **%** | **%** | **%** | **%** | **%** | **%** |
| Day services (agency based) | 7 | 0 | 5 | 8 | 0 | 21 |
| Congregated | 0 | 19 | 0 | 0 | 0 | 19 |
| Group Home | 28 | 1 | 0 | 5 | 0 | 34 |
| Day services (non-agency based) | 7 | 0 | 5 | 9 | 5 | 27 |
| **Total %**  **Total (n)** | **42**  **47** | **20**  **22** | **11**  **12** | **22**  **25** | **5**  **6** | **100\***  **112** |

Source: SQW

\*Percentages may not add to 100 due to rounding

Correlation between RAS and SIS results

* 1. There is a clear positive relationship between the SIS and RAS[[19]](#footnote-19) scores for individual service users (**Figure 3-3**). Service users with disabilities classed as severe/profound intellectual disabilities tended to have the highest scores on both needs assessments (although there were a small number of exceptions).

**Figure 3-3: Correlation between RAS and SIS scores**

|  |
| --- |
| This is a scatter diagram which shows the correlation between the RAS and SIS results.  Key findings are set out in paragraph 3.6 |

N=112.

Note: Each point represents an individual user, where every user has both a RAS and a SIS score. The colour and shape of their point reflects their type of disability. The points farthest to the right relate to individuals with the highest SIS Support Needs Index and those farthest upwards have the highest RAS scores. As such, an individual with a point in the top right hand corner would have the highest scores in the RAS and SIS.

Source: SQW

* 1. Statistical analysis using the Pearson Correlation highlighted a +0.797 linear correlation (on a scale where 0 would indicate no correlation between the two variables and +1 would indicate a perfect positive linear correlation). [[20]](#footnote-20) **The correlation between RAS and SIS results was strongly statistically significant** (significant at the 1% level). It is important to note that we cannot make a judgement based on this data as to which assessment tools is better at assessing service user support needs (or the supports of particular types of service user), but we do know the results of the two assessments are strongly related, so if a person scores highly on one tool they are very likely to do so on the other tool as well.
  2. We also correlated the RAS and SIS scores by gender and by age. Perhaps unsurprisingly (give the very strong overall correlation) **the strong correlation held for both males and females, and for individuals aged 18-40 and 41-65.** We can be confident therefore that age or gender has very little impact on the correlation between SIS and RAS scores.

Correlation by ranking of RAS and SIS scores

* 1. Whilst we identified the overall correlation between RAS and SIS scores is very high generally (and that this stands for gender and age), we also wanted to identify the cases (and characteristics of service users) where the correlation was not as strong. To do this each individual service user was ranked on a scale of 1 – 112 depending on the positions of their RAS and SIS scores compared to the other 111 service users. Where multiple individuals had the same score, the mean rank was assigned.
  2. The difference between the rankings of RAS and SIS scores was then calculated. Figure 3-2 illustrates the distribution of these differences in rankings.

**Figure 3-2: Difference in ranking across RAS and SIS scores**

|  |
| --- |
| This is a bar chart which highlights the differences in ranking between service users' SIS and RAS scores.  Further explanation on the findings can be found in paragraphs 3.9-3.12 |

N=112

Source: SQW

* 1. We then analysed the 20% (and separately 10%) of service users whose RAS rankings were highest compared to their SIS rankings, and whose SIS rankings were highest compared to their RAS rankings. The main findings amongst the 20% of service users with the highest/lowest comparative RAS/SIS rankings were that:
* **Approaching half (41%)** of the 22 service users who **ranked** **most highly on their RAS scores compared to SIS** **had physical disabilities**, compared to around a quarter (22%) of all 112 service users. Whilst proportionately service users with mild to moderate intellectual disabilities were the next largest group (30%) amongst those who score most highly on the RAS compared to the SIS, this has to be viewed in context; this group comprised only 15% of all service users with mild to moderate intellectual disabilities.
* **Around two thirds (65%)** of the 23 service users who **ranked** **most highly on their SIS compared to RAS had mild/moderate intellectual disabilities**, compared to 42% of all 112 service users. (See **Table-** for full cross tab).
* These findings held in analysis of the 10% of service users with highest/lowest comparative RAS/SIS ranking as well.

**Table-4: Level of need by comparative ranking of RAS and SIS scores**

|  | The 20% of service users who had much higher RAS than SIS scores | The 20% of service users who had much higher SIS than RAS scores | The 60% of service users who had the most similar RAS and SIS scores | Total |
| --- | --- | --- | --- | --- |
|  | % | % | % | % |
| Mild/ Moderate intellectual | 32 | 65 | 37 | 42 |
| Severe/ Profound intellectual | 9 | 13 | 25 | 20 |
| Neurological | 9 | 13 | 10 | 11 |
| Physical | 41 | 4 | 22 | 22 |
| Sensory | 9 | 4 | 5 | 5 |
| **Total %** | **100** | **100** | **100** | **100** |
| **Total (n)** | **22** | **23** | **67** | **112** |

Source: SQW

* 1. With respect to the finding that proportionally more service users with physical disabilities were likely to score more highly on the RAS than the SIS assessment tool (amongst 20% of service users with the greatest difference in score), it is useful to draw upon other evidence collated though the feasibility study.
  2. **Services users with physical disabilities were significantly more likely than service users with mild to moderate intellectual disabilities, to state that there were questions in the SIS that did not apply to them** (statistically significant at the 95% confidence level). This most likely reflects the history of the SIS as it was designed specifically to identify the support needs of individuals with intellectual and related developmental disabilities. Indeed, one-third of family members (33%) and one-fifth of key workers (23%) also stated there had been questions on the SIS assessment tool that were irrelevant to the service user (but we could not significance test this on the basis of the disability of the service users they were representing because of the small numbers involved).
  3. Feedback from interviewers and project liaison officers through the detailed response questionnaire highlighted **a general concern that the SIS assessment tool did not necessarily meet the needs of service users with physical disabilities**, and it was suggested that adaptation might be needed to make the tool more appropriate for the group. No specific suggestions were made as to what adaptations would be needed to the tool.
  4. Although service users with mild to moderate intellectual disabilities were identified as the group most likely to have a higher SIS score comparable to their RAS score, there was little feedback from interviewers, project liaisons officers, key workers and family members, to suggest the RAS was specifically failing to identify the needs of this group of service users. Where concerns were raised in relation to the RAS it was a more general sense that this tool was less detailed and might not be tailored or sensitive enough to pick up on the precise support needs of individual service users, however, the close correlation between the assessment scores does not support this view (and nor did interviewers identify any specific groups of service user for whom they felt the tool was insufficiently detailed etc.)

### Additional analysis of results for service users with weaker correlation between RAS and SIS scores

* 1. Despite the apparent differences in rankings of scores for some groups of service users, it remains the case that the overall correlation between RAS and SIS scores is very strong. However, it was agreed further analysis would be undertaken directly by the National Disability Authority to review the case notes, service user history and assessment data of service users for whom the correlation between SIS and RAS scores appeared weaker, to try and understand what was driving the differences in scores between the two tools. Fifteen specific cases were identified for additional analysis and review.[[21]](#footnote-21)
  2. The initial analysis uncovered mistakes in data entry between entries made by the interviewer on the paper-based questionnaire tool, and the data that was entered into the SISOnline tool. Further checking showed that in over half of the cases (57), data was incorrectly inputted into SISOnline[[22]](#footnote-22). Beyond this element of human error, the National Disability Authority analysis indicated that several factors appeared to be influencing the lower correlation between RAS and SIS scores for individuals:
* **RAS additional support needs** – in some instances this question appears to have been interpreted as asking people if they need *more* help/support than they have at present (social care funded or otherwise), when in fact it was asking them about the level of support they *currently* receive. This issue may be resolved through clarification and further training of interviewers.
* **Ambiguity on SIS scorings** – the questionnaire asks people what support needs they have for different interactions, e.g. accessing education. In some instances, a service user may have scored zero based on the fact they are not currently accessing education, whereas in similar circumstances they could be scored as having high need because although they do not currently access it, they would be able to with support. In other words, service users in similar circumstances could be scored at either end of the spectrum depending upon how the interviewer or service user has interpreted the question. There was some evidence of this happening, for instance where very physically disabled service users did not currently socialise outside the home they are living in, but could do so with additional support, yet they may have scored 0 on the SIS (i.e. no support needs in this domain). This issue may be resolved through clarification and further training of interviewers.
* **Triangulation of information –** in one instance mental health issues were raised by a family member in the service user’s SIS interview, but not in the RAS interview when the family member was not present. In other instances service users have given conflicting responses to questions in the two questionnaires, e.g. a service user highlighting a communication need in the SIS interview, but in the RAS interview indicated they had no need for help in communicating. This may suggest a need for additional input from key workers, family members and other professionals to ensure that an accurate picture of service users’ needs is captured in the assessment process.
* **Challenging behaviour –** in three out of six cases where SIS scores were comparatively higher than RAS scores, the service user had challenging behaviour. In such instances, for example, someone might require constant supervision even with the most basic tasks such as going to the toilet or preparing a meal. In the RAS they might indicate they can do these tasks without support- which they can – but it does not capture the fact that they need constant supervision while they are doing these tasks. In comparison the SIS was able to capture their additional support needs around challenging behaviour. If the RAS were to be rolled out, further consideration could be given to adaptations which might ensure the implications of challenging behaviour are captured in the overall score or resource allocation process.

Relationship between RAS and SIS results and the ‘additional support needs’ element of each assessment tool

* 1. In addition to a core ‘score’ the two assessment tools both also contain further indicator scales which allows the interviewer to capture information on exceptional or additional support needs for that service use. This works as follows:
* **RAS** – the service user can categorise themselves as follows (B and C are not mutually exclusive and a service user could indicate they need both types of support):
* A – I do not need any additional support
* B – I need support regularly throughout the night
* C – I often need support from two people
* **SIS** – this has an additional section on ‘exceptional medical and behavioural needs’ and if a service user scores more than 5 in either section 3a or 3b, or has a score of 2 against a single question within these, they are defined as having needs that would be additional to someone with the same SIS score on the overall support needs index.
  1. For the purpose of our analysis we defined any service user that has been categorised as B or C (or both) in the support needs section of the RAS (34 service users), or has been identified as having ‘exceptional medical or behavioural needs’ in the SIS, as having *‘additional support needs’* above and beyond their overall score (43 service users). For each assessment tool we tested the extent to which the overall result would predict whether a service user would also be identified as having *‘additional support needs’* through the supplementary question(s) included in the respective questionnaire.

RAS and ‘additional support needs’

* 1. In the case of the RAS, individuals with the highest RAS scores (61+) were particularly likely to require additional support. A very high RAS score was a strong indicator of the service users also having *‘additional support needs’*

**Figure 3-3: Whether RAS reported additional support needs, by RAS score prior to question 9[[23]](#footnote-23)**

|  |
| --- |
| This is a bar chart which shows the relationship between overall RAS scores and whether service users were subsequently identified as having additional support needs.  The findings are described in paragraphs 3.20 |

N=112

Source: SQW

SIS and ‘additional support needs’

* 1. For the SIS, a higher overall support needs index score appears to be less of an indicator that the service user will subsequently be identified as having *‘additional support needs’* through section 3a and 3b of the supplementary questions. While there appears to be a fairly strong link at the top and bottom of the range, the pattern in the middle is much less clear cut (Figure 3-4). In practice, this probably reflects that the SIS Index (general support needs) and the *‘additional support needs’* sections refer to different sources of need, and as such a strong correlation would not necessarily be expected.

**Figure 3-4: Whether SIS reported additional support needs, by SIS total support needs score:**

|  |
| --- |
| This is a bar chart which shows the relationship between overall SIS scores and whether service users were subsequently identified as having additional support needs.  The findings are described in paragraphs 3.21 |

N=112

Source: SQW

Correlation between RAS and SIS results and value of existing service user support packages

* 1. We plotted the value of existing service user support packages against the RAS and SIS results for each service user. There was a relatively weak positive correlation between current package data and both the SIS and RAS scores (Figure 3-5), with a Pearson correlation of + 0.320 and+ 0.395, respectively. The weakness of this correlation indicated that either the package data might be unsound[[24]](#footnote-24), or that both the RAS and SIS valued needs quite differently to current package allocation mechanisms (The latter is quite possible given the way allocations have been calculated in the past which we understand has been based on a system of block funding which is not specifically calibrated either to the level of need of service users or to the achievement of quality standards).

**Figure-3.5: Correlation between package costs and RAS and SIS scores**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | The two scatter diagrams show the correlation between RAS and SIS scores and the indicative value of service users' existing support packages.  The findings are explained in paragraph 3.22 | | Scatter diagram | |

N=101

Note: These charts only include data on the 101 service users for whom package data was provided.

Source: SQW

* 1. The RAS tool includes an additional question (Q9) which asks a service user about the support that is available to them from friends and family. The response from this question can be used to re-weight the service user’s overall score (and assessment of need). We also correlated RAS scores including Q9, against existing package scores (**Figure 3-**). Again, the overall correlation was poor (+0.406) using the Pearson Correlation Co-efficient.

**Figure 3-6: Correlation between package costs and RAS scores (after Q9)**

|  |
| --- |
| This scattter diagram plots the correlation between service users' RAS scores (after Q9) and the indicative value of their current support packages.  The findings are described in paragraph 3.23. |

Source: SQW

* 1. Regression analysis was undertaken to explore the correlation between scores on either assessment tool combined with additional needs markers, and current package costs. The overall correlation between scores/additional needs markers and package costs remains relatively weak for both needs assessment tools. The correlation between RAS scores and existing package costs does improve (R2 0.498), however, when the responses to the additional support needs question are taken into consideration, and where a marker is added for service users identified as having challenging behaviour in the SIS assessment.[[25]](#footnote-25) The implication of this is that if the RAS were to be rolled out, that some consideration might need to be given to ensuring this tool captures support needs related to challenging behaviour.
  2. In the next chapter of this report we compare the two assessment tools from the perspective of implementation and usability, drawing upon the feedback of those that have been involved in the interview process – service users, interviewers, family members key workers and project liaison officers.

Comparing Feasibility, Costs and Acceptability of The RAS And SIS Tools

Introduction

* 1. In this chapter we compare the two assessment tools with respect to implementation and usability. The evidence is drawn from the quick response sheets (completed immediately after each interview), detailed response questionnaires, the focus group and timesheet data. It is therefore based on feedback from service users, interviewers, family members, key workers and project liaison officers. The feedback is presented under the following headings:
* **Administration** – the time taken to complete the assessments, as well as feedback on the training provided to interviewers, and the context of the interview.
* **Satisfaction with the assessment tools** – the extent to which participants were satisfied with the interview process and the assessment tools themselves.
* **Gaps and weaknesses in the assessment tools** – highlighting any gaps or specific weaknesses that have been identified in relation to either tool.
* **Views on national rollout and implementation costs** – feedback from interviewers and project liaison officers on the most suitable tool for national rollout, and estimation of the implementation costs for each assessment tool.

Administration

Training and preparation for interviews

* 1. The consensus of interviewers attending the focus group was that **the training undertaken in relation to the SIS was viewed as being comprehensive but was longer than interviewers felt was necessary** (it was delivered over three days) and at times was repetitive. The accompanying SIS technical documents such as the instruction booklet were felt to be useful.
  2. In comparison, the **RAS training was felt to be too short and more focused on the values of the tool, rather than how to ask the actual questions**. One interviewer indicated they had used the SIS themes as a means of gathering information on the service user to be able to answer the RAS questions. More generally, it was also suggested that the comprehensiveness of the SIS training had meant they were better at expanding on questions in the RAS and probing for relevant information.
  3. A reported gap in training in using either interview tool was role playing and talking about different interview scenarios. In other words, interviewers felt they had a good understanding of the interview tools and the information they needed to collect, but less experience of how to effectively conduct interviews in different types of situations, e.g. where a service user is not fully engaged in the process. Interviewers felt that whichever tool was eventually rolled out, that more training should be given on how to manage difficult and/or challenging interview situations.
  4. Some interviewers found in the context of the feasibility study they were interviewing service users that had disabilities that were outside their own areas of professional expertise or that they had limited knowledge of. This reflects the fact that in designing the study, it was agreed that interviewers would only conduct interviews with service users outside of their agency[[26]](#footnote-26). Interviewers felt they had learned a lot about a wide range of disabilities and the experience of different service users as a result of their participation. That said, several interviewers also stated that because of this, the feasibility study had been an emotional process for them and that at times it had been distressing to hear the life stories and challenges faced by some of the service users.
  5. It was felt that if interviewers are to conduct assessments with service users with a range of disability types, then it will be important for them to have a good grounding and understanding of the challenges faced by different groups of service user.
  6. A further challenge highlighted in relation to the context of the service user’s disability, related to whether they were in residential care or living independently (or semi-independently). Specifically, for service users in residential care, a question was raised as to the extent to which this group fully understood their support needs anymore because they were often ‘institutionalised’ insofar as everything was done for them, and therefore their awareness of what they might be able to do themselves was limited.

Time taken to conduct interviews

* 1. Interviewers were asked to record the time they spent on the RAS and SIS interviews, against five headings:
* Preparation time
* Undertaking interviews
* Travelling
* Actions after interviews (inputting)[[27]](#footnote-27)
* Other.
  1. We are mindful of the fact that the logistics of the feasibility study meant that in some cases interviewers travelled significant distances to undertake interviews. This means that the travel element of the time recorded in this study may not be a realistic representation of the actual travel time that would been needed for interviews, once an assessment tool is rolled out nationally. In **Table-4.1** below we present the average times spent by interviewers on the RAS and SIS interviews, with the travel time excluded. This suggests that **the SIS assessment take an average of 70 minutes longer than the RAS assessment**, which is more than twice as long. It should be noted, however, that SIS provides additional information that can support person centred planning at a later stage in any potential resource allocation process.

**Table-4.1: Average time spent by interviewers on activities related to the RAS and SIS interviews (excluding travel time)**

|  | **Mean time spent per completed interview (minutes)** | **Mean time spent per interview (excluding travel) (minutes)** |
| --- | --- | --- |
| RAS interviews | 168 | 55 |
| SIS interviews | 222 | 125 |

Source: SQW

* 1. Across all the time coding categories **SIS assessments appear to have taken longer to complete than RAS interviews** (**Table-4.2**), and the key driver of the overall time spent on the assessment process (excluding travel), is the undertaking of the interview itself. It should be noted that the SIS Online system was unfamiliar to interviewers prior to the project, and as such the time needed to enter the information (which accounts for the majority of time linked to ‘actions after interview’) post interview, may reduce slightly as they become more familiar with the tool.

**Table-4.2: Average time spent on key tasks**

|  | **Preparation Time (minutes)** | **Undertaking Interviews (minutes)** | **Other (minutes)** | **Travelling (minutes)** | **Actions after interview (minutes)** |
| --- | --- | --- | --- | --- | --- |
| Average time spent on key tasks per RAS interview | 13 | 3 | 2 | 113 | 2 |
| Average time spent on key tasks per SIS interview | 21 | 70 | 15 | 97 | 19 |

Source: SQW

Location of interviews

* 1. For those interviewers responding to the detailed response questionnaire, the majority had not undertaken most of their interviews in service-users’ homes. When probed as to whether the location of the interview was important, the majority felt that interviews would be better if conducted in the service user’s home. The primary reason being that interviewers felt that service users would feel more at ease in their home environment. This view was also supported through feedback from the interviewer focus group where it was also suggest that being in the home environment gave them more prompts to start a discussion with the service user on their support needs.

Importance of family member and keys workers in the interview process

* 1. The feedback from interviewers and project liaison officers via the detailed response questionnaire was that the importance of having family members and key workers present varied depending on circumstances and the needs of the individual service user. It was useful, for example, where service users lived in the family home, to have additional feedback from family members regarding their support needs.
  2. When exploring this issue in more detail in the focus group, interviewers suggested it might be useful to have more briefing for family members before the interview to clarify their role in the process. There had been a number of instances where family members were felt to have dominated the interview process, leading to concerns that the service user’s voice had been lost. In these cases, interviewers had found the situation more difficult to manage and would have liked more training on how to deal with the situation effectively in such scenarios (and to have had a better briefing on the dynamics of the family situation).
  3. With regard to the key workers, the interviewers at the focus group felt this had largely worked well, although on occasions it was felt that the key worker took too much of a ‘back seat’ role and had not helped the service user to convey all the necessary information. However, feedback from one key worker was that the service user they accompanied only used their services as daycentre provision. This meant they had less knowledge about the service user’s support needs in the home, and they suggested that it might have been more appropriate in this case for the service user to have been accompanied by a family member, or by both a key worker and family member to give a fuller picture of support needs.

Satisfaction with the assessment tools

Feedback on interviewers

* 1. **Feedback from service users, family members and key workers on the interview process itself was very positive**. Individuals felt that the interviewers put them at ease (**Table-**) and they were good at asking questions (**Table-**), in both the case of the RAS and the SIS.

**Table-4.3: Did the interviewer put you/the service user at ease to answer the questions – YES responses**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Service user | 80 | 96% | 80 | 96% |
| Family member | 21 | 95% | 17 | 96% |
| Key worker | 67 | 96% | 67 | 97% |

Source: SQW

**Table-4.4: Was the interviewer good at asking the questions – YES responses**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Service user | 80 | 96% | 80 | 96% |
| Family member | 22 | 100% | 16 | 88% |
| Key worker | 67 | 96% | 68 | 99% |

Source: SQW

Acceptability of interview length

* 1. As outlined above, the actual SIS interview itself took significantly longer than the RAS to complete (70 minutes versus 38 minutes). Despite this, the overwhelming majority of service users, family members and key workers reported that the interview length was ‘just right’ in the case of both the RAS and SIS. Indeed in all cases the service user themselves was more likely to agree the interview length was ‘just right’ compared with family members and key workers. This could be a sign of good interviewer skills and technique, with service users feeling engaged with the process **(Table-4.5).**

**Table-4.5: Respondent type by those agreeing the interview length was ‘just right’**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Service user | 74 | 88% | 76 | 91% |
| Family member | 17 | 77% | 15 | 83% |
| Key worker | 61 | 87% | 55 | 80% |

Source: SQW

* 1. From the focus group and detailed response questionnaire feedback from interviewers it was clear that the length of the questionnaires was perceived as being both positive and negative for both tools. In other words, a strength of the RAS was that it was short and did not take long to complete, but there was a concern that this also meant it did not capture as much information as it could. In contrast, a weakness of the SIS interview is that it could feel very long, but as a result of the length they felt it was more comprehensive in capturing information on individual service users’ support needs.

Ability to answer questions

* 1. The majority of service users reported they were able to answer the questions, with 68% of the RAS and nearly three-quarters of the SIS service users being able to answer all the questions. We do not have any additional information directly from service users as to which questions they were unable to answer. Nor is there any statistically significant difference between responses given to this question based on the age, gender or disability of the service user. No respondents were unable to answer ‘none’ of the questions in the RAS, whilst one service user with mild to moderate intellectual disabilities stated they were unable to answer any of the questions in the SIS. It should be noted, however, that service users with severe to profound intellectual disabilities did not complete a quick response sheet questionnaire, on the assessment process.
  2. Respondents were also able to state that they could answer ‘most’ of the questions or only ‘some’ of the questions they were asked. Table 4-6 below sets out the numbers of respondents that stated they could only answer ‘some’ of the questions by questionnaire type and by disability type. Those with mild to moderate intellectual disabilities were the most likely to state they could only answer ‘some’ of the questions and this was the case for both the RAS and SIS questionnaires. Please note the size of the sub group responses to this question means we were unable to undertake significance testing.

**Table-4.6 Respondents able to answer *only* ‘some’ of the questions they were asked**

| Type of disability | RAS | | SIS | |
| --- | --- | --- | --- | --- |
| Mild to moderate intellectual | 9 | 22% | 6 | 15% |
| Severe to profound intellectual[[28]](#footnote-28) | 0 | 0% | 0 | 0% |
| Neurological | 1 | 8% | 0 | 0% |
| Physical | 2 | 8% | 0 | 0% |
| Sensory | 0 | 0% | 0 | 0% |

Source: SQW (the size of the sub group responses to this question meant that significance testing was not possible)

* 1. In the case of interviewers, in 45% of RAS interviews they indicated that the service users had been able to answer all the questions, with a figure of 39% for the SIS. In 15% of RAS interviews and 18% of SIS interviews they stated the service user had not been able to answer any of the questions. In both cases, this related predominantly to service users with severe to profound intellectual disabilities (17 out of the 20 cases for the SIS, and 14 out of the 17 cases for the RAS). Additional qualitative feedback was that in the cases that service users had not been able to answer the questions they had been heavily reliant on eliciting information from family members and key workers. This could suggest that in such instances it is the characteristic of the service user (such as their disability) which may be limiting their ability to answer the question, rather than the tool itself. It is unclear, however, as to whether this has had any influence on the outcome of the assessment.

Relevance of questions

* 1. Service users had different opinions on whether the questions in the two tools were applicable to them. Whilst the majority of service users in both the case of the RAS and the SIS considered the questions had applied to them, more than double felt that questions in the SIS had not applied to them (43%), compared with the RAS (20%). **Users with a physical disability were significantly more likely to say that parts of the SIS questionnaire were not relevant to them** (at the 95% confidence level). [[29]](#footnote-29)
  2. Interviewers were also more likely to agree that the SIS contained some questions that were irrelevant (26%) compared with the RAS (16%), and a similar pattern emerged in responses from key workers and family members. The most common reason interviewers gave for this was that the SIS did not necessarily reflect the personal circumstances of some service users, e.g. personal care was less relevant for service users living independently. Furthermore, feedback from interviewers at the focus group was that questions in the RAS were more relevant to service users with physical disabilities, compared with those in the SIS, where they were sometimes irrelevant.

Extent to which questions identify service users’ support needs on a day to day basis

* 1. Service users generally considered that the questions included in both the RAS and the SIS helped them to say what support they needed in their day to day life, with 89% and 88% respectively considering the questions either ‘very much so’ or ‘in part’ helped to say what support was needed in their lives (Table 4-7). This suggests that service users did not particularly differentiate between the two tools in this respect and did not regard one as being better than the other. Responses from the key workers and family members mirrored those of service users, including no differentiation between the tools with respect to the extent to which one was better at identifying support needs.
  2. Responses from key workers and family members mirrored those of service users, including no differentiation between the tools with respect to the extent to which they effectively identified support needs.

**Table-4.7: Did the questions help you to say what support you need in your day to day life? (service users)**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very much so | 46 | 55% | 48 | 57% |
| In part | 29 | 34% | 26 | 31% |
| Not at all | 4 | 5% | 3 | 4% |
| Not sure | 3 | 4% | 5 | 6% |
| No response | 2 | 2% | 2 | 2% |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

* 1. We did not find any evidence that the characteristics of service users (age, gender or type of disability), influenced the extent to which they thought either tool helped them to say what support they needed in day to day life.

Gaps and weaknesses in the assessment tools

Sensitivity of questions

* 1. We asked interviewers if they felt that the service user had disliked any of the questions they were asked during the assessment. Across the majority of interviews (85% of RAS and 78% of SIS), they did not report this as having been an issue. However, they were more likely to report instances of service users disliking SIS questions (20% of interviews), than RAS questions (12% of interviews),
  2. In relation to the RAS assessment tool, interviewers suggested that service users were sometimes uncomfortable about talking about support needs in the context of how much support they get from their family, as well as behavioural and personal care needs. In the case of the SIS, the most common areas reported as being uncomfortable for service users were intimate relationships and personal or healthcare needs. Service users also were more likely to identify the SIS as including questions they disliked than the RAS, (15% versus 8%) but this was not statistically significant. Where service users provided feedback on which aspects of the assessment tools they disliked, the most comment response related to questions being ‘too personal’. It should be noted that the responses to these questions could have an influence on resource allocation.

Scope of assessment tools

* 1. The quick response sheets asked about the extent to which the assessment tools captured all the necessary information on service users’ support needs. Interviewers were more likely to say that service users had highlighted needs that could not be captured by the RAS (in 20% of cases), compared with the SIS (5% of cases). In contrast, service users themselves did not make such a clear distinction between the two tools, with 10% of those taking part in the RAS indicating the assessment had missed important points, compared with 6% of those taking part in the SIS.
  2. We found no evidence that the characteristics of the service user (age, gender or type of disability) influenced the response they gave to this question.

Views on national rollout and cost implications

* 1. In responding to the detailed response questionnaire, just over half the interviewers recommended that the SIS be rolled out nationally. A quarter recommended that a hybrid of the RAS and SIS be developed and only one recommended rolling out the RAS. The primary reason for interviewers preferring the SIS was that they felt it gave them a comprehensive assessment of a service user’s support needs.
  2. The questionnaire findings were supported by the feedback from the interviewer focus group. Again the overall consensus of the group was that the SIS tool was the one that should be adopted nationally. This appeared to be related to the fact they felt the SIS helped them to capture a comprehensive picture of service users’ support needs, and that the assessment was thorough. The fact that the SIS tool had been validated internationally also seems to have influenced interviewers’ perspective on the SIS, insofar as it is regarded as being ‘tried and tested’ and so reliable.
  3. Project liaison officers were divided in their views as to service users’ overall preference, with five out of the seventeen responses suggesting that service users preferred the SIS, five stating they thought there was no preference, and one suggesting the RAS had been preferred. The remaining five felt unable to comment.
  4. The very strong consensus of interviewers with regard to which tool should be rolled out nationally is interesting and potentially at odds with the overall picture, given that we know user satisfaction with both tools was high and that the correlation between the scores from the RAS and SIS is also high. In other words interviewers appear to have a stronger sense of one tool being better than the other, than feedback from elsewhere or the data would suggest is necessarily the case. Furthermore, this is the first phase of the research, and as yet the tools have not been evaluated in terms of resource allocation.
  5. Interviewers in particular raised two further issues (that have not been highlighted elsewhere in this Chapter) with respect to national rollout of any assessment tool:
* **The importance of an independent interviewer role** – in other words the interviewer is independent of the organisation or service that is funding or delivering their services, i.e. they can be impartial in the process.
* **Challenging the expectations of service providers** – it was suggested that further work is needed with some service providers to challenge their expectation of what service users are capable (which have previously been based on a deficit model), as existing cultural expectations may influence perceived support needs.

Cost implications of rolling out the SIS and RAS assessment tools

* 1. The National Disability Authority has estimated that interviewer time would cost between €22 and €30 per hour in the context of rolling out a new support needs assessment process. On this basis, our data suggests an average interview cost of between €20 and €27.50 per RAS interview and between €46 and €62.50 per SIS interview (excluding travel costs).
  2. In order to explore the overall cost implications for the rollout of either tool on a national basis we asked the National Disability Authority to estimate the total number of service users that might need to be assessed over a three year period, and the number of interviewers they estimated would need to be trained. This, coupled with data related to licensing and adaptation costs, allows us to give a crude estimate of national rollout costs for a three year period, as demonstrated in Table- 4.8 below. This indicates that the likely rollout cost for the SIS would be more than twice that of the RAS, at between €2,204,000 and €2,897,000 (depending on the hourly interviewer rate applied) versus between €971,000 and €1,286,000 respectively for the RAS. These figures do not include costs for appropriate IT systems and associated hardware. Whether or not the interview cost represents a cash cost or an implicit cost would depend on whether the assessment process becomes part of the core duties of existing staff or if staff are hired for the purpose of carrying out assessments.

**Table-4.8: Estimated roll out costs to a cohort of 42,000 service users over three years**

| Assessment Process | Interview Cost – excluding travel (€)[[30]](#footnote-30) | Other associated Costs (€) | Total (€)  (lower interviewer hourly rate) | Total (€)  (upper interviewer hourly rate) |
| --- | --- | --- | --- | --- |
| RAS | 840,000 to 1,155,000 | 131,000[[31]](#footnote-31) | 971,000 | 1,286,000 |
| SIS | 1,932,000 to 2,625,000 | 272,000[[32]](#footnote-32) | 2,204,000 | 2,897,000 |

Source: SQW

* 1. Please note that rollout costs presented are based on a number of key assumptions around the number of interviewers trained (70) and assessments completed (42,000) over a three year period, for example. It does not take into account travel time, the frequency at which service users would be reassessed, or efficiency (i.e. how many of either interview could be done in a day).[[33]](#footnote-33) As such, this information should be treated as indicative only. In practice, based on feedback from the interviewers it would be useful to do more training around the RAS which might push up the overall rollout costs for the tool, but it would still be significantly lower than the SIS.
  2. In the next Chapter we provide a summary of the key findings from the study and the overall strengths and weaknesses of the RAS and SIS support needs assessment tools, as well highlighting issues for further consideration in the rollout of an assessment tool.

Key Findings and Issues for Consideration

Introduction

* 1. In this chapter we summarise the key findings from the feasibility study, including the overall strengths and weaknesses of each support needs assessment tool, as well as the similarities between the two. Finally, based on the evidence from the feasibility study, we suggest a series of issues for further consideration in the national rollout of an assessment tool.

Key findings

* 1. **There was a very strong overall correlation between RAS and SIS scores for individual service users**, and this was also true when we correlated scores in relation to gender and age. Despite the finding that there was a slightly weaker correlation between RAS and SIS scores for some groups of service user (based on type of disability), we believe that this weaker correlation may have been influenced by other factors that came to light through a National Disability Authority desk-based review of 15 cases where the correlation between service users’ RAS and SIS scores was weaker, namely:
* **RAS additional support needs** – in some instances this question appears to have been interpreted as asking people if they need *more* help/support than they have at present when in fact it was asking them about the actual level of support they *currently* receive.
* **Ambiguity on SIS scorings** – the questionnaire asks people what support needs they have for different interactions, e.g. accessing education. In some instances, a service user may have scored zero based on the fact they are not currently accessing education, whereas in similar circumstances they could be scored as having high need because although they do not currently access it, they would be able to with support. In other words, service users in similar circumstances could be scored at either end of the spectrum depending upon how the interviewer or service user has interpreted the question. There was some evidence of this happening, for instance where very physically disabled service users did not currently socialise outside the home they are living in, but could do so with additional support, yet they may have scored 0 on the SIS (i.e. no support needs in this domain).
* **Triangulation of information –** in one instance mental health issues were raised by a family member in the service user’s SIS interview, but not in the RAS interview when the family member was not present. In other instances service users have given conflicting responses to questions in the two questionnaires, e.g. a service user highlighting a communication need in the SIS interview, but in the RAS interview indicated they had no need for help in communicating.
* **Challenging behaviour –** where a service user has challenging behaviour (for example), they might require constant supervision even with the most basic tasks such as going to the toilet or preparing a meal. In the RAS they might indicate they can do these tasks without support- which they can – but it does not capture the fact that they need constant supervision while they are doing these tasks. In comparison the SIS was able to capture their additional support needs around challenging behaviour.
  1. The strong overall correlation between RAS and SIS assessment scores is despite the views of interviewers who felt more confident overall with the SIS as an assessment tool. In the main, the interviewer preference for the SIS appears to relate to them having a sense that it is a more comprehensive assessment tool and that it will help them better understand service users’ support needs than the RAS, as well as the fact that it is internationally validated.
  2. Whilst it might be the case that the SIS assessment elicits more information on the service user’s circumstances, **the strength of the correlation between the scores on the two assessments suggests either would be fit for purpose and could be used for resource allocation purposes**. Thus, the decision on which assessment tool to rollout nationally is likely to be driven two additional factors, which are discussed in more detail below[[34]](#footnote-34):
* *Acceptability* of the two needs assessment tools
* *Cost implications* of rolling out either of the assessment tools on a national basis.

Acceptability of the two support needs assessment tools

* 1. The acceptability of both support needs assessment tools is good. Service users were overwhelmingly happy with the length of interviews (despite the SIS taking twice as long to complete), and they did not identify one assessment tool as being better than the other with respect to the extent that it allowed them to say what their support needs are. Interviewers had a clear preference for the SIS assessment tool which they perceived to be more comprehensive, but service users and others did not clearly identify a preference for one tool over the other.
  2. Overall, service users were slightly more likely to state that there were questions they did not like in the SIS than the RAS, but this was not statistically significant. In both the case of the RAS and the SIS, that the questions people did not like were those they felt were ‘too personal’. Successfully, navigating ‘sensitive’ questions so that service users feel comfortable will be an important part of any training that is undertaken with new interviewers in order to roll this out nationally. Interviewers also reported that some service users found the questions in the RAS regarding the level of family support they had on a day to day basis, as an area they were less comfortable in discussing.
  3. One area in which service users did differentiate more clearly between the tools (and which was statistically significant), was that **service users with a physical disability were more likely to say that there were parts of the SIS questionnaire which did not apply to them**, compared to service users with mild to moderate intellectual disabilities. As stated earlier, this may well be a reflection of the fact that the SIS needs assessment tool was specifically developed for service users with intellectual and related disabilities, rather than for wider application across different disability groups.
  4. The implication of the findings above is that **either assessment tool could be rolled out nationally and would be acceptable to service users**. As yet, neither tool has been used to undertake resource allocation in Ireland, and the overall acceptability of either tool may be affected in the longer term by the extent to which service users feel the tool results in them being allocated an individual budget which they regard as acceptable in meeting their support needs. It is important to note that service user feedback at that stage may not be a reflection on the needs assessment tool itself, but rather the price points that have been adopted or the change in resources that are available to them as individual (e.g. if the value of their support package went down).

Cost implications for rolling out the RAS or SIS support needs assessment tool

* 1. The rollout cost for the SIS support needs assessment tool is likely to be at least twice that of the RAS. This is largely driven by the SIS interviews taking on average twice as long to complete as the RAS. This has implications for the cost of rolling out the assessment nationally, especially when combined with the longer training required for the SIS and the higher licensing costs that must be paid to use this tool.
  2. In order to explore the overall cost implications for the rollout of either tool on a national basis we asked the National Disability Authority to estimate the total number of service users that might need to be assessed over a three year period, and the number of interviewers they estimated would need to be trained. They estimated that 42,000 service user assessments would need to be conducted over three years, and that this would require 70 interviewers to be trained. This, coupled with data related to licensing and adaptation costs, allows us to give a crude estimate of national rollout costs for a three year period, as demonstrated in Table 5-1 below. This indicates that the likely rollout cost for the SIS would be more than twice that of the RAS, at just under €2.9m versus just under €1.3m (using the higher hourly average interviewer rate). These figures do not include costs for appropriate IT systems and associated hardware. Whether or not the interview cost represents a cash cost or implicit cost would depend on whether the assessment process becomes part of the core duties of existing staff or if staff are hired for the purpose of carrying out assessments.

**Table 5-1: Estimated roll out costs to a cohort of 42,000 service users over three years**

| Assessment Process | Interview Cost – excluding travel (€)[[35]](#footnote-35) | Other associated Costs (€) | Total (€)  (lower interviewer hourly rate) | Total (€)  (upper interviewer hourly rate) |
| --- | --- | --- | --- | --- |
| RAS | 840,000 to 1,155,000 | 131,000[[36]](#footnote-36) | 971,000 | 1,286,000 |
| SIS | 1,932,000 to 2,625,000 | 272,000[[37]](#footnote-37) | 2,204,000 | 2,897,000 |

Source: SQW

Summary of the strengths, weaknesses and similarities between the RAS and SIS needs assessment tools

* 1. In **Table 1** below, we provide a summary of the relative strengths and weaknesses of the two assessment tools, as well as highlighting areas of similarity. This builds upon the earlier work done by the National Disability Authority, complementing this with key findings from the feasibility study. Items in the Table arising from the previous National Disability Authority paper are indicated ‘(NDA)’. [[38]](#footnote-38)

**Table-1: Strengths, weaknesses and similarities between RAS/SIS, incorporating earlier work by the National Disability Authority and findings from the feasibility study.**

|  | Strengths | Weaknesses |
| --- | --- | --- |
| Similarities | Satisfaction levels with both assessment tools is high amongst service users  Service users did not differentiate between the two assessment tools with respect to which was better in helping them to say what their support needs are  Service users were happy with the length of both RAS and SIS interviews  There is strong overall correlation between RAS and SIS scores for individual service users. This remains when correlating scores by age and gender  There was a relatively weak correlation between either the RAS or SIS scores and the value of current service user packages.  Both tools identify non-clinical supports[[39]](#footnote-39)  Both tools would incur an annual charge related to usage | |
|  |
|  |
|  |
| **RAS** | * Developed for use in social care system but flexible enough to extend to other areas such as health care needs (NDA) * Existing track record in being used for resource allocation for people with a range of disabilities (NDA) * The template can been modified to appreciate local configuration of available resources (NDA) * RAS could be adapted for use with children (NDA) * Assessment quick to complete (average 55 minutes – excluding travel) * National rollout costs including training and interviewing time are estimated to be less than half that of the SIS assessment tool | * Psychometric data not publicly available to confirm the reliability and validity of the In Control RAS 5 as a support measure, or to determine the predictive power in determining cost (NDA) * With the focus on resource allocation for social care services it is not clear how this tool would align with Ireland’s needs assessment processes under the Disability Act (NDA) * Service users with mild to moderate intellectual disabilities were the group most likely to score more highly on the SIS when compared with the RAS * Interviewers did not think the RAS was as comprehensive in gathering information on service users’ support needs as the SIS (although service users did not report similar issues) |
| **SIS** | * A comprehensive comparison of support needs measures identified the SIS as the most robust (NDA) * Has widespread use both within the US and internationally (NDA) * Its predictive power to determine costs associated with supports for persons with intellectual disability has been established (NDA) * Version for children is under development (NDA) * Interviewers felt that the SIS was very comprehensive in gathering information in service users’ support needs (although service users did not make this distinction between the two assessment tools). | * Its intended audience is people with intellectual disabilities, as a tool in identifying support needs and resource allocation * As a standardised tool, the SIS cannot be modified to accommodate the Irish context (NDA) * With the focus on resource allocation for social care services it is not clear how this tool would align with Ireland’s needs assessment processes under the Disability Act. (NDA) * Assessments take a relatively long time to completed (average 125 minutes- excluding travel time) * Service uses with a physical disability were significantly more likely to state that parts of the SIS questionnaire were not relevant to them*[[40]](#footnote-40)* and a more general concern was raised by interviewers as to the applicability of all SIS questions for service users with physical disabilities. * Service users with physical disabilities were the group most likely to score more highly on the RAS when compared with the SIS. * National rollout costs based on licensing fees, training and interviews likely to be at least twice as high as RAS |
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Source: SQW/NDA

Issues for consideration

* 1. Finally, based on the findings from the feasibility study we identify a number of issues for consideration for national rollout of a support needs assessment tool.

Refining the tools

* 1. Despite the high correlation, concerns were raised by some interviewers as to the applicability of the SIS tool for service users with physical disabilities. Furthermore, service users with physical difficulties were the most likely to state that questions in the SIS were not relevant to them. **This suggests a need to undertake some degree of adaptation of the assessment tools to ensure that they best capture the support needs of all service users**. Whilst this is possible with the RAS needs assessment tool, it could not be done as easily with the SIS which is a standardised assessment tool.

Training and support for interviewers

* 1. Whichever support needs assessment tool is rolled out nationally, it would be useful to review the associated training and support provided to interviewers. Specifically, interviewers requested more training around how to deal effectively with difficult and/or challenging interview scenarios, such as a service user that is not engaging with the process, or a family member that is dominating the process. More role-play activities as part of the training process was suggested. Ensuring effective training around how to lead discussion around ‘personal’ or ‘sensitive’ issues will also be important, because service users identified both tools as having questions that were of a personal nature.
  2. On a practical note, the National Disability Authority analysis of cases with weaker correlation between RAS and SIS scores uncovered an issue around poor data entry, with over half of the SIS scores being inputted incorrectly into SISOnline. Further training or quality assurance procedures may be needed in this area if the SIS is to be rolled out. In addition, the desk-based review also highlighted concerns about the way in which interviewers and/or service users interpreted some questions on both the RAS and the SIS. In either case, further clarification and training may be needed to ensure a more consistent approach (and understanding) before it is rolled out more widely.
  3. Interviewers also suggested it would be useful to do some additional training around awareness-raising on different types of disabilities, so that interviewers have a good grounding and understanding of the challenges faced by different groups of service user.

Ensuring an independent interviewer role

* 1. Feedback from the focus group with interviewers was that independence of the interviewer role was very important. Ensuring the interviewer undertaking the needs assessment was independent of the service provider or the funding organisation, would ensure they are seen as impartial in the process. The extent to which it might be possible do this in the Irish context would need to be discussed further, particularly if there are resource implications linked to additional travel if assessments cannot be conducted by a local service provider.

Role of key workers/family members in the interview process

* 1. Feedback from interviewers and project liaison officers was that key workers and family members are potentially important in the interview process, depending on the circumstances of the service user, but that in this respect there are a couple of specific issues for consideration:
* Clarifying with family member and key workers, their role in the interview
* Ensuring that the relevant individuals are at the assessment where a service user needs support with the assessment process (e.g. a key worker might be able to provide information on a service users’ support needs in that context, but a family member may also need to be present to help them articulate their wider support needs in the home)
  1. The feedback from interviewers and project liaison officers is supported by NDA’s analysis of cases where the correlation between individuals’ RAS and SIS scores was not as high, which found that service users on occasions gave conflicting answers in the two questionnaires, or in one instance a mental health issue was not highlighted in an interview where the family member was not present. This suggests the need to triangulate the findings and ensure relevant input from service users, key workers, family members and other professionals (where relevant) to ensure an accurate picture of support needs is captured.
  2. The key worker role is potentially important because it can help to ensure the service user has a ‘voice’ in the process by providing support and advocacy. There are potential cost implications for national rollout though, if key workers’ time needed to be covered in order for them to take on this role.

Location of interviews

* 1. Interviewers indicated a preference for conducting interviews in service users’ homes where possible. The primary reason being that interviewers felt service users may feel more at ease in their home environment. Interviewers also indicated that being in the home environment also helped them because it gave immediate prompts to start a discussion about service users’ day to day support needs, by talking through adaptations in the home, for example.
  2. Whilst this is viewed as the ideal it would have resource implications in terms of the efficiency of conducting interviews. For example, conducting several assessment interviews in a single day centre would be more efficient than having to travel to service users’ homes. Furthermore, although home-based interviews were preferred by interviewers, there is no specific evidence from the feasibility study to suggest that location has an impact on the outcome of an assessment, nor was location of interviews raised as an issue by service users or family members.

Moving from assessment ‘scores’ to resource allocation

* 1. There was a relatively weak positive correlation between the value of current support packages and both RAS and SIS scores. This could indicate that either the package data might be unsound or that both the RAS and SIS valued needs quite differently to current package allocations. The latter is quite possible given the way allocations have been calculated in the past which we understand has been based on a system of block funding which is not specifically calibrated either to the level of need of service users or to the achievement of quality standards.
  2. The weak correlation between both the RAS and SIS scores and the value of service users’ existing support packages will have wider implications for allocating resources through individual budgets. It is likely that if either tool is eventually adopted, this will have implications for the resources allocated to individual cases.
  3. Both tools have been used successfully elsewhere for resource allocation purposes and there is no reason to think this could not also be the case in Ireland. However, previous research has indicated one of the weaknesses of resource allocation models can be the use of old budgets and costings for new ones when it is suspected these might not be reliable. The challenge for moving towards individual budgets in Ireland is likely to require a careful handling in any transitional period.
  4. It is possible some service users could see a drop in the value of their existing support packages, while others will see an increase, if they were linked to needs assessed via either the RAS or the SIS tool. This is probably inevitable. However, there is a concern that the scale of change for individuals may be quite large because of the low correlation between existing packages and score generated by the allocation tool.
  5. In some cases, existing packages of support were reported to be based on service providers’ perceptions of an individual’s needs, which can be influenced by cultural expectations of what service users might be capable of. Moving away from a deficit model through systematic resource allocation may change this.
  6. It will be important to manage the resource allocation process effectively, and a transitional arrangement may need to be implemented to limit the extent to which an existing package of services can be adjusted in the short term.
  7. **Service providers will also be affected by changing service users budgets** – existing support packages are based on historic service allocations that have been funded by the HSE and others. A move towards a resource allocation driven model could see greater consistency across service providers in relation to the cost of services provided, but this could lead to funding being reduced for some service providers. Again, it will be important to manage the expectations of service providers.
  8. **There are also likely to be a series of challenges around ensuring that the allocation of resources through the tool is suitable**. In England, the move to resource allocation tools has been made more complex by the need for an indicative budget, which is then subject to change before the final budget is agreed. However, if the eventually agreed final budgets are significantly different from those calculated as indicative, then it will call in to question the extent to which the initial process is robust. If it is thought robust and yet the level of variance is large it would suggest that the ‘negotiation’ around the final budget is not being well managed. However, it may be that the price points or weightings derived are not sufficient. The extent of any such variance should be assessed as part of any further testing of the resource allocation process.

##### Monitoring sheets

Introduction

This annex provides a brief overview of the characteristics of the service users included in the feasibility study. We have also included data on the value of the existing packages of support for each service user. The National Disability Authority collated this information via individual service providers and provided guidance on how the data should be collected. The process proved complex because of the challenges associated with disaggregating block contracts and central overhead costs, to arrive at a budget for a single service user. Thus, the information provided has only been treated as an indicative support package value.

A total of 117 service users agreed to participate in the study, with 112 users eventually being interviewed. Subsequent analysis is conducted on the basis of the 112 service users that participated.

Characteristics of service users

Just over one-third of service users involved in the study resided in the Dublin area, with the remainder evenly split Connacht/Ulster, Leinster and Munster (Table A-1).

**: Region of residence**

| Connacht/  Ulster | | Dublin | | Leinster | | Munster | | Total | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | % | No | % | No | % | No | % | No | % |
| 23 | 21% | 38 | 34% | 23 | 21% | 28 | 25% | 112 | 100% |

Source: SQW

The gender balance of those involved in the study was almost even, with six more females than males participating (Table A-2).

**: Gender of Service Users**

| Male | | Female | | Total | |
| --- | --- | --- | --- | --- | --- |
| **Frequency** | **%** | **Frequency** | **%** | **Frequency** | **%** |
| 53 | 47 | 59 | 53 | 112 | 100 |

Source: SQW

Service users were almost evenly split between the 18-40 age group and the 41-65 year old age group (Table A-3).

**: Age of Service Users**

| 18-40 | | 41-65 | | Total | |
| --- | --- | --- | --- | --- | --- |
| **Frequency** | **%** | **Frequency** | **%** | **Frequency** | **%** |
| 57 | 51 | 55 | 49 | 112 | 100 |

Source: SQW

Just over 40% of service users had a mild/moderate intellectual disability. The next largest groups of service users were those with a physical disability (25%) and those with a severe/profound intellectual disability (20%). The proportion of service users with neurological or sensory disabilities was relatively small, 11% and 5% respectively (Table A-4).

The service type of service provision accessed by service users in the study can be categorised as follows:

* Congregated care settings – residential service with a home accommodating 10 people or more
* Group care – residential service with homes accommodating four to six people
* Day services – these can either be agency based on non-agency based.

Just over a third (34%) of service users were in a group care home and this category was predominated by service uses with mild to moderate intellectual disabilities. A further quarter (27%) were categorised as in receipt of off-site day care, and the remaining two-fifths were almost evenly split between accessing on-site day care or congregated accommodation. Congregated care was only being accessed by those with severe or profound intellectual disabilities.

**: Type of Disability by Type of Service Provision**

| **Type of Service provided** | **Type of Disability** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mild/ Moderate intellectual** | | **Severe/ Profound intellectual** | | **Neurological** | | **Physical** | | **Sensory** | | **Total** | |
|  | N | % | N | % | N | % | N | % | N | % | N | % |
| Site Day | 8 | 7 | 0 | 0 | 6 | 5 | 9 | 8 | 0 | 0 | 23 | 21 |
| Congregated | 0 | 0 | 21 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 19 |
| Group Home | 31 | 28 | 1 | 1 | 0 | 0 | 6 | 5 | 0 | 0 | 38 | 34 |
| Non-Site Day | 8 | 7 | 0 | 0 | 6 | 5 | 10 | 9 | 6 | 5 | 30 | 27 |
| **Total** | **47** | **42** | **22** | **20** | **12** | **11** | **25** | **22** | **6** | **5** | **112** | **100\*** |

Source: SQW

\*Percentages may not add to 100 due to rounding

Existing service user package costs

112 service users undertook both a RAS and SIS interview. Current package cost information was provided for 105 of these. Subsequent analysis is undertaken on the basis of this sample and data produced is indicative of package costs for this specific group of service users (and may not be representative of average costs nationally). The mean care package value was €94,666 (Table A-5). The variance between care packages was great with a skew towards a smaller number of care packages at the high end of the cost range. The median care package value was just under half the mean at €47,395.

**: Total value of care packages**

| Sample Size | Total Value (€) | Mean Value (€) | Median Value (€) | Minimum value | 25th Percentile (€) | 75th Percentile (€) | Maximum value | Inter-Quartile Range (€) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 101 | 9,561,315 | 94,666 | 47,395 | 1,369 | 17,699 | 107,638 | 561,811 | 89,939 |

Source: SQW

Service users with a severe or profound intellectual disability had the highest mean care cost package at €151,584. The mean is distorted by a small number of care packages towards the high end of the sample; the inter-quartile range was €88,883. As a consequence of this, the median cost per care package was €96,949, some 36% lower (Table A-6).

Service users with a physical disability had the second highest mean care cost package at €128,355. However this sample was even more skewed by care packages at the high end of the sample. The median cost per care package was €35,608, some 72% lower. The interquartile range was €232,788.

The largest cohort of service users had mild or moderate intellectual disabilities. The mean cost per care package for service users in this group was €69,369. This sample was subject to a much lesser degree of variance. The median cost per care package was €63,803.

The service users with a neurological or sensory disability made up only a small proportion of all service users included in the study. The mean cost per care package was substantially lower than for the other categories at €26,986 and €4,157 respectively.

**: Total value of care packages by type of disability**

| Type of Disability | Sample Size | Total Value  (€) | Mean Value (€) | Median Value (€) | Min value | Q1 (€) | Q3 (€) | Max value | IQR (€) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mild/  Moderate  intellectual | 43 | 2,982,865 | 69,369 | 63,803 | 1,369 | 19,261 | 86,431 | 326,441 | 67,170 | |
| Severe/  Profound intellectual | 21 | 3,183,270 | 151,584 | 96,949 | 17,943 | 57,363 | 146,246 | 561,811 | 88,883 | |
| Physical | 25 | 3,208,864 | 128,355 | 35,608 | 5,620 | 16,221 | 249,008 | 481,741 | 232,787 | |
| Neurological | 6 | 161,376 | 26,896 | 23,080 | 7,455 | 11,593 | 47,395 | 47,395 | 35,802 | |
| Sensory | 6 | 24,940 | 4,157 | 2,351 | 2,335 | 2,335 | 6,057 | 11,239 | 3,722 | |

*Source: SQW*

Service users in receipt of care in a group home setting had the highest mean cost per care package at €158,962. However this figure is skewed by a relatively high number of packages at the high end of the sample. The median cost per care package is much lower (46% lower) at €86,431 (Table A-7).

**: Total value of care packages by type of service accessed**

| Site type | Sample Size | Total Value  (€) | Mean Value (€) | Median Value (€) | | Min value | | Q1 (€) | | Q3 (€) | | Max value | | IQR (€) | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site Day | 23 | 686,962 | 29,868 | | 31,147 | | 7,455 | | 13,760 | | 37,964 | | 73,858 | | 60,098 | |
| Congre-gated | 21 | 3,183,270 | 151,584 | | 96,949 | | 17,943 | | 57,363 | | 146,246 | | 561,811 | | 504,448 | |
| Group Home | 33 | 5,245,735 | 158,962 | | 86,431 | | 34,256 | | 64,328 | | 208,586 | | 481,741 | | 144,258 | |
| Non-Site Day | 24 | 445,348 | 18,556 | | 13,428 | | 1,369 | | 2,486 | | 18,763 | | 114,677 | | 16,277 | |

*Source: SQW*

##### Timesheet analysis

Introduction

We designed an online timesheet for interviewers to capture information on the time involved in conducting the two assessment tools each day across the feasibility study. Time was recorded in minutes and split across six categories:

* Preparation for interviews
* Undertaking interviews
* Travelling to/from interviews
* Actions after the interviews[[41]](#footnote-41)
* Other

This information was collected in real time by the interviewers. Interviewers recorded the number of interviews they conducted and the time they spent on different activities each week and submitted this to the evaluation team. It should be noted that interviewers were asked to indicate whether the time they were recording related to the RAS or SIS tool, but were not asked to record which service user the actual interview was linked to. In other words, we know the aggregate time each interviewer spent on different tasks related to the SIS or RAS, but not the amount of time in relation to a specific individual interview.

Interviewers were asked to record data each week even where this was to indicate they had spent no time conducting activities related to the feasibility study that week. Regular reminder emails were sent to interviewers to prompt completion of the timesheets

The analysis of timesheet data is presented under three key headings:

* Approach to data analysis
* Variation in the time spent on key tasks as part of RAS and SIS interview process
* Estimate of national rollout costs.

Approach to data analysis

Timesheet data was recorded by fifteen interviewers, who reported that they conducted 116 RAS interviews and 114 SIS interviews. The minimum number of interviews recorded as being conducted by an interviewer was two RAS interviews and two SIS interviews..

When the timesheet data is reviewed alongside data recorded in the Quick Response Sheets (QRS) this throws up a number of discrepancies:

* We know from the QRS (and other monitoring data) that there were 112 interviews conducted in total using both RAS and SIS questionnaires not 116 and 114 respectively as recorded in the timesheets.
* There are a number of discrepancies between the numbers of interviews conducted by individual interviewers as recorded in the timesheet when compared with the QRS and monitoring data (Table B-1).

**Table B-1: Number of Interviewers conducted by Interviewers**

| Interviewer | Number of RAS Interviews Conducted  (monitoring sheet) | Number of RAS Quick Response Sheets coded to the interviewer | Number of SIS Interviews Conducted  (monitoring sheet) | Number of SIS Quick Response Sheets coded to the interviewer |
| --- | --- | --- | --- | --- |
| FC | 8 | 8 | 8 | 9 |
| FL | 7 | 6 | 7 | 7 |
| FE | 9 | 9 | 8 | 8 |
| FT | 6 | 5 | 7 | 7 |
| FS | 6 | 6 | 8 | 8 |
| FD | 8 | 8 | 6 | 5 |
| FR | 8 | 8 | 8 | 8 |
| FM | 14 | 10 | 11 | 7 |
| FG | 2 | 2 | 2 | 2 |
| FA | 8 | 8 | 9 | 10 |
| FX | 12 | 12 | 10 | 10 |
| FW | 8 | 8 | 9 | 9 |
| FV | 8 | 9 | 6 | 6 |
| FU | 4 | 3 | 6 | 6 |
| FQ | 8 | 10 | 9 | 10 |
| **Total** | **116** | **112** | **114** | **112** |

Source: SQW

Mindful of discrepancies in the timesheet data we explored the congruence of the data and in Table B-2 by looking at the impact of using quick response sheet data versus timesheet data to establish the time taken to conduct the interviewer. The variance between the time interviewer felt interviews took just following the interview (recorded in the QRS) and that recorded in the timesheets is relatively small (2.1 minutes in the case of the RAS interviews and 3.3 minutes for the SIS interviews).

**Table B-2: Mean time taken by interviewers to conduct an interview**

|  | Quick Response Sheets | | Timesheets | |
| --- | --- | --- | --- | --- |
|  | RAS | SIS | RAS | SIS |
| Number of recorded values | 111 | 109 | 116 | 114 |
| Number of missing vales\* | 1 | 3 | 0 | 0 |
| Mean time taken to conduct an interview | 38.7 | 71.3 | 36.6 | 69.1 |
| Mean time (denominator adjusted to 112) | N/A | N/A | 37.9 | 70.3 |

Source: SQW

\*Interviewers did not answer this question following 1 RAS and 3 SIS interviews. The mean time taken by interviewers to complete an interview is based on a denominator of 111 and 109 respectively.

When the denominator is adjusted (in the timesheet data) to the 112 interviews we know actually took place, the differential falls still further, to 0.8mins and 1.2mins. This is a powerful indication that where interviewers have suggested that they completed more interviews than the QRS data suggested, this has not led to an overall inflation in the time spent on key tasks. On the basis of this finding, subsequent analysis is conducted on the basis of data recorded in the timesheets and using a denominator of 112 RAS and SIS interviews being completed.

We also wanted to establish if interviewers took longer to undertake their first RAS and SIS interview, and if this would have a substantive impact on the average amount of time spent on interviews. Due to the aforementioned discrepancies in the timesheet data, we conducted this analysis utilising the data captured from the quick response sheets. As can be seen in Table B-3 excluding an interviewer’s first interview made only a small difference to the average time taken in the case of both interviews. In light of this all subsequent analysis has been undertaken on the basis of including all interviews, and using data collated through the timesheets.

**Table B-3: Average time taken by interviewers to conduct an interview**

|  | RAS (mins) | SIS (mins) |
| --- | --- | --- |
| Mean length of interview including an interviewer’s first interview | 38.7 | 71.3 |
| Mean length of interview excluding an interviewer’s first interview | 37.8 | 68.2 |

Source: SQW

Variation in time spend on key tasks as part of the RAS and SIS interview process

Interviewers spent a total of 18,855 minutes conducting RAS interviews and 25,342 minutes conducting SIS interviews, a difference of 6,487 minutes over the duration of the feasibility study (Table B-4).

**Table B-4: Total time spent by interviewers on key tasks**

|  | Preparation Time | Undertaking Interviews | | | | Other[[42]](#footnote-42) | | Travelling | | Actions after interview (inputting)\* | | | Total | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mins** | | **%** | **Mins** | **%** | **Mins** | **%** | **Mins** | **%** | | **Mins** | **%** | | **Mins** | **%** |
| Total Time Spent on RAS Interviews | 1467 | | 8 | 4249 | 23 | 198 | 1 | 12660 | 67 | | 281 | 1 | | 18855 | 100 |
| Total Time Spent on SIS Interviews | 2352 | | 9 | 7881 | 31 | 1680 | 7 | 10849 | 43 | | 2115 | 10 | | 25342 | 100 |

Source: SQW \*RAS interviewers were not required to record information about the time they spent ‘following the interviews’ performing related tasks. Data input was conducted by NDA staff. In order to reach compare RAS and SIS data, the total time spent ‘inputting’ RAS data by NDA has been equally apportioned across the pilot period.

Table B-5 below indicated the average amount of time spent on key tasks for each SIS and RAS interviews. It demonstrates that the key driver of the large difference in time between the tools was simply the length of the interview, which was almost twice as long for the SIS.

**Table B-5: Average time spent by interviewers on key tasks**

|  | **Preparation Time (minutes)** | **Undertaking Interviews (minutes)** | **Other (minutes)** | **Travelling (minutes)** | **Actions after interview (minutes)\*** |
| --- | --- | --- | --- | --- | --- |
| Average time spent on key tasks per RAS interview | 13.10 | 37.94 | 1.77 | 113.04 | 1.95 |
| Average time spent on key tasks per SIS interview | 21.00 | 70.37 | 15.00 | 96.87 | 18.88 |

Source: SQW

\*RAS interviewers were not required to record information about the time they spent ‘following the interviews’ performing related tasks. Data input was conducted by NDA staff. In order to reach compare RAS and SIS data, the total time spent ‘inputting’ RAS data by NDA has been equally apportioned across the pilot period.

Travel time makes up a largest proportion of the time spent by interviewers conducting both RAS and SIS interviews. This is to be expected given the need for interviewers to travel long distances in order to meet those service users included in the study. If one of the approaches were to be rolled out nationally, time spent travelling would be likely to fall. As a result, we have also conducted our analysis excluding the travel element. Excluding travel, interviewers recorded that the greatest proportion of their time was spent ‘undertaking the interviews’. Interviewers recorded spending 9% more time on actions following the interview (principally inputting) after the SIS interview (Table B-6).

**Table B-6: Proportion of time spent on interviews (excluding travel time)**

|  | **Preparation Time** | **Undertaking Interviews** | **Other'** | **Actions after interview (inputting)** | **Total** |
| --- | --- | --- | --- | --- | --- |
| Time Spent on RAS Interviews | 24% | 64% | 3% | 9% | 100% |
| Total Time Spent on SIS Interviews | 16% | 54% | 12% | 18% | 100% |

Source: SQW

Across all time coding categories SIS interviews appear to have taken longer to complete than RAS interviews. Excluding travel related time, SIS interviews appear to take on average 70 minutes more than RAS interviews (Table B-7).

**Table B-7: Average time spent by interviewers on activities related to the RAS and SIS interviews (excluding travel time)**

|  | **Mean time spent per completed interview (minutes)** | **Mean time spent per interview (excluding travel) (minutes)** |
| --- | --- | --- |
| RAS interviews | 168.3 | 55.3 |
| SIS interviews | 222.1 | 125.3 |

Source: SQW

Table B-8 below, highlights the mean distribution of time spent by interviewers on different activities related to the SIS and RAS interviews.

**: Distribution of the mean time spent by individual interviewers on RAS and SIS interviews**

| Questionnaire | | Minimum Value | 25th Percentile | Median | 75th Percentile | Maximum Value | Inter-Quartile Range |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RAS Interviews  SIS Interviews | Including travel | 48.3 | 100.4 | 147.3 | 187.3 | 357.1 | 86.9 |
| Excluding travel | 31.1 | 37.1 | 51.1 | 61.7 | 103.2 | 24.6 |
| Including travel | 75.9 | 157.6 | 185.6 | 261.0 | 548.3 | 103.3 |
| Excluding travel | 44.1 | 86.5 | 132.5 | 158.5 | 221.7 | 71.9 |

Source: SQW

Where travel times are included in the analysis there is evidence of a small number of outliers. These are likely to have occurred where particular interviewers were required to travel large distances in order to meet service users. It is worth noting that this is likely to have a large impact on calculations of the average time spent on interviews (where this is calculated as the arithmetic mean). This is particularly pronounced in conjunction with interviewers conducting SIS interviews, which took longer to complete anyway.

Overall, where travel time is excluded from the analysis the distribution of the mean time taken by interviewers to conduct interviews is much less dispersed. The mean time spent by individual interviewers conducting SIS interviews is more dispersed than those conducting RAS interviews.

## **Estimated national rollout costs**

In the remainder of this annex we estimate the average cost of delivering a RAS and SIS interview and the potential costs of rolling out each assessment to a cohort of an estimated 42,00 service users over three years.

The National Disability Authority estimate that interviewer time would cost between €22 and €30 per hour if either assessment tool were to be rolled out. On this basis, our data suggests an average interview cost of between €20 and €27.50 per RAS interview, with a figure of more than double that per completed SIS interview (between €46 and €62.50 per interview).[[43]](#footnote-43)

**: Average cost per interview (excluding travel time)**

|  | Mean time spent per completed interview (minutes) | Mean cost per completed interview (€22 per hour) | Mean cost per completed interview (€30 per hour) |
| --- | --- | --- | --- |
| RAS | 55 | 20 | 27.50 |
| SIS | 125 | 46 | 62.50 |

Source: SQW

In order to explore the overall cost implications for the rollout of either tool on a national basis we asked the National Disability Authority to estimate the total number of service users that might need to be assessed over a three year period, and the number of interviewers they estimated would need to be trained. This, coupled with data related to licensing and adaptation costs, allows us to give a crude estimate of national rollout costs for a three year period, as demonstrated in Table B-10 below. This indicates that the likely rollout cost for the SIS would be more than twice that of the RAS, at between €2,204,000 and €2,897,000 (depending on the hourly interviewer rate applied) versus between €971,000 and €1,286,000 respectively for the RAS. These figures do not include costs for appropriate IT systems and associated hardware. Whether or not the interview cost represents a cash cost or implicit cost would depend on whether the assessment process becomes part of the core duties of existing staff or if staff are hired for the purpose of carrying out the assessments.

**Table B-10: Estimated roll out costs to a cohort of 42,000 service users over three years**

| Assessment Process | Interview Cost – excluding travel (€)[[44]](#footnote-44) | Other associated Costs (€) | Total (€)  (lower interviewer hourly rate) | Total (€)  (upper interviewer hourly rate) |
| --- | --- | --- | --- | --- |
| RAS | 840,000 to 1,155,000 | 131,000[[45]](#footnote-45) | 971,000 | 1,286,000 |
| SIS | 1,932,000 to 2,625,000 | 272,000[[46]](#footnote-46) | 2,204,000 | 2,897,000 |

Source: SQW

Please note that rollout costs presented are based on a number of key assumptions around the number of interviewers trained (70) and assessments completed (42,000) over a three year period, for example. It does not take into account travel time, the frequency at which service users would be reassessed, or efficiency (i.e. how many of either interview could be done in a day).[[47]](#footnote-47) As such, this information should be treated as indicative only.

##### Quick response sheets

Introduction and approach

We sought to capture feedback from all participants (interviewers, service users, key workers and family members) immediately after each SIS or RAS interview was completed. We did this in the form of a short quick response sheet (QRS) which comprised a series of closed questions which asked respondents to rate satisfaction with the interview process as well as the assessment tools themselves. The quick response sheet design was adapted as necessary so it was relevant to the respondent type completing it, and we also provided space in the QRS for them to provide additional comments on their experience.

Table C-1provides a breakdown of the number of quick response sheets that were completed by each respondent group, and which have provided the basis for our analysis. Attendance by family members and key workers at interviews was optional and this is reflected in the lower number of associated quick response sheets completed for these groups. In addition, service users that were classed as having severe or profound intellectual disabilities did not complete a service user quick response sheet.

**Table C-1: Number of completed quick response sheets by type of respondent[[48]](#footnote-48)**

|  |  | No of quick response sheets completed by…. | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total assessments conducted** | **Service users** | | **Interviewers** | | **Key workers** | | **Family members** | |
| RAS | 112 | 84 |  | 112 |  | 70 |  | 22 |  |
| SIS | 112 | 84 |  | 112 |  | 69 |  | 18 |  |

Source: SQW

It is important to note that the base number of respondents for some questions is low (particularly for family members) and this should be borne in mind when interpreting the questionnaire responses.

In this remainder of this annex we present the findings from our analysis of the quick response sheets. We present the data under three main headings:

* Satisfaction with the interview process
* Satisfaction with the assessment tools
* Gaps or other issues associated with each tool.

Satisfaction with the interview process

The quick response sheets captured data on perceptions of interview length, and the extent to which service users felt at ease with the interview process.

Service user feedback

The majority of respondents considered both interviews types to be just the right length (88% of RAS, 91% of SIS). A slightly higher proportion of those providing feedback on the RAS (8%) recorded that the interview was too short, in comparison with feedback on the SIS (1%). Conversely, respondents were slightly more likely to report that the SIS was too long (8%) than was the case for the RAS (3%) (Table C-2).

**Table C-2: Perceptions on interview length**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Just right  Too long  Too short  No response  **Total** | 74  2  7  1  **84** | 88%  3%  8%  1%  **100%** | 76  7  1  0  **84** | 91%  8%  1%  0%  **100%** |

Source: SQW

Service user satisfaction with the way in which interviewers asked questions was very high, at 96% for both the RAS and SIS (Table C-3). Furthermore, the majority (96% for both the RAS and SIS) of service users also felt that the interviewers had put them at ease to answer the questions (Table C-4).

**Table C-3: Do you think the interviewer was good at asking questions?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 80 | 96% | 80 | 96% |
| No | 1 | 1% | 2 | 2% |
| Not sure | 1 | 1% | 2 | 2% |
| No response | 2 | 2% |  |  |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

**Table C-4: Did the interviewer put you at ease to answer the questions?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 80 | 96% | 80 | 96% |
| No | 2 | 2% | 2 | 2% |
| Not sure | 2 | 2% | 1 | 1% |
| No response |  |  | 1 | 1% |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

Interviewer feedback

For the RAS interviews, just over half (56%) of interviews were conducted with a key worker present. A lower proportion of interviews (21%) were conducted with a family present. In terms of the SIS, a slightly larger proportion of interviews were conducted with key workers present (61%) compared to the RAS. Again, a lower proportion of interviews were conducted with family members present (18%).

The interviewers reported large differences between the length of RAS and SIS interviews, with a clear pattern of the former being quicker to complete (Table C-5). The majority of RAS interviews (58%) were completed in 40 minutes or under, with less than one in ten (9%) taking more than 80 minutes to complete. In contrast, only seven per cent of SIS interviews were completed in 40 minutes or under, and one-third (34%) took 80 minutes or longer.

**Table C-5: Interview length (in minutes)**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Up to 20 mins | 19 | 17% |  |  |
| 20- 40 mins | 45 | 41% | 8 | 7% |
| 40-60 mins | 25 | 23% | 37 | 33% |
| 60-80 mins | 12 | 11% | 27 | 24% |
| 80-100 mins | 7 | 6% | 14 | 13% |
| 100-120 mins | 1 | 1% | 7 | 6% |
| 120-140 mins | 2 | 2% | 10 | 9% |
| 140-160mins |  |  | 2 | 2% |
| 160-180 mins |  |  | 2 | 2% |
| 180 +mins |  |  | 2 | 2% |
| No repsonse | 1 | 1% | 3 | 3% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

For the majority of interviews it was reported that service users seemed comfortable with the length of the interview, in the case of both the RAS (92%) and the SIS (80%). Interviewers were, however, more likely to report instances where the SIS interview appeared to have been too long for the service user (14%) compared with the RAS (3%) (Table C-6).

**Table C-6: Did the service user seem comfortable with the length of the interview**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 103 | 92% | 90 | 80% |
| No- it seemed too long | 3 | 3% | 16 | 14% |
| No response | 6 | 5% | 6 | 6% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

Interviewers reported high levels of perceived satisfaction with both the RAS and SIS interview process amongst service users. The majority of interviewers for the RAS (73%) and the SIS (75%) considered that service users were satisfied with the interview and process involved, with 18% for both interviews considering they were very satisfied. Only a minority of RAS or SIS interviews were reported as having dissatisfied service users at the end of the interview process (Table C-7).

**Table C-7: Did the service user seem satisfied with the interview and the process involved?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very Satisfied | 20 | 18% | 20 | 18% |
| Satisfied | 82 | 73% | 85 | 75% |
| Dissatisfied | 4 | 4% | 1 | 1% |
| No response | 6 | 5% | 6 | 5% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

Interviewers were asked to record their own satisfaction levels with the interview process at the end of each completed RAS and SIS interview (Table C-8). In the case of both RAS (94%) and SIS (98%), the overwhelmingly majority indicated they were either satisfied or very satisfied. A slightly higher proportion of interviewers recorded being dissatisfied or very dissatisfied at the end of the RAS interview (7%), when compared with the SIS interviews (1%).

**Table C-8: Were you satisfied with the interview and the process involved?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very Satisfied | 32 | 29% | 33 | 29% |
| Satisfied | 73 | 65% | 77 | 69% |
| Dissatisfied | 5 | 5% | 1 | 1% |
| Very Dissatisfied | 2 | 2% |  |  |
| No response |  |  | 1 | 1% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

Key worker feedback

At the end of each interview key workers were asked to define the role they played in the interview process (Table C-9). The most common response in the case of both SIS and RAS interviews was that they were ‘*on hand to help occasionally if needed’* and *‘responding to questions on behalf of the service user’*. A slightly smaller proportion in both cases indicated that their role had been *‘supporting the service user in answering/all most of the questions’*, although this was more likely to be the case for RAS interviews (24%) than SIS interviews (13%). Where the Key Worker’s role was to respond to questions on behalf of the service user, in almost all cases this was where they were supporting a service user with severe to profound intellectual disability.

**Table C-9: What was your role in the interview?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | Frequency | % | Frequency | % |
| Responding to questions on behalf of the service user | 20 | 29% | 25 | 36% |
| Supporting the service user in answering all/most of the questions | 17 | 24% | 9 | 13% |
| On hand to help occasionally if needed | 29 | 41% | 30 | 43% |
| No responses | 4 | 6% | 5 | 7% |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

The majority of key workers reported that the interviews were just the right length in both the case of the RAS (87%) and SIS (80%) interviews (Table C-10). Key workers were more likely to indicate they felt the SIS interview was too long (13%) than the RAS interview (1%).

**: Was the interview length..**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Just right | 61 | 87% | 55 | 80% |
| Too long | 1 | 1% | 9 | 13% |
| Too short | 8 | 11% | 4 | 6% |
| No response |  |  | 1 | 1% |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

Key workers considered that the interviewer was good at asking the questions across both RAS and the SIS, with 96% and 99% respectively agreeing the interviewer was good (Table C-11). Furthermore, key workers overwhelmingly reported that service users were put at ease in both the SIS and RAS interviews 97% and 96% respectively) (Table C-12).

**: Do you think the interviewer was good at asking the questions?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 67 | 96% | 68 | 99% |
| No |  |  |  |  |
| Not sure | 1 | 1% | 1 | 1% |
| No responses | 2 | 3% |  |  |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

**: Interviewer put you at ease**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 67 | 96% | 67 | 97% |
| Not sure | 1 | 1% |  |  |
| No response | 2 | 3% | 2 | 3% |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

Family member feedback

The largest proportion of family members across both the RAS and the SIS were responding to questions on behalf of the service user (41% RAS, 44% SIS) (Table C-13).

**: What was your role in the interview**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Responding to questions on behalf of the service user | 9 | 41% | 8 | 44% |
| Supporting the service user in answering all/most of the questions | 5 | 23% | 2 | 11% |
| On hand to help occasionally if needed | 7 | 32% | 7 | 39% |
| No response | 1 | 5% | 1 | 6% |
| **Total** | **22** | **100%** | **18** | **100%** |

Source: SQW

Generally family members considered the interview length was just right, with over three–quarters agreeing this was the case for both types of interview (RAS 77% and SIS 83%) (Table C-14).

**: Was the interview length…**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Just right | 17 | 77% | 15 | 83% |
| Too long |  |  | 1 | 6% |
| Too short | 4 | 18% | 2 | 11% |
| No response | 1 | 5% |  | 0% |
| **Total** | **22** | **100%** | **18** | **100%** |

Source: SQW

Family members were positive about the skills of the interviewer, although they were more likely to rate the skills of the interviewer as being good in the RAS (100%) than the SIS (88%) interview, but it is important to note that the base number of responses to this question is relatively small (Table C-15).

**: Do you think the interviewer was good at asking the questions?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 22 | 100% | 16 | 88% |
| No |  |  |  |  |
| Not sure |  |  | 1 | 6% |
| No response |  |  | 1 | 6% |
| **Total** | **22** | **100%** | **18** | **100%** |

Source: SQW

Family members were very positive about the extent to which the interviewer had put them and the service user at ease and this was the case for both the RAS and SIS, with 95% and 94% respectively, agreeing they had been put at ease (Table C-16).

**: Did the interviewer put you/ the SU at ease to answer the questions?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 21 | 95% | 17 | 94% |
| No |  |  |  |  |
| No response | 1 | 5% | 1 | 6% |
| **Total** | **22** | **100%** | **18** | **100%** |

Source: SQW

Satisfaction with the assessment tools

The quick response sheets asked for feedback on satisfaction with different aspects of the assessment tools, including the extent to which it was possible to answer all the questions, and the content and relevancy of the questionnaires.

Service user feedback

The majority of service users reported they were able to answer the questions with 68% of the RAS and nearly three quarters (74%) of the SIS service users being able to answer the questions asked (Table C-17).

**: Were you able to answer the questions asked?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| All | 57 | 68% | 62 | 74% |
| Most | 19 | 23% | 10 | 12% |
| Some | 6 | 7% | 12 | 14% |
| None | 1 | 1% |  |  |
| No response | 1 | 1% |  |  |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

Service users generally considered that the questions included in both the RAS and the SIS helped them to say what support they needed in their day to day life, with 89% and 88% respectively considering the questions either ‘very much so’ or ‘in part’ helped to say what support was needed in their lives (Table C-18). There was no open ended question for service users to provide additional feedback on the extent to which the questions helped them to say what support they needed in day to day life.

**: Did the questions help you to say what support you need in your day to day life?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very much so | 46 | 55% | 48 | 57% |
| In part | 29 | 34% | 26 | 31% |
| Not at all | 4 | 5% | 3 | 4% |
| Not sure | 3 | 4% | 5 | 6% |
| No response | 2 | 2% | 2 | 2% |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

Service users had differing opinions on whether questions applied to them or not (Table C-19). While the majority of both RAS and SIS respondents considered the questions applied to them, more than double SIS respondents (43%) found questions did not apply to them, compared to the RAS (20%).

**: Did any of the questions not apply to you?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 17 | 20% | 36 | 43% |
| No | 65 | 77% | 48 | 57% |
| No response | 2 | 2% |  |  |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

The reasons given by service users who felt that questions did not apply to them were extremely variable. Of the 11 responses given following the RAS service users identified leisure, work, healthy eating, communication and travelling as not applicable to them. Of the eight who responded to this question following the SIS, service users identified questions about behaviour, drinking, medical care and relationships to be irrelevant to them.

The majority of service users did not identify questions in either the RAS (89%), or the SIS (85%) that they did not like being asked (C-20). However, service users were more likely to consider there were questions which they did not like being asked in the SIS (15%) than the RAS (8%).

**: Were there any questions that you did not like being asked?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 7 | 8% | 13 | 15% |
| No | 75 | 89% | 71 | 85% |
| No response | 2 | 2% |  |  |
| **Total** | **84** | **100%** | **84** | **100%** |

Source: SQW

Only a small number of service users said that they did not like some of the questions asked. For both the RAS and the SIS assessment tools, service users most commonly commented that they disliked how ‘personal’ some of the questions were. One service user following the SIS interview felt it was inappropriate to ask if they had a ‘girlfriend’.

Interviewer feedback

Interviewers generally considered that the service user was able to answer all or most of the questions in the case of the RAS questionnaire (80%), with a slightly lower number stating this was the case for the SIS questionnaire (63%). Of the interviewers answering this question, 15% experienced services users being able to answer none of the RAS questions, with a comparable figure of 18% for the SIS questionnaire (Table C-21). In almost all cases, where the interviewer stated the service user was unable to answer any of the questions, this related to service users with severe to profound intellectual disabilities.

Additional qualitative feedback was that in the cases that service users had not been able to answer the questions they had been heavily reliant on eliciting information from family members and key workers. This could suggest, that in these instances it is the characteristic of the service user (such as their disability) which may be limiting their ability to answer the question, rather than the tool itself.

**: Was the service user able to answer the questions asked?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| All | 50 | 45% | 44 | 39% |
| Most | 28 | 25% | 27 | 24% |
| Some | 12 | 11% | 17 | 15% |
| None | 17 | 15% | 20 | 18% |
| No response | 5 | 4% | 4 | 4% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

The majority (57%) of interviewers indicated that the SIS explored issues relevant to the service user’s need, compared with just under half (46%) of those providing feedback on the RAS questionnaire (Table C-22).

**: Do you feel that the questions explored issues that are relevant to the service user's needs in their day to day life?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very much so | 52 | 46% | 64 | 57% |
| In part | 59 | 53% | 48 | 43% |
| Not at all | 1 | 1% |  |  |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

Overall, interviewers considered that there were no questions which were irrelevant across both the RAS (82%) and the SIS (74%). However, a quarter (25%) of SIS respondents found that some questions were irrelevant (Table C-23)

Interviewers also provided additional feedback on areas where the questions had not been as relevant to the service user’s day to day life. In relation to the RAS, comments were grouped around two themes:

* Some questions were irrelevant if a service user did not have a support need in a particular area (e.g. communication)
* In contrast, some questions were not relevant precisely because of the service user’s support need (e.g. for residential service users it would take a high degree of support for them to be able to live independently).

In the case of the SIS, the most common response was that where questions were irrelevant this was because they did not reflect the personal circumstances of a particular service user. For example, personal care was less relevant for a service user that was living independently

**: Do you feel any of the questions were irrelevant**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 18 | 16% | 29 | 26% |
| No | 92 | 82% | 82 | 73% |
| No response | 2 | 2% | 1 | 1% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

Across the majority of interviews that took place (85% of RAS and 78% of SIS), the interviewer did not report service users as having disliked any of the questions they were asked (Table C-24). However, they were more likely to report instances of service users disliking SIS questions (20% of interviews) than RAS questions (12% of interviews)

**: In your view did the service user not like being asked any of the questions?**

|  | RAS |  | SIS |  |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 13 | 12% | 22 | 20% |
| No | 95 | 85% | 87 | 78% |
| No response | 4 | 4% | 3 | 3% |
| **Total** | **112** | **100%** | **112** | **100%** |

Source: SQW

Of the instances of RAS interviews where the interviewer reported a service user disliked the questions (12% of interviews) this was most likely to be linked to two key areas of questioning:

* service users’ personal lives (particularly where their needs were felt to impact on family members), which is probably linked to the supplementary question at the end of the assessment which asks what support is provided by family members
* behaviour, personal care needs and household choices were all areas signposted as uncomfortable territory for some service users.

Of the instances of SIS interviews where the interviewer reported a service user disliked the questions (20% of interviews) this was most likely to be linked to two key areas of questioning:

* service users’ intimate relationships
* personal or healthcare needs

Key worker feedback

Key workers’ understanding of the interview questions was very high across both RAS (99%) and SIS (93%) interviews (Table C-25). Only four key workers in total reported that they had not understood the questions (1 in relation to RAS, and 3 in relation to SIS).

**: Did you understand the questions?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 69 | 99% | 64 | 93% |
| No | 1 | 1% | 3 | 4% |
| No response |  |  | 2 | 3% |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

Slightly more key workers reported SIS questions as helping to identify service user needs, than was the case for the RAS, with 61% versus 54% respectively of respondents stating ‘very much so’(Table C-26). However, looking at identification of support needs more generally, the RAS and SIS are more comparable, with 95% of RAS respondents and 94% of SIS respondents, considering they understood in part or very much so.

**: In your view do the questions help identify what support the service user needs in their day to day life?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very much so | 38 | 54% | 42 | 61% |
| In part | 29 | 41% | 23 | 33% |
| Not at all | 3 | 4% | 3 | 4% |
| Not sure |  |  | 1 | 1% |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

Whilst the majority of key workers indicated that none of the questions were irrelevant in either type of interview (94% for RAS and 77% for SIS), almost a quarter (23%) of those sitting in on the SIS interview felt that some of the questions were irrelevant (Table C-27). Sixteen key workers provided additional feedback on this, and the primary issues highlighted were that the questions were not all applicable to the specific needs of the service user they were supporting, and that employment and volunteering questions (in the SIS) were not relevant for service users that were unlikely to be able to participate in this type of activity.

**: Did you feel that any of the questions were irrelevant?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 4 | 6 | 16 | 23 |
| No | 66 | 94 | 53 | 77 |
| **Total** | **70** | **100** | **69** | **100** |

Source: SQW

Family member feedback

Comprehension of the interview questions by family members was high, with all agreeing they had understood all the SIS questions, and 90% agreeing they had understood all the RAS questions (Table C-28).

**: Did you understand all the questions**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 20 | 90% | 18 | 100% |
| No | 1 | 5% |  |  |
| Not sure |  |  |  |  |
| No response | 1 | 5% |  |  |
| **Total** | **22** | **100%** | **18** | **100%** |

Source: SQW

Just over half of family members thought that either questionnaire very much identified the support needs of the service user (50% RAS, 61% SIS). A considerable number indicated that the questionnaires only partly identified service users’ support needs (36% RAS, 39% SIS). Only one family member felt that a questionnaire did not identify the service user’s support needs and this related to the RAS (Table C-29).

**: In your view do the questions help identify what support the service user needs in their day to day life?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Very much so | 11 | 50% | 11 | 61% |
| In part | 8 | 36% | 7 | 39% |
| Not at all | 1 | 5% |  |  |
| Not sure | 1 | 5% |  |  |
| No response | 1 | 5% |  |  |
| **Total** | **22** | **100%** | **18** | **100%** |

Source: SQW

Family members on the whole did not consider questions to be irrelevant, with 82% Of RAS and 61% of SIS considering that no questions were irrelevant. However, a third (33%) of SIS respondents considered that questions were irrelevant, although it should be noted the sample sizes are very small (Table C-30).

**: Did you feel that any of the questions were irrelevant?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 3 | 14 | 6 | 33 |
| No | 18 | 82 | 11 | 61 |
| No response | 1 | 5 | 1 | 6 |
| **Total** | **22** | **100** | **18** | **100** |

Source: SQW

Gaps or other issues highlighted

Service user feedback

The majority of service users generally indicated that neither the RAS nor the SIS missed any important points they wanted to make, although respondents were slightly more likely to say this was the case for the SIS (88%) than the RAS (79%) (Table C-31).

**: Did the interview miss any important points that you wanted to make**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes  No  Not sure  No response  **Total** | 8  66  8  2  **84** | 10%  79%  10%  2%  **100%** | 5  74  5  **84** | 6%  88%  6%  **100%** |

Interviewer feedback

The majority of interviewers generally considered that service user needs were captured through the interview although they were more likely to think this was the case for the SIS (92%) than the RAS (76%) (Table C-32).

**: Did the service user make any points about their support needs and outcomes they hoped for, that could not be/ were not captured through the interview?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 22 | 20% | 6 | 5% |
| No | 84 | 76% | 101 | 92% |
| No response | 5 | 5% | 3 | 3% |
| **Total** | **111** | **100%** | **110** | **100%** |

Source: SQW

Key worker feedback

In the majority of cases (77% for RAS and 80% for SIS), key workers did not feel that the interview had missed any points about the service user’s needs. A minority of key workers indicated that the RAS (14%) and SIS (10%) interviews had missed points about the service user’s need (Table C-33).

**: Did the interview miss any points about the service user’s needs**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 10 | 14% | 7 | 10% |
| No | 54 | 77% | 55 | 80% |
| Not sure | 4 | 6% | 5 | 7% |
| No response | 2 | 3% | 2 | 3% |
| **Total** | **70** | **100%** | **69** | **100%** |

Source: SQW

Family member feedback

Nearly three quarters of family members generally considered that the interview had not missed any important points that they wanted to make (73% RAS, 72% SIS). However, almost double the SIS respondents (17% compared to 9% for the RAS) were of the opinion that the interview had missed important points about the service user’s needs (Table C-34).

**: Did the interview miss any points about the service user's needs?**

|  | RAS | | SIS | |
| --- | --- | --- | --- | --- |
|  | **Frequency** | **%** | **Frequency** | **%** |
| Yes | 2 | 9% | 3 | 17% |
| No | 16 | 73% | 13 | 72% |
| Not sure | 2 | 9% | 1 | 6% |
| No response | 2 | 9% | 1 | 6% |

Source: SQW

Cross tabulations

We wanted to ascertain whether the context, nature or interview process affected responses and we cross tabulated the questionnaire data in order to do this. It should be noted that in some instances the base sizes were too small to undertake significance testing. The findings were as follows:

* **Context** –we found no significant relationship between responses to the questions and the sequence in which the interviews were conducted. In other words, the sequence in which the service user took the RAS or SIS does not appear to have affected the responses that service users have given to questions in the quick response sheet.
* **Characteristics of user** – we undertook cross tabulations of gender, age of interviewee and disability type (both in terms of severity and type) to establish whether these affected responses but found only one notable difference. Those with physical disabilities were more likely to report SIS questions did not apply to them, than service users with mild to moderate intellectual disabilities (at the 95% confidence level). *There was no other statistically significant evidence that any other responses to questions in the quick response sheet were affected by the gender, age or type of disability of the service user[[49]](#footnote-49)*.
* **Process** – whilst service users taking part in the SIS that were accompanied by key workers or family were more likely to say there were questions they did not like answering (20%), compared with those that did not have a key worker or family member with them (9%), this is not statistically significant. Indeed, we found no statistically significant relationship between the presence of a key worker or family member and responses of to any of the questions.

Summary

* Feedback from service users, families and key workers on the interview process was very positive. Individuals felt that the interviewers put them at ease and they were good at asking the questions, in both the case of the RAS and the SIS.
* SIS interviews took significantly longer than the RAS to complete. Despite this, the overwhelming majority of service users, family members and key workers reported the interview length was ‘just right’ for both RAS and SIS interviews.
* The majority of service users felt they were able to answer all the questions in both the RAS (68%) and the SIS (74%). However, interviewer perception was that this figure was lower with them reporting service users could answer all the questions in 45% of the RAS interviews and 39% of the SIS interviews. More generally, the overwhelming majority of family members and key workers reported they understood all of the questions included in both the RAS and SIS.
* The extent to which either questionnaire helped service users say what support they needed in everyday life, was very similar; 89% of those providing feedback on the RAS said very much so/or in part, with a figure of 88% for those providing feedback on the SIS.
* The majority of interviewers, service users, family members and key workers did not identify any questions on either questionnaire as being irrelevant. However, in the case of the SIS they were more likely to indicate some questions had been irrelevant; over one-fifth of respondents for each of these groups stated questions in the SIS had been irrelevant.
* In a minority of cases interviewers felt that service users had not liked being asked some questions; this was the case in 20% of SIS interviews compared with 12% of RAS interviews. Service users themselves were also almost twice as likely to state they did not like some questions on the SIS compared with the RAS (15% versus 8%).
* Interviewers were more confident that the SIS questionnaire had not missed any important aspects of a service user’s support needs compared with the RAS. One-fifth felt the RAS interview had missed some aspects of support needs, compared with 5% of cases for the SIS interview. In contrast, service users themselves were generally less likely to think the RAS had missed any important points (10%), and were in broad agreement with respect to the SIS (6% stating it had missed important points)
* In comparing disability type against whether questions *did not apply to the service user*, there was a statistically significant finding when tested at the 95% confidence level between those with mild to moderate intellectual disabilities and those with a physical disability, for the SIS questionnaire, with the latter more likely to state that questions did not apply to them.

##### Results of RAS and SIS

Introduction and approach

The National Disability Authority provided a spreadsheet containing anonymised RAS results for each service user that participated in the feasibility study. They also provided us with access to the online SIS tool in order that we could download the anonymised SIS results for each service user. Each tool produces an overall result or ‘score’ for each individual. In addition, the two assessment tools each also contain a further indicator scale which allows the interviewer to capture information on exceptional or additional support needs for that service user. This works as follows:

* **RAS[[50]](#footnote-50)** – the service user can categorise themselves as follows: (B and C are not mutually exclusive and a service user could indicate they need both types of support):
* A – I do not need any additional support
* B – I need support regularly throughout the night
* C – I often need support from two people
* **SIS** – this has an additional section on ‘exceptional medical and behavioural needs’ and if a service user scores more than 5 in either section 3a or 3b, or has a score of 2 against a single question within these, they are defined as having needs that would be additional to someone with the same SIS score on the overall support needs index.

For the purpose of our analysis we have defined any service user that has been categorised as B or C (or both) in the support needs section of the RAS, or as been identified as having ‘exceptional medical or behavioural needs’ in the SIS, as having *‘additional support needs’* above and beyond their overall score.

We used the SIS and RAS results data to undertake a series of different analyses which are reported in this annex, including:

* Identifying the extent of correlation between RAS and SIS assessment results for each service user (including by gender and age).
* Ranking of respective RAS and SIS results for individual service users to establish where the greatest difference in ranking is found (i.e. the biggest different between respective RAS and SIS results), and establishing the main characteristics of this group.
* Establishing the relationship between RAS and SIS scores and the respective ‘additional support needs’ element of each assessment tool.
* Identifying the extent of correlation between scores from both assessment tools against the value of existing packages of support for service users (i.e. do those service users whose current packages have the highest value, score more highly on the assessment tools).

Correlation between RAS and SIS results

There is a clear positive relationship between the SIS and RAS[[51]](#footnote-51) scores (Figure D-1). Individuals with needs classed as having ‘severe/ profound’ intellectual disabilities tended to have the highest scores on both needs assessments (although there were a small number of exceptions).

**Figure D-1: Correlation between RAS and SIS scores**

|  |
| --- |
| This is a scatter diagram which shows the correlation between the RAS and SIS results.  Key findings are set out in paragraph D.4 |

N=112.

Note: Each point represents an individual user, where every user has both a RAS and a SIS score. The colour and shape of their point reflects their type of disability. The points farthest to the right relate to individuals with the highest SIS Support Needs Index and those farthest upwards have the highest RAS scores. As such, an individual with a point in the top right hand corner would have the highest scores in the RAS and SIS.

Source: SQW

The results generate a Pearson correlation coefficient of +0.797 linear (Figure D-2) – on a scale where 0 would indicate no correlation between the two variables and +1 would indicate a perfect positive linear correlation. This means that as one of the scores increased in value, the other score also increased. This correlation was strongly statistically significant (significant at the 1% level).

We also correlated the RAS and SIS scores by gender and by age. Perhaps unsurprisingly (give the very strong overall correlation) the strong correlation held for both males and females, and for individuals aged 18-40 and 41-65. In other words, we can be confident that age or gender has very little impact on the correlation between SIS and RAS scores.

**Figure D-2: Pearson correlation test on interrelationship between RAS and SIS scores**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | **Descriptive Statistics** | | | | | | | --- | --- | --- | --- | --- | --- | |  | **N** | **Minimum** | **Maximum** | **Mean** | **Std. Deviation** | | RAS Total before Q9 | 112 | 0 | 66 | 34.66 | 20.260 | | SIS Support Needs index | 112 | 21 | 90 | 54.02 | 17.013 | | Valid N (listwise) | 112 |  |  |  |  |  | **Correlations** | | | | | --- | --- | --- | --- | |  | | **RAS Total before Q9** | **SIS Total Standard** | | RAS Total before Q9 | Pearson Correlation | 1 | .797\*\* | | Sig. (2-tailed) |  | .000 | | N | 112 | 112 | | SIS Support Needs Index | Pearson Correlation | .797\*\* | 1 | | Sig. (2-tailed) | .000 |  | | N | 112 | 112 | | \*\*. Correlation is significant at the 0.01 level (2-tailed). | | | | |

N=112

Source: SQW

Identifying the characteristics of service users where there is weaker correlation between RAS and SIS scores

Although we know the correlation between RAS and SIS scores is very high generally (and that this stands for gender and age), we wanted to identify the cases where the correlation was not as strong. To do this each individual service user was ranked on a scale of 1 – 112 depending on the positions of their RAS and SIS scores compared to the other 111 service users (where 1 = the lowest score of all service users and 112 = the highest score). Where multiple individuals had the same scores, the mean rank was assigned.

The difference between the rankings of RAS and SIS scores was then calculated. Figure D-3 illustrates the distribution of these differences in rankings.

**Figure D-3: Difference in ranking across RAS and SIS scores**

|  |
| --- |
| This is a bar chart which highlights the differences in ranking between service users' SIS and RAS scores.  Further explanation on the findings can be found in paragraphs D.7 to D.10 |

N=112

Source: SQW

We then analysed the 20% (and separately 10%) service users whose RAS rankings were highest compared to their SIS rankings, and whose SIS rankings were highest compared to their RAS rankings.

The main findings amongst the 20% of service users with the highest/lowest comparative RAS/SIS rankings were that:

* Approaching half (41%) of the 22 service users who ranked **most highly on their RAS scores compared to SIS** **had physical disabilities**, compared to around a quarter (22%) of all 112 service users.
* Almost two thirds (65%) of the 23 service users who ranked **most highly on their SIS compared to RAS had mild to moderate intellectual disabilities**, compared to 42% of all 112 service users. (See Table D-1 for full cross tab)
* These findings held in analysis of the 10% of service users with highest/lowest comparative RAS/SIS ranking as well.

**Table D-1: Level of needs by comparative ranking of RAS and SIS scores**

|  | The 20% of service users who had much higher RAS than SIS scores | The 20% of service users who had much higher SIS than RAS scores | The 60% of service users who had the most similar RAS and SIS scores | Total |
| --- | --- | --- | --- | --- |
|  | % | % | % | % |
| Mild/ Moderate intellectual | 32 | 65 | 37 | 42 |
| Severe/ Profound intellectual | 9 | 13 | 25 | 20 |
| Neurological | 9 | 13 | 10 | 11 |
| Physical | 41 | 4 | 22 | 22 |
| Sensory | 9 | 4 | 5 | 5 |
| **Total %** | **100** | **100** | **100** | **100** |
| **Total (n)** | **22** | **23** | **67** | **112** |

Source: SQW

Correlation by decile of RAS and SIS scores

There a number of potential approaches to resource allocation, one of which would be to have banded funding. From a potential resource allocation perspective, we wanted test the correlation of an individual’s RAS and SIS scores to see if they would fall within the same decile, e.g. do those that score amongst the top 10% of RAS scores also fall within the top 10% of SIS scores. The implication being that if scores sit within the same (or neighbouring) deciles they would fall within close funding bands.

Table D-2 shows the correlation between scores in each decile by SIS and RAS score, for example there was a perfect match in five cases where the scores of individuals fell into the lowest decile for both SIS and RAS. The diagonal line with bold numbers indicates where there was an exact match between the decile of an individual’s SIS score and their RAS score. There was an exact match in the decile in which an individual’s RAS and SIS score fell into in 25 cases (22% of cases). The correlation increases if we also include scores that fell within one decile either way of an exact match, with 62 individuals having scores that fell into RAS and SIS score deciles no more than one decile apart (55% of cases). However, we already know that the overall correlation between RAS and SIS scores is high, and this is supported by the table below, e.g. no-one scoring in the highest decile of SIS scores, had a score below the 7th decile on their RAS score. At the other end of the spectrum no-one falling within the lowest decile for their SIS scores, had a RAS score that fell above the 3rd decile.

**Table D-2: Percentile group of RAS Total score (before Q9) vs SIS Total Standard score**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RAS Before Q9** | **SIS Total Support Needs Index** | | | | | | | | | | |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **1** | **5** | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** | 5 | **3** | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| **3** | 1 | 2 | **2** | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| **4** | 0 | 2 | 2 | **1** | 0 | 4 | 0 | 1 | 0 | 0 |
| **5** | 0 | 1 | 1 | 1 | **4** | 0 | 2 | 2 | 0 | 0 |
| **6** | 0 | 0 | 0 | 3 | 1 | **1** | 5 | 1 | 2 | 0 |
| **7** | 0 | 0 | 3 | 2 | 3 | 2 | **1** | 0 | 0 | 1 |
| **8** | 0 | 0 | 0 | 2 | 0 | 1 | 0 | **3** | 1 | 5 |
| **9** | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | **1** | 1 |
| **10** | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 7 | **4** |

Additional analysis of results for service users with weaker correlation between RAS and SIS scores

Despite the apparent differences in rankings for some groups of service users, it remains the case that the overall correlation between RAS and SIS scores is very strong. However, it was agreed further analysis would be undertaken directly by National Disability Authority to review the case notes, service user history and assessment data of service users for whom the correlation between SIS and RAS scores appeared weaker, to try and understand what was driving the differences in scores between the two tools. Fifteen specific cases were identified for additional analysis and review.[[52]](#footnote-52) It should be noted that this review uncovered mistakes in data entry between entries made by the interviewer on the paper-based questionnaire tool, and the data that was entered into the SISOnline tool. In over half of the cases (57) data was incorrectly inputted into SISOnline.[[53]](#footnote-53)

The National Disability Authority analysis indicated that several factors appeared to be influencing the lower correlation between RAS and SIS scores for individuals, which included:

* **RAS additional support needs** – in some instances this question appears to have been interpreted as asking people if they need *more* help/support than they have at present, when in fact it was asking them about the level of support they *currently* receive. This issue may be resolved through clarification and further training of interviewers.
* **Ambiguity on SIS scorings** – the questionnaire asks people what support needs they have for different interactions, e.g. accessing education. In some instances, a service user may have scored zero based on the fact they are not currently accessing education, whereas in similar circumstances they could be scored as having high need because although they do not currently access it, they would be able to with support. In other words, service users in similar circumstances could be scored at either end of the spectrum depending upon how the interviewer or service user has interpreted the question. There was some evidence of this happening, for instance where very physically disabled service users did not currently socialise outside the home they are living in, but could do so with additional support, yet they may have scored 0 on the SIS (i.e. no support needs in this domain). This issue may be resolved through clarification and further training of interviewers.
* **Triangulation of information –** in one instance mental health issues were raised by a family member in the service user’s SIS interview, but not in the RAS interview when the family member was not present. In other instances service users have given conflicting responses to questions in the two questionnaires, e.g. a service user highlighting a communication need in the SIS interview, but in the RAS interview indicated they had no need for help in communicating. This may suggest a need for additional input from key workers, family members and other professionals to ensure that an accurate picture of service users’ needs is captured in the assessment process.
* **Challenging behaviour –** in three out of six cases where SIS scores were comparatively higher than RAS scores, the service user had challenging behaviour. In such instances, for example, someone might require constant supervision even with the most basic tasks such as going to the toilet or preparing a meal. In the RAS they might indicate they can do these tasks without support- which they can – but it does not capture the fact that they need constant supervision while they are doing these tasks. In comparison the SIS was able to capture their additional support needs around challenging behaviour. If the RAS were to be rolled out, further consideration could be given to adaptations which might ensure the implications of challenging behaviour are captured in the overall score or resource allocation process.

Relationship between assessment scores and ‘additional support needs’

For each assessment tool we wanted to test the extent to the overall result would predict whether a service user would also be identified as having ‘additional support needs’ through the supplementary question(s) in the respective questionnaire. In the case of the RAS this would mean a service user answering B or C on the additional support needs question, and on the RAS it would require them to score more than five (or a two against at least one question) in either section 3a or 3b in the exceptional medical and behavioural support needs index.

RAS and ‘additional support needs’

In the case of the RAS, individuals with the highest RAS scores (61+) were particularly likely to require additional support. In other words, a very high RAS score was strong indicator of the service users also having *‘additional support needs*’;

**Figure D-4: Whether RAS reported additional support needs, by RAS score prior to question 9[[54]](#footnote-54)**

|  |
| --- |
| This is a bar chart which shows the relationship between overall RAS scores and whether service users were subsequently identified as having additional support needs.  The findings are described in paragraphs D.16 |

N=112

Source: SQW

SIS and ‘additional support needs’

For the SIS, a higher overall support needs index scores appears to be less of an indicator that the service user will subsequently be identified as having ‘additional support needs’ through section 3a and 3b of the supplementary questions (Figure D-5) in the SIS. While there appears to be a fairly strong link at the stop and bottom of the range, the pattern in the middle is much less clear cut. In practice, this probably reflects the fact that the SIS Index (general support needs) and the ‘additional support needs’ sections refer to different sources of need, and as such a strong correlation would not necessarily be expected.

**Figure D-5: Whether SIS reported additional support needs, by SIS total support needs score:**

|  |
| --- |
| This is a bar chart which shows the relationship between overall SIS scores and whether service users were subsequently identified as having additional support needs.  The findings are described in paragraphs D.17 |

Source: SQW

Correlation between RAS and SIS results and the value of existing service user support packages

We plotted the value of existing service user support packages against the RAS and SIS results for each service user. There was a relatively weak positive correlation between current package data and both the SIS and RAS scores (Figure D-6 and D-7), with a Pearson correlation of + 0.320 and + 0.395, respectively. The weakness of this correlation indicated that either the package data might be unsound, or that both the RAS and SIS valued needs quite differently to current package allocation mechanisms.

Furthermore, the graphs show that a service users being identified as having ‘additional support needs’ in the supplementary section of either assessment tool does not necessarily mean they are currently in receipt of a high value package of support services.

**Figure D-6: Correlation between package costs and RAS and SIS scores**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | The two scatter diagrams show the correlation between RAS and SIS scores and the indicative value of service users' existing support packages.  The findings are explained in paragraphs D18-D19 | |  | |

N=101

Note: These charts only include data on the 101 service users for whom package data was provided.

Source: SQW

**Figure D-7: Correlation on interrelationship between package data and RAS and SIS scores**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | **Correlations** | | | | | --- | --- | --- | --- | |  | | **SIS Total Standard** | **Package Costs** | | SIS Support Needs index | Pearson Correlation | 1 | .320\*\* | | Sig. (2-tailed) |  | .001 | | N | 112 | 101 | | Package Costs | Pearson Correlation | .320\*\* | 1 | | Sig. (2-tailed) | .001 |  | | N | 101 | 101 | | \*\*. Correlation is significant at the 0.01 level (2-tailed). | | | | |

Source: SQW

The RAS tool includes an additional question (Q9) which asks a service user about the support that is available to them from friends and family. The response from this question can be used to re-weight the service user’s overall score (and assessment of need). We also correlated RAS scores including Q9, against existing package scores (Figure D-8). Again, the overall correlation was poor (+0.406) using the Pearson Correlation Co-efficient.

**Figure D-8: Correlation between package costs and RAS score (after Q9)**

|  |
| --- |
| This scattter diagram plots the correlation between service users' RAS scores (after Q9) and the indicative value of their current support packages.  The findings are described in paragraph D.20. |

Source: SQW

As discussed above there is a poor relationship between package costs and SIS or RAS scores (Table D-3). The relationship improved somewhat when additional needs are taken into account and improved further when a marker for challenging behaviour is used. The marker was developed by examining the answers to the SIS questionnaire. However the relationship is not a simple one of adding scores to additional support markers to challenging behaviour markers and needs further research to be confident in saying how scores on SIS and RAS are related to the costs of care.

**Table D-3 Determinants of total package cost**

|  |  |  |
| --- | --- | --- |
| Model | Variable | Adjusted *R*2 |
| 1 | SIS Support Needs Index | 0.093 |
| 2 | SIS Support Needs Index  Exceptional medical and behaviour support identified | 0.096 |
| 3 | SIS Support Needs Index  Exceptional medical and behaviour support identified  Challenging behaviour (marker developed from SIS questionnaires) | 0.087 |
| 4 | RAS Total before Q9 (excluding support from family and friends) | 0.148 |
| 5 | RAS Total after Q9 (including help from family and friends) | 0.157 |
| 6 | RAS Total after Q9 (including help from family and friends)  Person needs additional support (help from two people or help through the night) | 0.178 |
| 7 | RAS Total after Q9 (including help from family and friends)  Person needs additional support  Person needs second additional support, (help from two people and help through the night) | 0.352 |
| 8 | RAS Total after Q9 (including help from family and friends)  Person needs additional support  Person needs second additional support (help from two people and help through the night)  Challenging behaviour (marker developed from SIS questionnaires) | 0.498 |

Note: *R*2 is most often seen as a number between 0 and 1.0, used to describe how well a regression line fits a set of data. An *R*2 near 1.0 indicates that a regression line fits the data well, while an *R*2 closer to 0 indicates a regression line does not fit the data very well. Adjusted *R*2 adjusts for the number of explanatory variables in the equation.

##### Detailed response questionnaire

Introduction

In addition to the quick response sheet which provided an opportunity for interviewers to provide feedback on each interview that was undertaken, SQW undertook online surveys once all the interviews were complete. The data in this annex is derived from the two online questionnaires dispatched to all interviewers and project liaison officers involved in the study. The questionnaire was hosted on Key Survey between the 8th May and the 31st May 2012. The overall response rates was as follows:

* 17 out of 21 PLOs[[55]](#footnote-55) (81%)
* 12 out of 15 interviewers (80%)

Whilst there were some similarities in the questionnaires for the interviewers and the project liaison officers, they each had a slightly different focus. In light of this we present the findings from each survey separately.

Findings from the interviewer survey

Satisfaction with training provided

Feedback on the RAS and SIS training was broadly similar. In both cases, two-thirds felt that it only partly met their needs. One third of interviewers felt that the training provided for them was sufficient (Table E-1)

**Table E-1: Was the training you received to administer the questionnaire appropriate and sufficient to meet your needs?**

|  | Yes - Fully | Yes –Partly | No | Total |
| --- | --- | --- | --- | --- |
| RAS | 4 | 8 | 0 | 12 |
| SIS | 4 | 8 | 0 | 12 |

Source: SQW

Interviewers were asked what additional training they would have liked. Four interviewers submitted comments relating to the RAS training being insufficiently detailed. There was a strong sense that they felt that the training did not allow them to easily take the questionnaire into an interview situation and ensure they came out of it with a comprehensive picture of a service user’s needs. Some responses commented that the training could have been improved through the inclusion of practical examples where prospective interviewers are led through particular sections of the questionnaire. Similar feedback was given about the SIS training with suggestions that it could have been improved through the inclusion of role play. Four interviewers also felt that the SIS training was too long and/or repetitive.

The role of key workers in interviews

Eleven of the 12 interviewers recorded that they had conducted interviews with key workers present. Those that had had key workers present at interviews were asked to comment on what role they key worker had played. The majority (58%) felt that their primary role had been to answer questions that service users had been unable to, particularly where the service user had had a preventative disability. A further third (36%) felt that the presence of a key worker had been useful in ensuring that the service user was comfortable and by encouraging them to participate. When asked how important they felt that key workers had been, the vast majority (83%) felt that this depended on the questionnaire used or the service user in question.

The role of family members in interviews

Half of interviewers recorded that they had administered interviews with family members present. Two-thirds of those that had felt that the importance of them being there varied depending on the characteristics of the service user in question. Although the number of respondents was small, the key reason for this was that for service users living in the family home, a family member could provide valuable additional information about the their needs. One commented that they were important in suggesting what support could be provided to enable the service user to enter employment.

Location of interview

The overwhelming majority of interviewers recorded that the usual location of interviews was not in the service user’s home (Table E-2). Interviewers were also asked if they felt that the location of interview made a difference, and if so, why this was the case. All twelve provided further comment. Nearly half (5) felt that it would have been better if they had undertaken interviews in the service user’s home. The reason for this was that they felt service users would have been more at ease in their environment.

**Table E-2: What was the usual location for administering the questionnaires?**

| In the service-users home | Elsewhere – please specify | Total |
| --- | --- | --- |
| 1 | 11 | 12 |

Source: SQW

Satisfaction with the interview process and tools

Perceptions of service user experience

Just over a quarter of interviewers felt that how comfortable a service user found each questionnaire varied depending on different circumstances (Table E-3). Eleven interviewers provided additional information on this issue. Reasons for thinking that service users were more comfortable with the SIS converged around the capacity for the tool to lead to detailed questioning. Alternatively, some interviewers felt the RAS was more comfortable for services users because of its brevity.

**Table E-3: Which of the questionnaires do you think the service users were most comfortable with?**

| RAS | SIS | No difference | It varied depending on different circumstances | Don't Know | Total |
| --- | --- | --- | --- | --- | --- |
| 2 | 2 | 2 | 5 | 1 | 12 |

Source: SQW

Half of interviewers felt that the length of both the RAS and SIS interviews was about right. Just under a half felt that the RAS interview was too short and half felt that the SIS interview was too long (Table E-4).

**Table E-4: How appropriate was the length of the interview for the Service users?**

| Interview | About Right | Too Long | Too Short | Total |
| --- | --- | --- | --- | --- |
| RAS | 6 | 1 | 5 | 12 |
| SIS | 6 | 6 | 0 | 12 |

Source: SQW

Interviewer experience

Three-quarters of the interviewers felt that the SIS questionnaire was about the right length. Two-thirds however thought that the RAS questionnaire was too short (Table E-5).

**Table E-5: How appropriate did you feel the length of the RAS questionnaire was for you as an Interviewer?**

| Questionnaire | About right | Too Long | Too Short | Total |
| --- | --- | --- | --- | --- |
| RAS | 4 | 0 | 8 | 12 |
| SIS | 9 | 3 | 0 | 12 |

Source: SQW

Three-quarters of interviewers felt that the SIS interviews gave them a better understanding of a service user’s needs (Table E-6). Most of these felt that the SIS questionnaire allowed for more detailed questioning and the variety of topics covered by it gave them confidence that they gained a complete picture of what support the service user required.

**Table E-6: In general, which questionnaire did you feel gave you the best understanding of service users’ support needs?**

| SIS | RAS | Both gave equal understanding | Total |
| --- | --- | --- | --- |
| 9 | 0 | 3 | 12 |

Source: SQW

Interviewers were asked which questionnaire they preferred. Two-thirds preferred the SIS questionnaire (Table E-7). None of the interviewers indicated that they preferred the RAS. Of those that preferred the SIS the most common reason given was that the SIS allowed more detailed questioning enabling the interview to gain a fuller picture of a service user’s needs. In particular one interviewer was concerned that the RAS missed out important issues such as a service user’s medical or behavioural needs.

**Table E-7: Which of the questionnaires did you prefer?**

| RAS | SIS | No difference | It varied depending on different circumstances | Total |
| --- | --- | --- | --- | --- |
| 0 | 8 | 2 | 2 | 12 |

Source: SQW

Perceptions of family member experience

Only one interviewer was able to provide a response to which questionnaire family members were most comfortable with (Table E-8).

**Table E-8: Which of the questionnaires do you think family members were most comfortable with?**

| RAS | SIS | It varied depending on different circumstances | Don't know | No difference | Total |
| --- | --- | --- | --- | --- | --- |
| 0 | 0 | 1 | 11 | 0 | 12 |

Source: SQW

Gaps and other issues

We asked interviewers if there was any relevant information about service users’ support needs that they felt the questionnaires did not capture or cover adequately. Eleven project interviewers answered this question about the RAS and SIS questionnaires. Referring to the RAS, they most frequently commented that they felt that the questionnaire did not adequately capture the specific needs of the service user. A few identified which specific areas the questionnaire did not cover adequately, which included medical needs, mobility and behavioural support.

Three quarters of interviewers felt that the timesheets they had filled in accurately reflected the time they had spent on preparing and administering the interviews (Table E-9). The final third felt that they had only partly reflected this. For those that felt that this was the case, one commented that the SIS in particular required an additional half an hour in order to go back through the form and attribute scores to them.

**Table E-9: Do the timesheets you completed accurately reflect the time you have spent on preparing and administering the questionnaires?**

| Yes - fully | Yes -Partly | No | Total |
| --- | --- | --- | --- |
| 9 | 3 | 0 | 12 |

Source: SQW

Recommendation for national rollout

Just over half of interviewers recommended that the SIS should be rolled out nationally (Table E-10). A quarter recommended that a hybrid was developed. Interviewers were also asked to comment why they felt this, and how the tools could be improved. A third said they had chosen the SIS as they believed it provided a comprehensive assessment of a service user’s needs.

A number of interviewers suggested how the tools could be improved. One interviewer suggested that the SIS questionnaire should be adapted to take better account of service users with a physical disability, another questioned if this level of detailed questioning was required if the aim was to purely to support funding decisions. Another felt that the SIS would work better if broken up into multiple parts and delivered across a number of different sessions. One interviewer felt that the RAS would work better if the questionnaire allowed an interviewer to adopt a more conversational approach.

One interviewer felt that other tools should be considered for a national rollout, and another that which tool they recommended would be dependent on what the primary purpose of the assessment process was.

**Table E-10: Which questionnaire would you recommend was rolled-out nationally?**

| RAS | SIS | A hybrid of RAS/SIS | Other assessment | Total |
| --- | --- | --- | --- | --- |
| 1 | 7 | 3 | 1 | 12 |

Source: SQW

Findings from the project liaison officer survey

Satisfaction with the interview process and tools

Perception of service user experience

Ten project liaison officers had received service user feedback on the RAS, and nine on the SIS (Table E-11). Eight project liaison officers provided additional feedback on what they felt service users found positive, or what they liked about the RAS and SIS questionnaires, and seven provided feedback on what they felt service users had not like or were negative about.

Although the number of responses is small a number of patterns can be observed. Positive responses about the RAS questionnaire broadly referred to either the ease by which service users could answer the questions or how short it was. This was perceived to be an attractive feature. Conversely positive response about the SIS questionnaire referred to the depth of questioning and the perception that it covered more ground. Negative responses about both tools were quite varied although similar issues were identified. For both tools one project liaison officer felt some of the questions were too personal. One project liaison officer commented that the RAS did not provide a comprehensive picture of a service user’s needs. Two project liaison officers felt that some of the questions in the SIS were not relevant for some service users, for example if they had a physical disability.

**Table E-11: Did you receive any feedback from service users on the questionnaires?**

| Questionnaire | Yes | No | Total |
| --- | --- | --- | --- |
| RAS | 10 | 7 | 17 |
| SIS | 9 | 8 | 17 |

Source: SQW

Just under one-third of project liaison officers felt that service users had a preference for the SIS, however, just over two thirds of project liaison officers felt that either they did not know which questionnaire service users preferred or had no preference (Table E-12). A further third of project liaison officers felt that service users had no preference

**Table E-12: In general, which questionnaire do you think service users preferred?**

| RAS | SIS | Not known/no feedback provided | No preference | Total |
| --- | --- | --- | --- | --- |
| 1 | 5 | 5 | 6 | 17 |

Source: SQW

Perceptions of interviewer experience

Project liaison officers were asked if interviewers had given them any feedback on the questionnaires. The majority had received feedback from interviewers on both questionnaires (Table E-13).

**Table E-13: Did you receive any feedback from interviewers on the questionnaire?**

| Questionnaire | Yes | No | Total |
| --- | --- | --- | --- |
| RAS | 12 | 5 | 17 |
| SIS | 13 | 4 | 17 |

Source: SQW

Of the 12 project liaison officers who had received feedback, all provided additional information on what they felt interviewers had felt positive about the SIS questionnaire. The overwhelming majority noted that interviewers felt that the questionnaire was more detailed or thorough and led to a better understanding of the service user’s needs. Nine project liaison officers provided feedback on what they found positive about the RAS interview. Just under half of these felt that interviewers liked the way the questionnaire was short or quick to complete.

Of the twelve project liaison officers who provided feedback on what interviewers did not like, or made them feel uncomfortable about the RAS questionnaire. The majority (two-thirds) commented that interviewers felt that the questionnaire was not detailed enough and did not provide a complete picture of a service user’s needs. Eleven project liaison officers provided further feedback on what they felt interviewers had thought was negative about the SIS questionnaire. The majority reported that interviewers felt that the questionnaire was either too long or contained sections of limited relevance to particular types of service user. Those with a physical disability or with mental health needs were both mentioned as being poorly served.

Perceptions of the key worker and family member experience

Over half of project liaison officers had feedback on the questionnaires from key workers (Table E-14). Ten project liaison officers commented on which aspects of the SIS questionnaire they felt were positive The overwhelming majority reported that key workers liked the way the questionnaire was comprehensive and provided a good picture of a service user’s needs.

Ten project liaison officers provided feedback on which aspects of the SIS questionnaire they thought key workers did not like or thought were inappropriate. Just under half noted that key workers had told them that the questionnaire took too long to complete.

Seven project liaison officers provided positive feedback on the RAS questionnaire. Five commented that they liked it because it was short. However, nine provided negative feedback. Of these, seven felt that the questionnaire was not detailed enough.

**Table E-14: Did you receive feedback from any key workers on the questionnaires?**

| Questionnaire | Yes | No | Total |
| --- | --- | --- | --- |
| RAS | 10 | 7 | 17 |
| SIS | 10 | 7 | 17 |

Source: SQW

Relatively few project liaison officer received any feedback from family members on the RAS and SIS questionnaires (3 and 4 respectively) (Table E-15).

**Table E-15: Did you receive feedback from family members on the questionnaires?**

| Questionnaire | Yes | No | Total |
| --- | --- | --- | --- |
| RAS | 3 | 14 | 17 |
| SIS | 4 | 13 | 17 |

Source: SQW

Just under half of project liaison officers felt that families and key workers had preferred the SIS interview and one-third stated they did not know which one was preferred (Table E-16). Of those that said they thought that key workers and family members had preferred the SIS interview, five provided further feedback. The majority referred to the SIS being more detailed and thorough in providing a good picture of a service user’s needs.

**Table E-16: In general, which questionnaire do you think families/key workers preferred?**

| RAS | SIS | Not known/no feedback provided | No preference | Total |
| --- | --- | --- | --- | --- |
| 2 | 8 | 5 | 2 | 17 |

Source: SQW

Gaps and other Issues

We asked project liaison officers to think about all the feedback they had on the questionnaires, and to highlight the most significant challenges or issues. Project liaison officers answered this question in relation to both the RAS and SIS questionnaires. Sixteen of the 17 project liaison officers answered this question. Referring to the RAS, just under half commented that practitioners and service users were concerned that the RAS was not detailed enough and did not provide a full picture of a service user’s needs. Referring to the SIS questionnaire just under one third commented that practitioners and service users felt that some work had to be done to ensure that the questionnaire captured the needs of all types of service user, particularly those with a physical disability.

Summary

A brief summary of the key findings is provided below:

* Interviewers considered the relative importance of key workers or a family member being present at an interview was dependent on the particular circumstances of the service user.
* Overall interviewers and project liaison officers felt that service users had no preference for either assessment tool.
* Three-quarters of interviewers felt that the SIS questionnaire gave them a better understanding of a service user’s needs and just over a half felt that it should be rolled out nationally. The principle reason for this was that they felt it was more detailed and comprehensive than the RAS. However three-quarters also felt that it was too long.
* While overall project liaison officers felt that key workers/family members preferred the SIS questionnaire, interviewers did not think that key workers/family members had a clear preference.
* Two-thirds of the interviewers wanted more training in the use of the questionnaires. A third felt that the RAS training should have been more detailed. A similar number wanted more detailed training on use of the SIS, with inclusion of role play activities suggested.
* Two-thirds of interviewers felt that their timesheets accurately reflected the time they had spent preparing and administering the interviews.
* Around a half of the interviewers felt that interviews would be best conducted in service user’s homes.

##### Focus Group

Introduction

It was agreed with the National Disability Authority that SQW would host two focus groups; one for each the following groups of participants in the feasibility study:

* Interviewers – 15 individuals undertook interviews with service users
* Key workers – specifically those that had been participated in interviews with more than one service users (seven individuals)

The aim of the focus groups was to provide a further opportunity for those involved in the feasibility study to reflect upon and share their experiences of the SIS and RAS interviews more generally.

Email invites were sent out to all 15 interviewers as well as the seven key workers that had participated in interviews with more than one service user. It was decided that the focus groups would be held at the National Disability Authority offices in Dublin as that was the most easily accessible location for the majority of participants, and that SQW would cover travel costs to encourage attendance. A total of eight interviewers attended a two hour focus on 30th April 2012. Unfortunately, only three key workers confirmed attendance for that focus group and a last minute cancellation by one of these, led to a decision to cancel this focus group. Instead, telephone interviews were subsequently undertaken with two key workers to gather additional feedback from this group of individuals.

A detailed set of prompts was developed (and agreed with NDA) in order to structure the focus group with interviewers. The interviewer focus group was structured under the following key headings which we also use to present our findings:

* Interview preparation and implementation
* Views on the SIS and RAS interview tools
* Perceptions of service user views on the interview tools
* Recommendations for national rollout of an assessment tool

Interview preparation and implementation

Training

The training undertaken in relation to the SIS was viewed as being comprehensive but was longer than interviewers felt was necessary (it was delivered over three days) and at times was repetitive. The accompanying SIS technical documents such as the instruction booklet were felt to be useful. In comparison, the RAS training was felt to be too short and more focused on the values of the tool, rather than how to ask the actual questions. One interviewer indicated they had used the SIS themes as a means of gathering information from the service user in order to answer the RAS questions. More generally, it was also suggested that the comprehensiveness of the SIS training had meant they were better at expanding on questions in the RAS and probing for relevant information.

A reported gap in training in using either interview tool (but particularly the SIS), was role playing and talking about different interview scenarios. In other words, interviewers felt they had a good understanding of the interview tools and the information they needed to collect, but less experience of how to effectively conduct interviews in different types of situations, e.g. where a service user is not fully engaged in the process or a family member dominates the meeting. Interviewers felt that whichever tool was eventually rolled out, more training should be given on how to manage difficult and/or challenging interview situations.

Context of service user disability

Many interviewers found they were interviewing service users that had disabilities that were outside their own areas of professional expertise or that they had limited knowledge of. From this perspective they felt they had learned a lot about a wide range of disabilities and the experience of different service users, as a result of the feasibility study[[56]](#footnote-56). That said, several interviewers also stated that because of this, the feasibility study had been an emotional process for them and that at times it had been distressing to hear the life stories and challenges faced by some of the service users.

It was felt that if interviewers are to conduct assessments with service users with a range of disability types, then it would be important for them to have a good grounding and understanding of the challenges faced by different service users.

One of the key workers we interviewed highlighted the fact that the interviews had prompted discussion on support needs or issues that as a service provider they had not been aware of. Although this had been helpful, it had resulted in them needing to provide additional support to the service user in the following days to address the issues that had been raised.

A further challenge highlighted in relation to the context of the service user’s disability, was linked to whether they were in residential care or living independently (or semi-independently). Specifically, for service users in residential care, a question was raised as to the extent to which this group fully understood their support needs because they were often ‘institutionalised’ insofar as most things were done for them, and therefore their awareness of what they might be able to do by themselves was more limited.

Presence of key workers and family members

Interviewers could see the benefits of family members supporting service users in the interview process. In some instances, however, it was felt that it would have been useful for family members to have more briefing in advance of the interviews so they knew what to expect from the process. In part, this seems to relate to an issue with regard to the role of the family member in the process. Several interviewers had experienced challenging situations where they felt that the family member had dominated the situations (in one the family member took the RAS form and wanted to complete it themselves), leading to concerns that the service user’s voice was lost as a result. Knowing how to deal effectively with this type of scenario was one area where interviewers highlighted the need for additional training. It was also suggested that interviewers would benefit from an overview of family dynamics from the service provider (e.g. the relationship between the service user and family member) prior to the interview, as this would also help them to be prepare for the interview.

Key workers were generally regarded as having been useful in the interview process, although interviewers felt that on some occasions the key workers took too much of a ‘back seat’ role in the process and they were not confident that all relevant information on the service user was always provided. An example of this was one interviewer subsequently finding out the service user had additional and relevant health issues after the interview, yet these had not been raised by either the service user or the key worker in the course of the assessment. However, one of the key workers we spoke to suggested it would have been useful for a family member to be present too at some interviews, as they could only provide additional information in relation to the context in which they worked with the service user – in this case in a day centre. They had less awareness of the service user’s support needs in their home environment so could not provide any additional information on these aspects of support.

Location of interviews

The interviewers were very positive about in-home interviewing with service users. They found this had given them a good initial snapshot of the service user’s needs, because of adaptations in the home for example. By asking the service user if they could be shown around the home they were very quickly able to find prompts to discuss their support needs, e.g. talking about a shower rail they might have in place and why they needed this. Interviewers regarded service users as generally feeling more comfortable about engaging in the interview process in their own home.

Views on the SIS and RAS interview tools

We explored interviewers’ views on the two interview tools by prompting them to describe what they considered to be the strengths and weaknesses of each. In practice, where weaknesses were described in one assessment tool, these were relative to the other assessment tool in the feasibility study.

Strengths of RAS

The main strength of the RAS that was highlighted was the speed in which it could be completed. The interviewers always found that the RAS was quicker to complete than the SIS. Several interviewers also felt that the RAS questions in themselves provided useful prompts to start a discussion with the service user. It was also suggested that the RAS was the better tool to use with clients that have a physical disability as the questions were more relevant than those in the SIS, and it was more obvious where questions should be excluded if they were not relevant.

Weaknesses of RAS

A concern highlighted was that the RAS questionnaire as it stands has an additional question (Q9) which appears to penalise service users that have family support (i.e. their support need score goes down), and this was perceived as being unfair. Also related to this, was a perception that some family members were upset by this question as they felt they needed to justify why the family member was in residential care and not in the family home.

Other perceived weaknesses of the RAS included:

* Not defining support needs as precisely as the SIS
* A feeling that it was not always capturing all the support needs (particularly behavioural and medical) that might be relevant when allocating resources
* The format does not lend itself to recording the service user’s history and experiences in the same way that the SIS did (i.e. a less comprehensive record)
* The scorings could be influenced by the values of the interviewer and what they think the service users should be capable of, compared with the SIS which focuses more on asking what support services users will need to do specific activities
* The forms/paperwork did not look as professional as the SIS.

Strengths of SIS

At the end of SIS interviews, the interviewers reported that they felt confident that they had been able to capture a service user’s needs accurately and comprehensively, which led them to believe the scorings on this assessment tool would be more accurate and robust in relation to resource allocation. They also felt more confident in the SIS tool because it was seen as something that had been validated internationally.

The SIS was felt to be very flexible as the interviewers could start at any point to begin the discussion, and this was regarded as being important in the context of this tool given the sensitive nature of some themes in the tool.

The interviewers felt confident in using the SIS because it provided very clear benchmarks against which they could assess service user support needs. This meant the tool was unambiguous and less sensitive to interviewer bias based on cultural views or perceptions.

Interviewers found that they could cross reference information across categories within the SIS, with discussion around particular issues providing information to help them score across more than one domain. They also reported they spent more time reflecting on the information post-interview (compared with the RAS) before finalising the scores, in part, because the volume of information collected meant they could be more reflective.

Weaknesses of SIS

Interviewers generally found the SIS more difficult to undertake than the RAS at first, until they developed confidence in using this tool. Other specific feedback on weaknesses included:

* Irrelevance of some questions - this particularly related to service users with physical disabilities, and those for whom it was thought that volunteering/employment would not be a feasible option.
* Supplementary questions in section 4 did not seem as well structured and made the interview seem a bit disjointed
* Some questions required hours/days per week of support to be inputted, but some users have less frequent support and it was not clear how to code this (yet interviewers felt it should still be recorded)
* Sensitivity of some questions – the first section was about support needed with toileting and this was felt to be a very sensitive issue. As a result interviewers tended to start discussion elsewhere.
* Practical issues with the form – not enough room to log information for supplementary questions in the paper form. The print on the form was also very small which made it hard to read.

Perceptions of service user views on the interview tools

We asked interviewers how they perceived service users responded to each type of interview, and whether they appeared more satisfied with one tool over the other. They generally perceived service users as being happy to engage in the interviews, and in many cases they felt that the service users welcomed the opportunity to talk about their support needs. It should be noted, however, that some service users were not able to provide feedback themselves, and as a result interviewers were sometimes reliant on any feedback from the family member or a key worker.

There were some occasions when service users were felt to have been less comfortable in talking about some aspects of their support needs or felt some questions were irrelevant (as discussed above), however, interviewers still felt able to navigate these aspects of the assessment effectively ensuring service users remained at ease with the process.

The interviewers received very little feedback from service users with respect to a clear preference for one interview tool over the other, although a couple commented that where a RAS interview had been undertaken as the second one, a service user had commented on how quick it was (but it was less clear whether this meant the service user preferred the SIS over the RAS).

In the context of the feasibility study, interviewers highlighted the fact that the interviews had no direct impact on the funding received by the service user. The group felt that the real test of either tool would be when it was used in resource allocation, and it is at this stage that service user feedback would be more forthcoming because they would understand how the results would directly affect them and their support packages.

Recommendations for national rollout of an assessment tool

We probed interviewers on which tool they thought should be rolled out nationally and also explored whether any additional support or resources would be required in doing this. The overall consensus of the group was that the SIS tool is the one that should be adopted nationally. From an interviewer perspective there was a clear message that this tool gave them the most confidence that they had a comprehensive understanding of service users’ support needs. A further key message was that the interviewers need to be flexible in their approach, whichever interview tool is eventually adopted. An example of this was reordering questions and leaving sensitive areas until the end of the interview when they had developed a rapport with the service user and gained their trust.

One interviewer raised a concern as to whether the sample for the feasibility study included sufficient service users on the autistic spectrum, to be able to full test the suitability of either tool for this group of service users.

The group also made a number of other recommendations with respect to national rollout of a resource allocation tool:

* **Training** – if the SIS is rolled out then training could be shorter and in the case of the RAS, the training should be more comprehensive. In either case it would be useful to include role plays and different scenarios as part of the training, so interviewers feel confident in different types of interview situation. Further training on how to summarise what had been recorded and feeding this back to the service user (and family members and/or key workers) at the end of the interview, was also suggested.
* **Disability awareness-raising** – interviewers felt it would be helpful to have more briefing about the different types of disability so that they are better prepared for the interviews and the issues that may arise.
* **Support for interviewers** – sometimes interviewers found the interviews upsetting because of the issues that were raised. This could be addressed, in part, by the preparation and awareness-raising highlighted above but it would also be helpful for peer support structures to be in place for interviewers if they wish to talk about their experience.
* **Independence of the interviewer role** – the group suggested that interviewers should be independent of the service provider or the funding organisation to ensure they are impartial in the resource allocation process.
* **Challenging expectations of service providers** – the group suggested that further work might be needed with some service providers to challenge their expectations of what service users are capable of, as existing cultural expectations may influence perceived support needs.

1. This includes all training, licencing costs, as well as adaptation costs for the RAS. The total amount has been derived using an average hourly interviewer rate of €30 per hour. [↑](#footnote-ref-1)
2. The Introduction of Individual Budgets as a Resource Allocation System for Disability Services in Ireland,: A Contemporary Developments in Disabilities Services paper (NDA, May 2011) [↑](#footnote-ref-2)
3. They are not designed to predict the need for clinical or therapy supports. Mainstream therapy and clinical supports typically come from separate health services in other jurisdictions. In Ireland, many service providers provide clinical and therapy supports as an intrinsic part of their services. RAS and SIS do not capture these elements in an Irish provider’s cost base. The assessment of need process set out in the Disability Act would include clinical, therapy and disability support services. [↑](#footnote-ref-3)
4. when compared to service users with mild to moderate intellectual disabilities [↑](#footnote-ref-4)
5. 16 interviewers were trained, but only 15 subsequently carried out interviews with service users. [↑](#footnote-ref-5)
6. Congregated settings refer to a residential services with homes accommodating 10 people or more [↑](#footnote-ref-6)
7. Residential service with homes accommodating 4-6 people [↑](#footnote-ref-7)
8. Day services can be agency or community based [↑](#footnote-ref-8)
9. There is one exception to this where the second interview was conducted the day after the first [↑](#footnote-ref-9)
10. Service users were given a unique identifier code and no data was provided to the evaluation team that would allow for identification of individuals. [↑](#footnote-ref-10)
11. http://www.dohc.ie/publications/pdf/key%20themes%20paper\_summary2010.pdf?direct=1 [↑](#footnote-ref-11)
12. *Summary of Key Proposals from the Review of Disability Policy: Office for Disability and Mental Health, Department of Health and Children, December 2010.* [↑](#footnote-ref-12)
13. SQW’s recent experience is less conclusive, see for example the findings of the Evaluation of the Individual Budget for Families with Disabled Children pilot. <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR145e.pdf> [↑](#footnote-ref-13)
14. The Value for Money and Policy Review of Disability Services in Ireland found that there are significant variations in costs (from highest to lowest) in all resource usage groups (finding 5.12) <http://www.dohc.ie/publications/VFM_Disability_Services_Programme_2012.html> [↑](#footnote-ref-14)
15. An indicative allocation is as a guide as to the level of funding that will be needed to required an individual’s support needs. [↑](#footnote-ref-15)
16. The Introduction of Individual Budgets as a Resource Allocation System for Disability Services in Ireland: A Contemporary Developments in Disabilities Service Paper (NDA, May 2011). [↑](#footnote-ref-16)
17. Duffy, S and Waters, J (2008) A 10 Step Plan for Reforming Social Care Funding. Personal Thoughts and Discussion (www.in-control.org.uk) [↑](#footnote-ref-17)
18. Note the prefixes were added by NDA for the purpose of coding response to the question and they are not labelled in the RAS 5 in this form. [↑](#footnote-ref-18)
19. The RAS score used was taken as ‘before question 9’; thus excluding the questions on support provided by friends or family. This was to ensure the score was most comparable with the SIS, which does not capture information or weight scores depending on the amount of additional support provided by friends or family. [↑](#footnote-ref-19)
20. Note that the Cohen’s Kappa value was 0.78 which also suggests a substantial relationship between RAS and SIS scores (0.81 or higher is viewed as almost perfect agreement) [↑](#footnote-ref-20)
21. These were identified by reference to the standard deviations, inter-quartile difference or the number of deciles difference between the two measures of need (more than 2.5 SD, 1.5 IQD or more than 4 deciles apart) [↑](#footnote-ref-21)
22. The corrected SIS scores have been used in all the analysis that is presented in this report [↑](#footnote-ref-22)
23. Q9 in the RAS refers to the score that is given before any account has been taken of additional support provided to the service user by family and friends. We have not included Q9 in the overall scores in order that a fair comparison can be made against an individual’s SIS result (which does not rebalance the overall score to take account of support from friends and family). Note that service users could also be recorded as having more than one additional support need, i.e. B or C, or B and C. We have based the categorisation presented in the chart based on the first response given. [↑](#footnote-ref-23)
24. The data is based on existing patterns of allocation of funds to services, and a suggested method of imputing costs of collective services to individuals, rather than precise, accurate costing data. These data are not routinely collected at a service user level and have required service providers to disaggregate delivery costs using guidance provided by the NDA [↑](#footnote-ref-24)
25. R2 is most often seen as a number between 0 and 1.0, used to describe how well a regression line fits a set of data. An R2 near 1.0 indicates that a regression line fits the data well, while an R2 closer to 0 indicates a regression line does not fit the data very well. Adjusted R2 adjusts for the number of explanatory variables in the equation. [↑](#footnote-ref-25)
26. Whilst interviewers conducted interviews with service users outside of their agency, where a service user had an intellectual disability the interview was carried out by an interviewer with experience in this area. This was also the case for users with cognitive impairments (with the exception of one case where this was not possible due to interviewer availability). [↑](#footnote-ref-26)
27. Data entry with respect to the RAS was done by the NDA but we have reallocated this time by distributing it evenly across all the RAS interviews completed. [↑](#footnote-ref-27)
28. Note that in only one case was a service user quick response sheet completed for service users in this disability category [↑](#footnote-ref-28)
29. A Belgian study indicated that 22 SIS questions could be identified that are a better fit to reflect the needs of persons with other than intellectual disabilities (such as physical disabilities)*. Usefulness of the Supports Intensity Scale (SIS) for persons with other than intellectual disabilities, G.Bossaert et al, Research in Development Disabilities Edition 30 2009 (p1306-1316).* [↑](#footnote-ref-29)
30. Lower value is based on €22 per hour for interviewer costs and the upper value is based on €30 per hour for interviewer costs [↑](#footnote-ref-30)
31. This is converted from annual costs of £35,000 including interviewer training, adaptation and access to RAS materials. [↑](#footnote-ref-31)
32. This includes: interviewer training, licensing, SIS online system and paper tools etc. and is based on a quotation from AAIDD of $346,103.75 [↑](#footnote-ref-32)
33. Service users with progressive conditions may need more frequent reassessment than other types [↑](#footnote-ref-33)
34. It should be noted, however, that the accuracy and validity of support needs assessed, and the validity of costs predicted will also be important factors in any decision as to which tool is rolled out nationally. Consideration of these factors was not within the scope of this phase of the research. [↑](#footnote-ref-34)
35. Lower value is based on €22 per hour for interviewer costs and the upper value is based on €30 per hour for interviewer costs [↑](#footnote-ref-35)
36. This is converted from annual costs of £35,000 including interviewer training, adaptation and access to RAS materials. [↑](#footnote-ref-36)
37. This includes: interviewer training, licensing, SIS online system and paper tools etc. and is based on a quotation from AAIDD of $346,103.75 [↑](#footnote-ref-37)
38. The Introduction of Individual Budgets as a Resource Allocation System for Disability Services in Ireland: A Contemporary Developments in Disabilities Service Paper (NDA, May 2011) [↑](#footnote-ref-38)
39. They are not designed to predict the need for clinical or therapy supports. Mainstream therapy and clinical supports typically come from separate health services in other jurisdictions. In Ireland, many service providers provide clinical and therapy supports as an intrinsic part of their services. RAS and SIS do not capture these elements in an Irish provider’s cost base. The assessment of need process set out in the Disability Act would include clinical, therapy and disability support services. [↑](#footnote-ref-39)
40. when compared to service users with mild to moderate intellectual disabilities [↑](#footnote-ref-40)
41. Interviewers were not asked to record the time spent on actions after the RAS interview as the inputting process was completed centrally by the NDA and captured through separate timesheets. [↑](#footnote-ref-41)
42. In almost all cases interviewers did not provide any further clarification on what ‘other’ covered in terms of type of activity. In the one case where this was clarified, it was linked to spending time with a PLO post-interview to find out more about the service user [↑](#footnote-ref-42)
43. All costs exclude travel time [↑](#footnote-ref-43)
44. Lower value is based on €22 per hour for interviewer costs and the upper value is based on €30 per hour for interviewer costs [↑](#footnote-ref-44)
45. This is converted from annual costs of £35,000 including interviewer training, adaptation and access to RAS materials. [↑](#footnote-ref-45)
46. This includes: interviewer training, licensing, SIS online system and paper tools etc. and is based on a quotation from AAIDD of $346,103.75 [↑](#footnote-ref-46)
47. Service users with progressive conditions may need more frequent reassessment than other types [↑](#footnote-ref-47)
48. Note this table refers to the number of quick response sheets that were completed by each group, and it does not refer directly to the number of people that were in attendance at interviews (e.g. a family member might have attended an interview but not completed a quick response sheet, or they may not have been in attendance at both the RAS and SIS interview) [↑](#footnote-ref-48)
49. In part this reflects the very low numbers of service users in each grouping once we began the process of cross-tabulating the data, which in many cases meant the bases were too small to undertake significance testing [↑](#footnote-ref-49)
50. Note the prefixes were added by NDA for the purpose of coding response to the question and they are not labelled in the RAS 5 in this form. [↑](#footnote-ref-50)
51. The RAS score used was taken as ‘before question 9’; thus excluding the questions on support provided by friends or family. This was to ensure the score was most comparable with the SIS, which does not capture information or weight scores depending on the amount of additional support provided by friends or family. [↑](#footnote-ref-51)
52. These were identified by reference to the standard deviations, inter-quartile difference or the number of deciles difference between the two measures of need (more than 2.5 SD, 1.5 IQD or more than 4 deciles apart) [↑](#footnote-ref-52)
53. The corrected SIS scores have been used in all the analysis that is presented in this report. [↑](#footnote-ref-53)
54. Note that service users could be recorded as having more than one additional support need, i.e. B or C, or B and C. We have based the categorisation in the chart based on the first response given. [↑](#footnote-ref-54)
55. Six of this group were also interviewers. Also note that the online survey was only sent out to interviewers that had completed an interview with a service user (not all those originally recruited actually undertook interviews) [↑](#footnote-ref-55)
56. Note that where service users had cognitive impairments or severe/profound intellectual disabilities they were interviewed by someone with professional expertise in that field. [↑](#footnote-ref-56)