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# Linking user and staff perspectives in the evaluation of innovative transition projects for youth with disabilities

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## Abstract

A key challenge in formative evaluation is to gather appropriate evidence to inform the continuous improvement of initiatives. In the absence of outcome data, the programme evaluator often must rely on the perceptions of beneficiaries and staff in generating insight into what is making a difference. The article describes the approach adopted in an evaluation of 15 innovative projects supporting school-leavers with disabilities in making the transition to education, work and life in community settings. Two complementary processes provided an insight into what project staff and leadership viewed as the key project activities and features that facilitated successful transition as well as the areas of quality of life (QOL) that participants perceived as having been impacted positively by the projects. A comparison was made between participants' perceptions of QOL impact with the views of participants in services normally offered by the wider system. This revealed that project participants were significantly more positive in their views than participants in traditional services. In addition, the processes and activities of the more highly rated projects were benchmarked against less highly rated projects and also with usually available services. Even in the context of a range of intervening variables such as level and complexity of participant needs and variations in the stage of development of individual projects, the benchmarking process indicated a number of project characteristics that were highly valued by participants.

## Keywords

quality of life, logic models, programme evaluation, transition to adulthood, community inclusion

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## **Introduction**

This article reports on a programme evaluation that aimed to document and appraise the activities and perceived outcomes of 15 projects supporting alternative ways of meeting the work, education, training and recreation needs of school-leavers through community-based services. These were innovative projects that were funded on the basis of providing new approaches to delivering individualized supports to school-leavers with a range of disabilities. They aimed to prepare young people with disabilities for more independent lives as active citizens; to provide work-focused supports, job-focused training or transition to further education; and to create connections in the community in order to provide opportunities to socialize and engage in desired recreational activities using mainstream resources as much as possible. These projects were expected to be in line with recommendations from the New Directions report (Health Services Executive, 2012), which recommended a move away from day-care service provision in sheltered workshops towards a more community- and employment-focused approach and also towards individualized planning and delivery of services.

The central questions that the evaluation addressed were concerned with the ways in which the projects implemented an individualized model of service and the results of doing so from the perspective of the project beneficiaries.

The evaluation approach was customized to the different needs and values of the stakeholders in the projects and their information needs (Donaldson, 2007). The evaluation was formative rather than summative, as it aimed to generate evidence that could be used by the funder and the participating projects to identify strengths that could be built on as well as areas for improvement that could be addressed in future approaches. The evaluation approach was theory driven in two ways. Firstly, it emanated from an *a priori* position that quality of life (QOL) impact was 'good' and that it provided a useful reference point for gaining insight into the aspirations of the projects and the perceptions of their participants. Secondly, a programme logic model approach provided a basis for elaborating the 'theory' that underpinned each project's approach to delivery.

Key challenges in implementing the evaluation arose from disparities in the content, duration, inputs and methods of different projects as well as the diversity of participants. A methodology that could allow comparisons of dissimilar approaches was required in order to be able to link project activities and processes to the perceptions of participants. For a variety of reasons, it was considered unlikely that a simple and direct causative link between action and outcomes could be established not least because of the challenge in distinguishing between a deficient project model which has been well implemented, a good model being poorly implemented or simply that the measurements being used were insensitive to impacts. In the absence of appropriate baseline and outcome data, the possibility of a random assignment to treatment options and the heterogeneity of project goals and participants, the approach to generating useful hypotheses is best described as qualitative integration that has more similarities with benchmarking than programme evaluations.

## **Measuring perceptions of the QOL impact of services**

The QOL is intuitively attractive as an outcome measurement for rehabilitation and is widely discussed in the social and political sciences (Guillemin, 1995; Guillemin et al., 1993; Mathias et al., 1994). However, from a research perspective, it can be ambiguous and difficult to define and measure (Wolfensberger, 1997).

QOL has been defined in the disability field in many ways, but there tends to be a shared assumption that it is best viewed as a subjective perception of individuals. Chubon (1985) describes the different dimensions of QOL for people with a range of health conditions and impairments. Ten dimensions emerged, that is, work, leisure, nutrition, sleep, social support and network, income, health, love/affection, environment and self-esteem. Pain et al. (1998) identified four domains: emotional health, interpersonal relations, maximization of one's potential and a meaningful and gratifying life project. The WHOQOL Group (1998) identified six domains: physical health, psychological well-being, level of independence, social relations, environment and spirituality/religion/personal beliefs.

The QOL framework adopted for this evaluation was adapted from the work of Schallock (1996). He identified eight critical components of QOL: emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion and rights. This categorization informed the work of a research working group of the International Association for the Scientific Study of Intellectual Disabilities (Schallock et al., 2002). The group developed a multi-element framework of QOL that aimed to be relevant to public policy, evaluation of services, innovation and the identification of support needs of individuals. The group proposed a set of principles and guidelines to guide researchers and professionals in implementing initiatives relating to QOL.

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

This approach acknowledges that people know what is important to them and that choice and control over activities, interventions and the environment have an enabling dimension. People's perceptions of QOL are neither right nor wrong, it is about what the person feels at a specific moment in his/her life.

It is essential to distinguish between the person's own perceptions and the perceptions of others including family members. In this regard, it is important to develop non-verbal ways of responding for those who have difficulty expressing themselves through language, though another person's perspective can be used where a person is unable to express himself/herself even through non-verbal methods.

The framework has been mapped against the UN Convention on the Rights of Persons with Disabilities, which identified a strong association between the eight core domains of QOL and the Convention (Verdugo et al., 2012).

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

the current context, it was not possible to build a meaningful longitudinal evaluation design into the business processes of the service providers.

A number of additional challenges in using subjective QOL were raised by Perry and Felce (2002). They proposed four standards that need to be met in measuring QOL. These related to consistency, that is, the proportion of respondents who can answer an item, regardless of the accuracy of the response; test–retest reliability, that is, the stability of responses to the questionnaire over time; correspondence of responses that have the same meaning, that is, the sensitivity of items to response bias or acquiescence; agreement of responses with information from other sources, for example, degree of agreement with the views of staff or family members.

To address some of the above issues, the questionnaire used in the evaluation allowed the respondents to link their ratings of QOL directly to the project in which they participated; it could be used to gather ratings while respondents were still actively participating in the service; and the questionnaire had been evaluated for reliability and it measured the perceptions of participants rather than objective QOL impact. In addition, a number of design features were included in a simplified version of the scale to address the design standards recommended (Perry and Felce, 2002). These are described in the methodology section.

## **Modelling programme processes and activities**

Programme theory and logic models are widely used in both programme design and innovation processes (Jordan, 2010; Mayeske et al., 2001) and programme evaluation (Julian, 1997; Hayes et al. 2011). It provides a way of making the activities of programmes explicit and elaborating the way in which these are associated with intended outcomes (McLaughlin and Jordan, 1999; 2010). In the current evaluation, it was assumed that because the projects were funded under the same initiative, that is, school-leaver transition to education, work and community life, and because they were funded on the basis that they used a common approach (individualized planning and service delivery), they were designed to achieve at least some similar immediate outcomes for the participants.

Nevertheless, the projects were very diverse in content, intended beneficiaries and approach. Programme theory and logic modelling provided a way of framing each of the projects in terms of how leadership and staff expected it to produce its intended outcomes (Knowlton and Phillips, 2013). Programme theory makes explicit the underlying assumptions in a programme or service in order to clarify how it is supposed to produce impacts on service beneficiaries. It attempts to distinguish between system factors such as resources and funding and factors arising from the logic on which the programme is built such as method or activities. It considers the theoretical basis for the programme or service by reconstructing the underlying theory, its individual parts and the way in which they are related. This can then be used to review both practically and logically the extent to which a programme has the potential, if well executed, to make the impacts that are intended for it (Epstein and Klerman, 2013).

A programme theory can be visually represented using a logic model. A logic model maps the (theoretical) logical relationships between the elements of a programme or project and its intended outcomes and impacts (Kellogg Foundation, 2004). It can help staff to make the assumptions underlying a project explicit and to become aware of the links and interdependencies between the elements of the programme that are needed so that it can meet its objectives (McLaughlin and Jordan, 2010). In effect, it describes the relationship between the programme's activities and its outputs, immediate outcomes and long-term outcomes. The elements of a logic model are often specified in a flow diagram where causal relationships are represented by boxes and arrows.

Logic models are particularly useful when evaluating projects that are at a formative stage of development (Epstein and Klerman, 2013). In the current evaluation, they provided a systematic basis for challenging project staff and leaders to explore what they considered to be innovative and unique. In addition, they enabled the evaluators to view the disparate approaches and rationales through a similar lens, which focused on:

- the intended impact, intermediate and long-term outcomes of the project;
- the activities implemented in order to achieve these outcomes;
- the immediate outcomes expected for each of the activities;
- the way in which the efficiency of each activity could be measured in terms of output; and
- the inputs required by the project and each activity in order to deliver it.

Programme theories and logic models were developed for both innovative services and existing services. This provided a basis for benchmarking the projects' methodologies against those used in comparison services in the existing system of provision for school-leavers.

## Methodology

### *The QOL impact survey*

*Participants.* The number of potential participants and the characteristics of the projects are presented in Table 1. Overall, 177 participants were expected to take part in the 15 innovative projects, and approximately 90 of these were scheduled to take part within the first year of their operation. The aim was to sample about half of these as part of the study ( $n = 42$ ). A further 20 service users from comparator services were sampled through five of the larger organizations who were involved in the projects and who ran already existing services for the target groups. In the event, 39 interviews were carried out with a random sample of project participants and 19 interviews were conducted with participants from comparison services.

The sample could be described as a random sample stratified by project. The sampling procedure involved each project providing a set of unique codes for each of the participants in that project. Project numbers ranged from 1 to 21 participants (see column 5, Table 1). Within each project, each participant was assigned a number by the researchers, and a random number generator was used to select the participants. The codes of the selected participants were sent back to each project where the consent procedures agreed were implemented. The project staff were asked to determine whether a selected individual could participate independently, a support person was required or whether a proxy interview was most appropriate. Thus, where there was only one participant in a project, he/she was selected. In the case, where there were two participants in a project, one of these was selected randomly. For those projects with more than two participants, about half of the participants were sampled. In the case of project 3 which had 21 participants, eight respondents were randomly selected. A similar procedure was used to select the respondents for the comparison group.

In the event, 39 respondents from the projects and 19 respondents from comparison services participated in the study. The age, gender, level of assistance required to support participation in the survey and the researchers' estimate of the extent to which items were understood are presented in Table 2. The groups did not differ significantly on any of these variables although the participants from the innovative projects had a wider range of challenges in understanding the process

**Table 1.** The intended sample for the QOL impact survey.

Project	Duration	Project activities	Clients overall	Clients year 1	Intended sample
1	3 Years	Creating opportunities for school-leavers to experience community-based training, work placement, recreational activities, social roles and community connections	5	2	1
2	1 Year	Setting up in alliance with community groups, a consortium to enhance the opportunities for people with intellectual disabilities in mainstream settings.	12	12	6
3	3 Years	Assisting participants to transition from a service-led to a user-led, person-centred and individually focused service – developing participants as entrepreneurs	62	21	8
4	3 Years	Providing the supports required for school-leavers on the autistic spectrum including training and supports provided to families and support staff in behaviour management focused on the management of severe challenging behaviours	12	4	2
5	3 Years	Partnering with organizations such as education providers, mental health services, advocacy agencies to develop the skills needed for long-term work and/or further training and supporting the participants' families	8	3	1
6	1 Year	Implementing all activities in the community to prevent a traditional centre-based service ethos from developing, using supported employment, employer-based training, lifelong learning, further education, normalization and social role valorization	6	6	3
7	3 Years	Providing young adults and school-leavers with autism and high support complex needs individualized programmes	16	5	3
8	1 Year	Supporting access to a range of work placements, courses and interests in the community, including individualized support for people in their final year in school; access to support staff and a resource teacher; attendance at a local mainstream school and peer mentoring	8	8	4
9a	1 Year	Supporting a young adult school-leaver with complex needs, including an individualized day activity programme tailored to needs (identified with the person, family, school and other professionals)	1	1	0
10	1 Year	Supporting school-leavers with physical and sensory disabilities to access mainstream further education and training and progress to third-level education	4	4	2
11	2 Years	Developing new ways to promote the social inclusion of people with profound and complex needs, including individualized lifestyle planning; inclusion of stakeholders in implementation; a 'circle of supports' and a 'decision-making' policy. Goals included an individualized budget and a 'lifestyle planning' approach	5	3	1

*(continued)*

Table 1 (continued)

Project	Duration	Project activities	Clients overall	Clients year 1	Intended sample
12	3 Years	Providing individual attention and support to achieve social inclusion, including a personalised approach and service and interaction with mainstream services to achieve their goals	18	6	3
13	3 Years	Providing individualized support to participants to lead independent lives and promoting participation in locally based activities and local training opportunities	7	2	1
14	1 Year	Promoting self-employment supports for people with disabilities and assisting participants to explore and plan a micro business or social enterprise in their local area with family and community involvement	8	8	4
15	1 Year	Exploring ways to make learning opportunities available to people with intellectual disabilities, applying the principles of inclusion within a third-level college system and providing participants with a college experience as close as possible to that of their peers.	5	5	3
Total			177	90	42

QOL: quality of life.

<sup>a</sup>The individuals taking part in this project were not included in the study in order to preserve their anonymity.

compared to those from existing services. In other words, there was a greater percentage of respondents who had a good understanding and whose understanding was questionable.

The left-hand column lists the characteristics of the respondents in terms of gender, age, assistance required and the estimated level of understanding demonstrated during the interview. Columns 2 and 3 present the characteristics of participants selected from the projects and columns 4 and 5 the characteristics of the participants from comparison services. The right-hand column presents the total number of respondents.

Given that approximately 90 participants were scheduled to take part in the projects within the first year, over a third of the participants in the projects were included as part of the sample.

**Materials.** Measuring the impact of the activities of the projects and comparison services on participants has a number of difficulties. Baseline data on the pre-project status of participants were not available. In addition, the formative nature of the evaluation and the fact that projects were in the early to middle stages of development meant that outcome data were not available. In order to deal with these realities, the measurement of project impacts was defined in terms of participants' perceptions of how the projects had impacted on their QOL. The tool used to gather these data was the Quality of Life Impact of Services questionnaire – QOLIS (European Platform for Rehabilitation, 2012). The QOLIS is based on the framework proposed by Schalock (1996), which proposes three structural dimensions, elaborated into eight variables.

- Personal development addresses the competences required to manage relationships and life challenges effectively and includes two sub-scales interpersonal relations and self-determination.



**Table 2.** Characteristics of the respondents who completed the QOLIS.

	Projects		Comparison services		Total
	N	Mean (years)	N	Mean (years)	
Age in years	36	24.67	19	29.95	
Gender	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Male	25	64	9	47	34
Female	14	36	10	53	24
Total	39	100	19	100	58
Assistance required	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Independent administration	19	49	12	63	31
Accompanied by family/advocate	5	13	1	5	6
Accompanied by staff	10	26	6	32	16
Missing	5	13			
Total	39	100	19	100	58
Understanding	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Good understanding	23	59	5	26	28
Some items needed detailed explanation	5	13	4	21	9
Some items were not understood	6	15	6	32	12
Questionable understanding	4	10		0	4
Missing	1	3	4	21	5
Total	39	100	19	100	58

QOLIS: Quality of Life Impact of Services.

- Social inclusion refers to the opportunity to take control of one's interaction with the environment and to influence the decisions that have an impact on a person's life projects. This dimension is comprised of three variables: employability, citizenship and rights.
- Well-being asks questions about the extent to which people perceive themselves to be better off in terms of areas such as their abilities and disabilities, life satisfaction, mobility, leisure, daily life activities, property and income. This dimension is subdivided in three sub-scales: emotional, physical and material well-being.

The full version of the QOLIS is most suitable for people with an independent level of literacy and abstract understanding. It consists of 55 self-completion items.

In 2012, a reliability study to assess the extent to which QOLIS ratings were stable over time was implemented. The study administered the questionnaire to a randomly selected group of 123 service participants from Germany, Ireland, Norway, Portugal and Slovenia and readministered it a second time after a period of 6 weeks. The reliability indicator used was Pearson's *R*. The results indicated that the total QOL rating and the three dimensions of personal development, social inclusion, and well-being ratings were very stable over time with correlation coefficients ranging from  $r = 0.81$  for social inclusion to  $r = 0.86$  for total QOL and an adjusted  $R^2$  for total QOL of 0.73 (standard error = 10.95).

An easy-to-read version for people who required additional support to complete the questionnaire (QOLIS-ER) was piloted on a number of volunteers from the project participants and revised prior to application in the main evaluation. This version had a number of design features

that were intended to address many of the concerns raised in relation to responsiveness, consistency and response bias (Perry and Felce, 2002). These included more than one item contributing to each domain and dimension score; using 'yes - no' responses supported by illustrations and physical gestures instead of a rating scale; the inclusion of training questions that screened for bias or acquiescence; prorating domain and dimension scores for non-responses; project staff not being permitted to act as proxies; referencing behaviours and concrete life components rather than referencing abstract concepts such as 'satisfaction', 'happiness' or 'being sad' items. In addition, the degree to which responses could be considered valid and the extent of assistance provided were recorded by researchers.

### *Procedures*

*Data collection – Project participants.* The first step in this process identified the numbers of individuals participating in the projects during their first year of operation. The individuals were then randomly sampled and invited to take part in the evaluation study. Consent to take part in the study was obtained through contacting persons in each of the projects through project staff. Informed consent was obtained either from the individual client or from his/her parents or carers. This consent emphasized that participants understood what would be required of them, that they had the right to have someone present during the interview and that they could withdraw at any time. Once informed consent had been obtained, the staff contact person in the project made arrangements for the interview to take place. These generally took place on the premises of the project, but a number of them took place in the homes of participating clients. Potential interviewees could have a parent, guardian or staff member present at the interview. In cases where staff members from the service provider were present, they were not project workers, that is, they were not involved directly in providing services to the participating client. In 21 cases, the participating clients' communication and other difficulties were so severe that it was decided that they would be supported by the parent or guardian during the interview, by a staff member not involved in the project or by the parent or guardian themselves.

All interviews were conducted by a team of four trained and experienced researchers. Pilot interviews were run to ensure that the study interviews ran as smoothly as possible. Responses to the interviews were recorded anonymously at the time of interview. Additional information was recorded in relation to the interviewer's perceptions of the level of understanding of the interviewee, whether they had a parent/guardian present and any other relevant information which related to the quality and reliability of the interview data.

*Data analysis – Participant perceptions.* The data from the QOLIS were used in two separate analyses, apart from being reported on in its own right. In the first, data were used to compare the QOL impact ratings of project participants with those from comparison services. In the second, the ratings were used to compare the activities of more highly rated projects with those less highly rated with the aim of identifying activities that impacted more positively on QOL outcomes for participants.

The responses of project participants from comparison services were analysed using a series of analyses of variance (ANOVAs) in which the independent variable had two levels (participating in an innovative project and participating in a comparison service) and the dependent variables were QOLIS ratings. The initial ANOVA was carried out on the total QOLIS rating, and subsequent analyses were carried out on individual QOLIS subscales to identify the source of the variance identified in the total QOLIS score.

### *Characterising the key characteristics of the projects*

*Intended beneficiaries.* The 15 projects were intended to meet the needs of participants with a diverse range of physical, cognitive and emotional-behavioural needs. Rather than using diagnostic categories to characterize the needs of targeted beneficiaries, a profiling system was used to document the level and complexity of the personal, social and vocational needs and strengths catered for by the projects and the comparison services. These were generated by staff for a random selection of participants not included in the survey and validated by project coordinators. The profiles of each of the projects are presented in Table 3.

Column 1 lists each project. Columns 2 to 5 indicate the level of intensity of personal and social supports required by participants, and columns 6 to 11 indicate the intensity of work-related supports required. The number of participants sampled from each project are specified in the right-hand column (see Table 1). Information on intensity of support was not forthcoming from two projects (9 and 15).

*Generating project programme theories and logic models.* The evaluators worked directly with the project leaders through a number of working group meetings and by email to generate a logic model for each project. The leaders in turn consulted with project staff in completing the templates provided by the evaluators.

A multistage process was used to obtain the information needed to construct the logic models:

- Stage 1 – Project input questionnaire: this addressed the nature and amount of inputs needed to provide the project service. It was used as a first step in building the logic model for the project.
- Stage 2 – Initial model development and clarification: this involved drafting the first version of the model and consulting with project staff to ensure that it was correct.
- Stage 3 – Project activities and outputs questionnaire: this addressed the main activities of the project and its intended outputs. This information was also used to help build the logic model for each project.
- Stage 4 – Final model development and clarification: This stage involved drafting the complete model and consulting with the project to ensure its accuracy.

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

*Synthesizing project logic models into an overall programme theory.* The data on project processes came from the logic models and in particular from the activities that were specified. These were synthesized, using a content analysis into one overall logic model, which was validated through feedback from project staff. The overall model was then benchmarked against two other generic logic models of existing services that represented the two main alternative services to which

**Table 3.** The intensity of support needs catered for by each of the projects.

Project	Health	Personal and social					Work					Work readiness	Interviews
		Self-care	Communication and cognitive	Socio emotional	Vocational potential	Physical readiness	Vocational readiness	Psychological readiness	Social readiness				
1	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	1/2
2	Mod	Mod	Hi	Mod	Mod	Mod	Hi	Mod	Hi	Mod	Hi	Mod	6/12
3	Mod	Mod	Mod	Mod	Hi	Mod	Mod	Mod	Mod	Mod	Mod	Mod	8/21
4	Lo/Mod	Mod	Mod	Hi	Hi	Hi	Hi	Mod	Hi	Hi	Hi	Hi	2/4
5	Lo	Lo	Lo	Lo	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	1/3
6	Lo	Lo	Mod	Mod	Hi	Mod	Mod	Hi	Mod	Mod	Hi	Mod	3/6
7	Hi	Hi	Hi	Mod	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	3/5
8	Lo	Mod	Mod	Hi	Hi	Hi	Hi	Hi	Mod	Hi	Hi	Hi	4/8
9													0/1
10	Lo/Mod/Hi	Lo	Lo	Lo	Hi	Lo	Hi	Hi	Hi	Mod	Hi	Hi	2/4
11	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	Hi	1/3
12	Mod	Lo	Lo	Mod	Lo	Lo	Lo	Mod	Mod	Mod	Mod	Mod	3/6
13	Hi	Mod	Hi	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	Mod	1/2
14	Mod	Mod	Mod	Mod	Mod	Mod	Lo	Lo	Mod	Mod	Mod	Mod	4/8
15	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3/5
													42/90

Mod: moderate; Hi: high; Lo: low; NA: not available.

project participants would have been referred had they not been involved with the innovative projects.

### ***Benchmarking the innovative project and comparison services***

The standard error for each variable, derived from the ANOVAs of all projects and the comparison projects, was used to create a 95% confidence interval for each QOLIS variable. These could then be applied to the differences between participant ratings of each project and the comparison group. This allowed for an exploration of the extent to which significant effects could be attributed the projects in general or to ratings of specific projects. It should be noted that at the level of a project, the QOLIS ratings reflected the perceptions of between two and five participants.

The purpose of this stage of the analysis was to identify projects that were considered by participants to make a significant contribution to their QOL rather than to compare the relative impact of specific projects on QOL.

## **Results**

### ***The QOL impact***

The analyses of QOLIS ratings indicated that participants in the new projects rated the QOL impact of services and supports significantly higher than the participants in comparison services ( $p < 0.05$ ). A summary of the results is presented in Table 4.

The QOLIS ratings by participants exceeded the ratings of participants in comparison services on all variables except material well-being.

The significant effect on the total QOLIS rating could be attributed to higher ratings for impact on the social inclusion dimension of the scale ( $p < 0.00$ ) and, in particular, on the citizenship ( $p < 0.03$ ) and employability ( $p < 0.00$ ) variables. In addition, the difference between participant ratings in the new and the comparison services on the rights variable approached significance. In contrast, the QOL impact ratings on the dimensions of personal development and well-being did not differ significantly.

Whilst it is important to emphasize that these results represent the opinion of participants rather than service outcomes, it is clear that the participants in the new projects rated the social inclusion impact of interventions significantly higher than participants in the comparison services. Seven of the projects for which data were available were rated by participants as having a significantly greater impact on personal development, social inclusion and well-being when compared to the ratings of participants in comparison services. Furthermore, 12 of the 13 projects were rated significantly higher in terms of QOL impact on at least one aspect of the QOLIS scale. Only one of the new projects for which data were available did not significantly outperform comparison services in terms of the QOL impact ratings of participants.

### ***Key components of the innovative projects***

The components of the logic models for each of the projects were compiled and sorted into common categories. A further classification procedure reduced the initial large list of activities to eight elements. A similar procedure was used to condense the outcomes and impact components of the logic models. The resulting summary logic model for the innovative projects is presented in Figure 1.

**Table 4.** Analysis of QOLIS ratings for the transition projects and comparison services.

		Projects	Comparison	Total	Difference	Significance
Interpersonal skills	<i>n</i>	39	19	58		
	QOLIS score	78.29	75.44	77.36	2.85	0.71
Autonomy	<i>n</i>	39	19	58		
	QOLIS score	79.66	72.81	77.41	6.85	0.31
Personal development	<i>n</i>	39	19	58		
	QOLIS score	78.97	74.12	77.39	4.85	0.42
Rights	<i>n</i>	37	19	56		
	QOLIS score	70.77	52.63	64.61	18.13	0.06
Citizenship	<i>n</i>	39	19	58		
	QOLIS score	65.46	43.86	58.39	21.60	0.03
Employability	<i>n</i>	37	19	56		
	QOLIS score	69.31	41.23	59.78	28.08	0.00
Social inclusion	<i>n</i>	39	19	58		
	QOLIS score	67.55	45.91	60.46	21.64	0.00
Emotional	<i>n</i>	39	19	58		
	QOLIS score	80.70	71.93	77.83	8.77	0.27
Physical	<i>n</i>	39	19	58		
	QOLIS score	79.00	68.42	75.53	10.58	0.22
Material	<i>n</i>	38	19	57		
	QOLIS score	57.11	60.53	58.25	-3.42	0.71
Well-being	<i>n</i>	39	19	58		
	QOLIS score	72.31	66.96	70.56	5.35	0.35
QOL	<i>n</i>	39	19	58		
	QOLIS Score	72.94	62.33	69.47	10.61	0.05

QOL: quality of life; QOLIS: Quality of Life Impact of Services.

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

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

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

### *Insights generated by the benchmarking process*

Two main distinctions could be drawn between the innovative projects and comparison services. Firstly, whilst comparison service included in their intended outcomes community integration

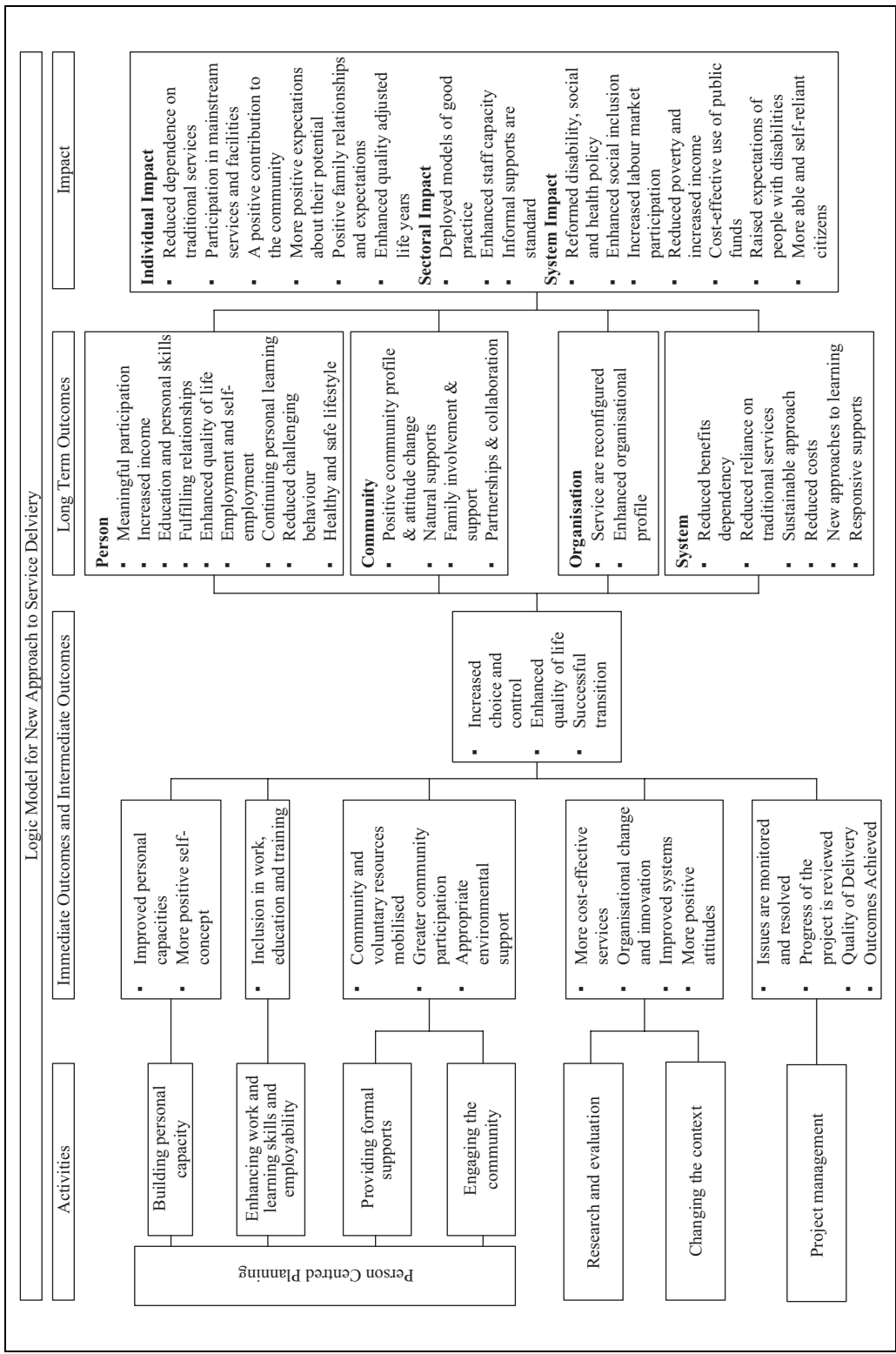


Figure 1. Summary logic model of the innovative projects.

objectives, the vast majority of activities and processes were aimed at changing the person rather than adjusting the environment or the system. Secondly, whilst both comparison services and the innovative projects operated individual person-centred planning, the scope of the plans in the innovative projects includes a greater focus on community-based activities and experiences.

In addition, comparing the logic models of highly rated projects with those that were not, revealed a number of components that seemed to be associated with specific QOL domains and variables. Some of these were significant across a number of the scales and others related to specific impacts. These components were classified into person-facing, environment-facing and system-facing processes.

#### *Person-facing processes*

*Capacity building, rights and self-advocacy.* Four projects specified activities aimed at explicitly developing the capacity of participants in relation to rights and self-advocacy. These included activities such as advocacy skills training, social skills training and building cultural identity. The QOL impact of these projects was rated more highly than comparison services in terms of overall QOL impact, impact on social inclusion and particularly in relation to rights and citizenship, impact on autonomy and in relation to emotional and physical well-being.

*Learning to learn, incidental and experimental learning.* Five projects specified informal learning as an activity including discovery learning, incidental learning, involvement in voluntary work and volunteering and academic skills development. The QOL impact of these projects was rated more highly than comparison services in terms of impact on social inclusion and specifically in relation to employment.

*Mentoring, life coaching or counselling.* Four projects specified mentoring, life coaching or counselling as a logic model component. The QOL impact of these projects was higher than comparison services in terms of impact on overall QOL impact, impact on social inclusion (particularly in relation to rights, citizenship and employment), impact on personal development in terms of both interpersonal skills and autonomy and in relation to emotional and physical well-being.

*Stress management.* Two projects specified a stress management activity component in their logic model including psychology and psychiatric care, autism specific stress reductions plans, stress and anxiety management and techniques. The quality of life impact of these projects was rated more highly than comparison services in terms of impact on autonomy and emotional and physical wellbeing.

#### *Environment-facing processes*

*Providing support to families and volunteers.* Three projects specified activities focusing on providing support to families and volunteers. These included supporting families and volunteers in the project's processes and regular face-to-face and telephone contact with parents. The QOL impact of these projects was rated higher than comparison services in terms of impact on interpersonal skills and physical well-being.

*Staff training.* One project included an activity that was dedicated to building the capacity of staff to respond more effectively to challenging behaviour and staff awareness sessions. The QOL impact of this project was rated more highly than comparison services in terms of impact on social inclusion and specifically in terms of rights and employment.



### *Systems-facing processes*

*Project management.* Three projects included a project management module as an explicit element of their logic models. These included detailed project management procedures such as monitoring and review of progress, outcomes achieved and quality of delivery, identification of issues and their resolution, team and management meetings and meetings with funders. The QOL impact of these projects was rated higher than comparison services in terms of overall QOL impact, impact on social inclusion (particularly in relation to rights, citizenship and employment), impact on personal development in terms of both interpersonal skills and autonomy and in relation to emotional and material well-being.

*Research, data collection and evaluation.* Four projects included activities specified under this heading in their logic model in terms of data collection, the evaluation of the process and model being implemented, monitoring and evaluation, the evaluation of participant experiences and research activities. The QOL impact of these projects was rated more highly than comparison services in terms of impact on employment.

## **Conclusions**

The conclusions that can be drawn from the results of the evaluation are suggestive rather than definitive for a number of reasons. Firstly, the interviews varied in how they were carried out depending on the extent to which participants were able to respond independently to the QOLIS questionnaire. Secondly, the projects were at different stages of implementation and thus in some cases had not had a great deal of time to become experienced in delivering project activities. Thirdly, some projects did not set out to cover all the domains of QOL included in the QOLIS questionnaire, and as a result, it would not be expected that they would be perceived to impact in these areas.

Despite these caveats, it was clear that the methodologies applied allowed participant perceptions of QOL impact to be mapped onto staff perceptions of the core activities of both the projects and comparison services. In addition, the methodologies proved useful in providing early indicators of project performance as well as providing useful information to projects so that they can improve their effectiveness whilst still in mid-project.

The techniques used in this formative evaluation allowed a large amount of information to be synthesized. Given the fact that the projects were at different stages of development and had not completed their work, the techniques used succeeded in their primary aim of assessing how far the projects had developed and in identifying factors that may be central to the development of effective interventions for the target groups concerned.

The QOLIS questionnaire was well received by the participants surveyed and the people who supported them in completing it. It provided an elaborate profile of the perceived impact of the projects and comparison services on QOL in three domains and eight dimensions.

A significant aspect of the development of logic models was that they facilitated each of the projects to engage in a process of distillation through which the essential and specific components of the project were expressed in a form that allowed a degree of generalization.

The logic models provided two ways of benchmarking the differences between the innovative projects and comparison services. The first of these was on the basis of a comparison between the summary logic model of the overall approach with the logic model of comparison services. The second was by benchmarking the elements of the logic model components of the projects with those of comparison services at a more detailed level.

The cross-tabulated participant ratings and the components of the logic models identified factors that were consistently associated with high QOL impact ratings. Firstly, projects with high QOL ratings included person-facing processes such as individualized supports and interventions and that frequently placed learning in a mainstream setting. Secondly, the inclusion of environment-facing activities, that is, processes intended to change the context rather than the person, was a key distinguishing characteristic between the projects and existing services. Finally, highly rated projects tended to explicitly address system processes in their programme logic.

The methods and analysis used in this project offer a useful way of addressing quality of service issues, whilst building in a systematic way on the views of service users. These methods enable the most effective activities of services to be identified, thereby supporting both an internal learning process (providing that this is an explicit aim of the service) and the possibility to mentor related or new services. Longer term evaluation of these new approaches to service provision, which would enable outcomes to be monitored, offers the opportunity to demonstrate clearly 'what works' in a coherent and systematic manner. Other additional outcome measures might also be considered – these might include objective measures of participant progress, for example, progress to education, training or employment. Other more process-oriented outcomes could include indicators of behaviour, performance, sociability and others.

One conclusion that may be drawn from the study concerns the need to have ongoing personalization of service delivery for people with disabilities. It was clear from many of the projects that the needs of clients were diverse and that the range of services needed to meet these needs were also diverse. In addition, the profile of needs of clients can change over time, meaning that services also need to evolve over time. The personalization of services, therefore, whilst containing some constant elements, is an ongoing process that needs to be revisited continually. An essential part of this review should be the assessment of the services provided in terms of how appropriate they are for the needs of the individual and also the assessment of the impact of these services for the individual client.

### **Authors' Note**

Materials used in the study can be obtained from the authors.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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