

Tools to build care workers' evaluation skills

Dementia SPEAKE is a series of free online resources to help dementia care workers develop the skills to formally evaluate their programs and services.

Megan Heffernan, Tiffany Jessop and Ruby Tsang explain



Aged care policy in Australia supports the delivery of services in the community, reflecting the fact that most people with dementia prefer to live at home. Despite this, one-in-three people with dementia in the community do not access formal services (Access Economics 2009; Brodaty *et al* 2005).

Reasons for a lack of engagement with care services are varied but we do know that unmet needs are associated with negative outcomes including nursing home placement (Gaugler *et al* 2005). This illustrates the importance of ensuring people with dementia and their carers are connected with a service that is appropriate to their specific needs and circumstances.

In order to decide whether a service is appropriate, you need to understand what that service is capable of achieving. However, while there is a need for quality dementia services in the community, there is a lack of evidence for successful programs, suitable outcome measures and evaluation frameworks in community-based dementia services (Low *et al* 2012). This leaves both carers and service providers without reliable and timely information about successful programs and areas for improvement.

In 2013 our team from the Dementia Collaborative Research Centres developed the Dementia SPEAKE (Service Providers' Evaluation and Knowledge Exchange) Program. Dementia SPEAKE was designed to address this evidence gap by helping service providers develop evaluation skills within their workforce. Dementia SPEAKE aimed to build confidence with evaluation design and procedures within community sector staff.

Building capacity

Previous capacity building efforts such as The Dementia Services Evaluation Grants (DSEG) Program (funded by Ageing, Disability and Home Care, Department of Family and Community Services NSW) have provided small grants to support specific projects. This approach to building research-related skills is potentially unsustainable.

Dementia SPEAKE explored a different approach. Instead of limiting skills development to small external grants (a

traditional 'research outcomes' model) we sought to directly improve the evaluation skills and confidence of frontline community care workers. We reasoned this type of applied knowledge would potentially:

- Increase the number of organisations indicating an intention to routinely evaluate their services.
- Help care workers identify areas of interest and need that researchers not working on the frontline may overlook.
- Enable organisations to evaluate and answer specific questions about their service.

Increasing evaluation skills

The Dementia SPEAKE program included a face-to-face workshop, written materials and ongoing support (three months) from experienced researchers.

A total of 19 care workers from NSW took part in Dementia SPEAKE. Organisations represented were mainly metropolitan (74%), not-for-profit (74%) and providers of dementia-specific services (79%).

We assessed the change in participants' evaluation knowledge and skills by asking them to complete self-evaluations before the workshop and then again one week and three months after the workshop. Over half of participants found topics relevant and helpful, and there was an increase in confidence in conducting evaluations (58% to 75%). Almost half (42%) said they anticipated integrating evaluation into their workplace.

Barriers to implementing evaluation methods included other work taking priority (64%) and lack of technical support (27%).

The evaluation of Dementia SPEAKE demonstrated that evaluation knowledge and skills can be increased in a short course. However, the ability to apply and use this knowledge in a time-poor work environment remains a strong barrier to adoption of formal evaluation methods.

Accessing the resources

Care workers or organisations interested in developing evaluation skills can access the Dementia SPEAKE resources free of charge in the form of e-Learning modules

from the DCRCs' new DementiaKT Hub website (www.dementiaKT.com.au, under Education and Training).

The resources are designed for people with little evaluation experience and can serve as a starting point for those new to the area or before moving onto more comprehensive materials. Topics covered include the evaluation process, developing evaluation goals and objectives and evaluation designs, recruitment and sampling, ethical considerations, analysing qualitative and quantitative data, evaluation findings, and the essentials of an evaluation report.

Through developing resources such as Dementia SPEAKE we hope to improve the ability of service providers to feel more confident in partnering with agencies like the DCRCs in evaluating their services and impact. This approach has the potential to be a cost-effective way to gather important data about which community-based services meet consumers' needs. ■

Acknowledgments

Dementia SPEAKE was funded by a grant from the DCRC Knowledge Translation Small Grant Scheme.

References

- Access Economics (2009) *Making choices: future projections, problems and preferences*. Alzheimer's Australia. Available at: www.fightdementia.org.au/national/publications/access-economics-reports.
- Brodaty H, Thomson C, Thomson C, Fine M (2005) Why caregivers of people with dementia and memory loss don't use services. *International Journal of Geriatric Psychiatry* 20(6) 537-546.
- Gaugler JE, Kane RL, Kane RA, Newcomer R (2005) Unmet care needs and key outcomes in dementia. *Journal of the American Geriatrics Society* 53(12) 2098-2105.
- Low LF, White F, Jeon YH, Gresham M, Brodaty H (2013) Desired characteristics and outcomes of community care services for persons with dementia: what is important according to clients, service providers and policy? *Australasian Journal On Ageing* 32(2) 91-96.

■ Dr Megan Heffernan is a Research Associate with the Dementia Collaborative Research Centre: Assessment and Better Care (DCRC: ABC), UNSW Australia; Dr Tiffany Jessop is a DCRC: ABC Project Coordinator; Ruby Tsang is a research assistant with DCRC: ABC. To follow up on this article contact Megan Heffernan at meganh@unsw.edu.au