Evaluation of the launch of the National Disability Insurance Scheme: Evaluation Framework

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Executive Summary

A consortium of evaluation, survey research and disability experts led by the National Institute of Labour Studies at Flinders University of South Australia has been commissioned to evaluate the launch of the National Disability Insurance Scheme (NDIS) in South Australia, Tasmania, New South Wales, Victoria and the Australian Capital Territory[1]. The objective is to evaluate the impacts of the NDIS on:

- people with disability, and their families and carers,
- the disability sector and its workforce,
- selected mainstream providers and services[2], and
- the wider community.

It is also intended to evaluate high-level processes, focussing on elements of the NDIS which contributed to or impeded positive outcomes.

This document outlines a framework for the evaluation, which provides a broad structure upon which individual components are built and integrated. The focus is on the scope of the evaluation, key evaluation questions concerning impacts and higher-level process issues, evaluation design and methodologies, as well as on data and data sources to be used or generated by this project.

The evaluation framework will need to take into account a number of specific features of the NDIS and of the context in which it has been launched. These considerations include:

- The nature of and differences in the implementation of the NDIS in the five initial launch sites, in particular variations in eligible populations, phasing-in processes, and start dates,
- The risk to the evaluation that the NDIS may get rolled out in comparison sites,
- Practical challenges of collecting data in remote areas, especially in South Australia,
- The diversity of the population of people with disability, including people with diverse communication needs, children and young people, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds,
- The need to consider the experiences of, and changes to, the disability and mainstream sectors, including the workforce of disability support providers, as well as the experiences of service users, and
- The ethical issues associated with the research.

The content and the approach of the evaluation will be shaped by the evaluation policy logic and key evaluation questions. The evaluation policy logic was developed to guide initial thinking around the design of the evaluation (see Appendix B). Conceptual work is required

[1] The evaluation framework only covers the five initial launch sites.
[2] In order to ensure the most efficient use of available resources, the evaluation is focussing on three key mainstream providers and services; education, health and mental health.

and is already under way to assist with translating the evaluation policy logic into measurable units. The key evaluation questions capture the outcomes anticipated in the evaluation policy logic, and determine to a great extent the variety of evaluation methods employed[3].

The study design seeks to explicitly address several conceptual and practical challenges of evaluating the NDIS. These include the phased launch of, and the phased transfer of participants into, the NDIS; and the absence of a genuine baseline for the proposed before-after evaluation design. The evaluation must also be responsive to continued variations of the implementation of the NDIS within and across launch sites, and capable of combining existing and new data to ensure a comprehensive impact assessment. Flexibility and foresight with respect to sampling strategies for the various proposed surveys will be essential.

The study must be carefully designed and conscious of the need to meet appropriate ethical guidelines. The nature and type of data collected requires strict application of data security and confidentiality rules.

The evaluation will be implemented in three phases. Phase 1 covers the initial period from commissioning to July 2014. It includes the detailed planning of the evaluation, including the preparation of the evaluation framework and the development of the stakeholder engagement strategy. The engagement strategy will play a key role in promoting awareness of, and active engagement with, the evaluation among those most directly affected by the launch of the NDIS. Phase 1 will involve the refinement of sampling strategies and the development of survey and interview instruments, as well as conducting the surveys of people with disability, and their families and carers; disability support providers employers and their workforces; and mainstream providers and services. Towards the second half of this phase, baseline surveys will be conducted and the data analysis will commence.

Between July 2014 and June 2015, Phase 2 will focus on analysis of the baseline data, including initial administrative data. A baseline report on initial findings from the baseline fieldwork and initial data analysis will be finalised by October 2014, followed by an intermediate report on interim evaluation findings and an analysis of high-level implementation processes, finalised by April 2015. Qualitative research will continue throughout this period, along with preparation for the second wave of fieldwork for the three large-scale surveys.

Phase 3, from July 2015 to June 2016, will see the second waves of the three large-scale surveys and the final rounds of qualitative fieldwork. The preparation of estimates of the NDIS launch impacts will commence in late 2015, as evaluation findings are drawn together for the final evaluation report to be finalised by June 2016.

[3] The evaluation policy logic and key evaluation questions were developed in consultation with the Evaluation Steering Committee and were included in the original request for quotation.

1 Introduction

1.1 Overview

The *National Disability Insurance Scheme Act 2013* formalised the introduction of the NDIS. The scheme was originally conceptualised in the Productivity Commission's 2011 inquiry report *Disability Care and Support*, which reviewed disability service and support provision in Australia. The scheme was designed to rectify a disability support system that the Productivity Commission described as "underfunded, unfair, fragmented, and inefficient" (Productivity Commission 2011, Executive Summary, p.3). The intention of the NDIS is to improve disability supports by offering more choice and self-direction to people with disability. It will be funded by both State and Commonwealth Governments and managed by the National Disability Insurance Agency (the Agency).

This evaluation framework covers the five initial launch sites which include the whole of the Australian Capital Territory, South Australia and Tasmania, the Barwon area of Victoria and the Hunter region of New South Wales. The NDIS will be launched in the Australian Capital Territory in July 2014, and commenced in July 2013 in the other four launch sites[4].

In July 2014, the NDIS will also be launched in the new launch sites of the Barkly region of the Northern Territory and the Perth Hills area of Western Australia[1]. From July 2016, the scheme will be progressively rolled out in Queensland and will commence full rollout in South Australia, Victoria, Tasmania and New South Wales.

This evaluation framework outlines the guiding principles of the evaluation and the proposed evaluation activities. The guiding principles described in this evaluation framework are established on the basis of the information available to the evaluators as at October 2013, and draws heavily on national and international experience in evaluation. The principles will be continually tested in the course of the evaluation as new information becomes available against a background of an evolving implementation of the NDIS.

This document refers to the impact evaluation of the NDIS launch, the major focus of which will be assessing the impact of the scheme on the lives of people with disability.

The remainder of this introductory chapter summarises the evaluation's main objectives and the key practical challenges and constraints that the project will need to consider. Chapter 2 describes the key features of the NDIS and its initial launch sites. Chapter 3 introduces the evaluation policy logic and explains how the operationalisation of the evaluation policy logic will shape the evaluation. Chapter 4 turns to a more detailed discussion of the scope of the evaluation and introduces the key evaluation questions that will need to be addressed and answered. Chapter 5 discusses the conceptual and practical challenges facing the evaluation,

[4] The evaluation framework only covers the five initial launch sites.

[1] The announcement of launch sites in the Northern Territory and Western Australia occurred after the National Institute of Labour Studies was commissioned to undertake the evaluation. They are therefore not included in this framework.

and describes how we intend to address these through the use, generation and integration of a diverse range of data and data sources. Chapter 6 addresses ethical aspects of the evaluation.

1.2 Evaluation objectives

The evaluation is being conducted by a consortium of evaluation, survey research and disability experts led by the National Institute of Labour Studies at Flinders University of South Australia. The other partners in the consortium include the two survey companies Social Research Centre and Ipsos Public Affairs (I-view), the Disability and Community Inclusion Unit at Flinders University, two experts in working with Indigenous and culturally and linguistically diverse communities, five state experts based in each one of the launch site states, and four international evaluation and disability policy experts from the United Kingdom and the United States of America.

The objective of the project is to evaluate the impacts of the NDIS on:

- people with disability, and their families and carers,
- the disability sector and its workforce,
- selected mainstream providers and services[5], and
- the wider community.

It is also intended to evaluate high-level processes, focussing on elements of the NDIS which contributed to or impeded positive outcomes.

A robust, transparent and objective evaluation conducted by independent evaluators will add credibility to the launch of the NDIS and, by advising on the strengths and weaknesses of the launch implementation, increase the scope for its effective long-term roll-out and management.

The complexity of the design of the NDIS, the diversity of its objectives, and the variation in the social and economic contexts of the launch sites call for a multi-faceted evaluation approach that draws on a diversity of methods and disciplines. In a textbook scenario, the evaluation would have been an integral part of the launch implementation of the NDIS and, in particular, would have been in place and commenced before the launch dates. This would have guaranteed that all evaluation sites would have a common baseline of pre-evaluation supports. In practice, the evaluation commenced at the same time as the NDIS in four of the initial launch sites and pre-evaluation baseline supports were different between these sites. So, the proposed evaluation design will develop a flexible approach that reflects existing settings, and that is responsive to emerging features of the NDIS.

The absence of state-specific directly comparable baseline information about people's lived experiences of disability, the standard of disability supports, and the structure and working

[5] In order to ensure the most efficient use of available resources, the evaluation is focussing on three key mainstream providers and services; education, health and mental health.

of the disability and mainstream sectors for the four launch sites where the NDIS has already commenced enhances the importance of 'retrospective' evaluation and research that draws on administrative data, and explores in both quantitative and qualitative studies the extent to which respondents recall their past circumstances of living with disability. It also places added onus on the appropriate selection of comparison sites and comparison populations. It will also therefore be important to draw on other available data sources to build a picture of the experiences of people with disability and the supports available before the NDIS launch.

The evaluation design is driven by the *evaluation policy logic and* the key *evaluation questions.* Both of these will be examined in detail in this document.

The purpose of the evaluation framework is to describe the contribution of individual methods of evidence collection and analysis, and their integration, to measuring the outcomes from the implementation of the NDIS and answering the key evaluation questions.

1.3 Important considerations

The evaluation framework takes into account:

- The nature of and differences in the implementation of the NDIS in the five initial launch sites, in particular variations in eligible populations, phasing-in processes, and start dates,
- The risk to the evaluation that the NDIS may get rolled out in comparison sites,
- Practical challenges of collecting data in remote areas, especially in South Australia,
- The diversity of the population of people with disability including people with diverse communication needs, children and young people, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds,
- The need to consider the experiences of, and changes to, the disability and mainstream sectors, including the workforce of disability support providers, as well as the experiences of service users, and
- The ethical issues associated with the research.

The evaluation will be implemented in three phases. Phase 1 focuses on early implementation evidence collection; Phase 2 on the reporting of early evaluation findings (initial report October 2014) and interim findings and high-level implementation processes (intermediate report April 2015); and Phase 3 on the integration of findings (final evaluation report June 2016).

2 The National Disability Insurance Scheme – a new model of disability support

2.1 Overview

The NDIS seeks to increase social and economic participation of people with disability by improving the way in which disability supports are provided and accessed in Australia. As noted in the Introduction, the disability support system has been heavily criticised for being "underfunded, unfair, fragmented, and inefficient" (Productivity Commission 2011, Executive Summary, p.3). The system has also been criticised for lacking a customer focus and availability of choice, and for being dependent on block funding rather than more flexible funding, which has been seen to limit the range and quality of services and supports available to people with disability. Moreover, the disability support system has been criticised for large variations in provisions between states which have led to inequality of service and supports across Australia. The NDIS has been designed to address and correct these imbalances and inequalities by offering a new service design and additional funding.

The new model of disability support envisaged under the NDIS will place greater emphasis on meeting the "reasonable and necessary" support needs of people with disability through a more person-centred approach and, increasingly, through individualised and self-directed funding.

2.2 Access

In principle, people with disability will access NDIS if they meet certain age, residency and disability criteria, namely the person:

- Is aged 0 to 65 (but see variations between launch sites below)
- Is resident in Australia and
    - an Australian citizen, or
    - the holder of a permanent visa, or
    - a special category visa holder who is a protected special category visa holder.
- Has a disability that is, or is likely to be, permanent and
    - the disability results in substantially reduced functional capacity to undertake the activities of daily living, and
    - the person is likely to need support from the scheme for the rest of his or her life; or
- Has one of a number of types of impairment that is, or is likely to be permanent, or is a child with developmental delay and
    - The person would benefit from early interventions because it may reduce future needs for supports, positively affect the person's functional capacity, or help to sustain informal supports.

2.3 Access Process and Supports

Potential eligibility may be tested online, using the My Access Checker of the National Disability Insurance Agency. Local Area Coordinators will explore with people the extent to which existing community-provided services can or will meet their support needs. Local Area Coordinators may also provide 'information and referral only' to people with disability who are not deemed eligible for individually funded supports by the Agency.

The planning and assessment step brings together the participant's statement with their support needs identified through goal based planning. The statement of participant supports may include informal care, mainstream and community services, local area coordination (where chosen) and other reasonable and necessary supports. Planning is done by the participant and the Agency planners, with local area coordination and design and decision support assistance where required. Using these inputs the Agency determines the statement of participant's supports, how the plan will be managed and, where included, the reasonable and necessary funding for supports and the scheduled review date for the plan.

People with disability are presumed to have capacity to make decisions that affect their own lives. The *National Disability Insurance Scheme Act 2013* recognises, however, that there may be circumstances where it is necessary for a person to be appointed as a nominee of a participant, and to act on behalf of, or make decisions on behalf of, a participant. Appointments of nominees will be justified only when it is not possible for participants to be assisted to make decisions for themselves.

The next step is for the participant, with or without assistance, to implement the plan and organise supports. Assistance can be provided by the Agency, design and decision support and financial and service intermediaries, depending on the choices made.

The participant, their identified supports and the Agency monitor the plan.

During plan review the outcomes of the participant's plan will be measured by the participant and the Agency against the participant's goals and objectives over time. The participant can ask for their plan to be reviewed if their circumstances change.

To enhance continuity and ameliorate potential transition issues, agreements between the Commonwealth and state and territory governments stipulate that a sizeable fraction of existing pre-NDIS supports will continue to be provided, as in-kind support through directly contracted service providers. As the system beds in, contractual arrangements will be cashed out to the Agency.

2.4 Eligible populations and locations

Whilst the principles of the NDIS are shared across the five initial launch sites, implementation, eligibility and size of anticipated intake vary. Table 1 summarises the NDIS eligible populations and locations in each of the initial launch sites.

Table 1 NDIS: Eligible populations and locations, by launch site

	South Australia	Tasmania	New South Wales	Victoria	Australian Capital Territory
Geography	Entire state	Entire state	Hunter region	Barwon area	Entire territory
Population	Aged 0-14	Aged 15-24	Aged 0-64	Aged 0-64	Aged 0-64
Launch Date	July 2013	July 2013	July 2013	July 2013	July 2014
Expected participants (by 2016)	5,085	969	10,111	5,102	5,075

Further variation is introduced through the differences in the phasing-in process of participants in each launch site. Each of the four launch sites that have already commenced has adopted specific phasing-in timing rules in order to manage the transition to launch. In effect, this means that each launch site 'staggers' the intake of those whose access requests have been approved. Details of this phasing-in are described in the bilateral agreements and are shown in Appendix A. For example, South Australia, which has an overall target of 5,085 children aged 0-14, is planning to only phase in people aged 0-5 in the first year of the NDIS, and will only extend the launch to the full age range of 0-14 years from July 2015. Further phasing-in is planned for the first year: the launch will begin with children aged 0-2 in the first three months, children aged 0-3 in the first six months, 0-4 in the first nine months and 0-5 by the end of the first year.

The other three launch sites that began in July 2013 are basing their phasing-in on institutional or other support criteria, which in some instances are combined with age-related criteria. Individuals not previously participating in the NDIS or receiving in-scope disability support services, will also be phased-in as new participants, consistent with the bilateral intake schedules to the extent possible, when they seek access and are assessed as eligible.

Further variation is introduced through start date differences, with the Australian Capital Territory beginning the launch in July 2014.

The diversity in the phasing-in composition and timing will need to be reflected in the design of the evaluation. One of the main facts that the evaluation design will need to take into account is that NDIS participants in the first wave of fieldwork are likely to have different characteristics to participants who join the NDIS in the future. Furthermore, as the phasing-in differs by launch site, so will the characteristics of those phased-in differ by launch site.

The implications of phasing-in differences on the evaluation design are profound and will be discussed in detail in Chapter 5.

3 Evaluation Policy Logic

The evaluation policy logic (see Appendix B) describes how inputs and activities related to the introduction of the NDIS are expected to lead to anticipated improved outputs. The objective of the NDIS as described in the evaluation policy logic is:

> "to improve quality of life, wellbeing and social and economic participation for people with disability, and their families and carers".

The evaluation policy logic identifies a number of intended outcomes closely associated with the core objective, which will form a central focus of this evaluation. The outcomes are that:

1. People with disability set and achieve their goals.
2. People with disability have optimal wellbeing.
3. People with disability participate in and contribute to social and economic life to the extent of their abilities and have strong connections to the community.
4. People with disability have confidence that the scheme will treat them fairly.
5. People with disability, and their families and carers have confidence that expectations of care and support provided by families, carers and informal networks and the community are reasonable, and formal and informal care and support will be sustainable over a lifetime.
6. People with disability, and their families and carers, the sector, the public and governments have certainty of funding for disability care and support, including individualised care and support over a lifetime.
7. Disability and mainstream sectors respond flexibly to changes in demand, offering high quality and innovative supports and investing in an appropriately skilled and qualified workforce.
8. There is a high level of community support for the NDIS[6].

It is important to recognise that many of the outcomes in the evaluation policy logic are long term outcomes and are unlikely to be fully realised during the three-year NDIS launch period. The evaluation will seek to measure the degree to which there has been an improvement against the intended outcomes. Also, while the evaluation will seek to address all of the outcomes, given finite resources, the priority for the evaluation will be on outcomes capturing the impact on people with disability, and their families and carers.

An important initial task for the evaluation is to translate these objectives into measurable indicators for use in the qualitative and quantitative fieldwork. To some extent the translation of outcomes into indicators will be a continuous process, in response to information collected during the course of the evaluation fieldwork.

The development of indicators will be informed by existing measures and indicators wherever possible.

[6] This outcome will primarily be assessed through qualitative data analysis. It will not be possible to commission a stand-alone community attitudes survey within available resources.

3.1 Early conceptual development work

The development of indicators and associated survey tools for measuring outcomes will take place on several fronts which will then be combined. The state experts, as part of the stakeholder engagement strategy, will canvass the perceptions and proposals of people with disability and of the disability sector more broadly to assist in the operationalisation of the evaluation policy logic. The consortium will draw heavily on specific core consortium members with specialist expertise in developing tools for measuring outcomes. The relevant core consortium members include the Disability and Community Inclusion Unit who have developed over the years a diverse set of tools for measuring the wellbeing of people with disability. They also include the international experts who have participated in very similar exercises. It is envisaged that a mix of these ideas will be piloted during the setting up of both qualitative and quantitative fieldwork.

A central concern during the preparatory phase of the evaluation is to ascertain the *meaning* of key outcome concepts, in particular wellbeing, participation, community connection and fairness (Outcomes 2, 3 and 4) for people with different types of disability, living in different states and social and economic contexts, and going through different phases of their life. People directly affected by the NDIS are unlikely to all share identical characteristics or living arrangements. However, it is likely that they will share some commonalities, which will be important to identify. Understanding differences and commonalities within the appropriate context will be essential for understanding how the launch of the NDIS will affect people with disability.

Understanding the meaning of key outcome concepts extends to the project's need to understand how people with disability set goals (Outcome 1), how their goal-setting is shaped by the types of supports that they currently receive and by their expectations for future care and support (Outcome 5), and by their expectations for funding (Outcome 6). These activities will be investigated individually as well as jointly, as many of them can be expected to be closely connected with one another. The judicious use of the stakeholder engagement strategy and its implementation will shed initial light on these linkages. The understanding that will be developed will inform the building of subsequent evidence and its interpretation for the evaluation.

3.2 Policy logic as a process description for change

The evaluation policy logic provides an analytic framework for observing input-output chains that relate stimuli (the inputs) to responses (input-triggered activities, and expected and possibly unexpected outputs). See Appendix B for a full reproduction of the evaluation policy logic.

The evaluation of the NDIS needs to understand the policy logic outcomes and how they may be measured, and thus the criteria for assessing success or failure. It also needs to understand the assumed underlying principles and mechanisms for bringing about the intended change. The evaluation policy logic provides a template for conceptualising and

visualising the change process, while the evaluation will need to assess whether the model has adequately and appropriately represented the real change brought about by the introduction of the NDIS.

This assessment will explore the linkages between the main sequences (from input to activities and then on to outputs and outcomes), and also the connections of individual components within these sequences and across the sequences. While it is not possible to test all conceivable combinations for their logical and practical coherence, the evaluation can assess the model's validity by:

- Exploring in a sequential order the occurrence of unintended outputs or outcomes, both positive and negative, their origins and their consequences for the achievement of the NDIS objectives, and
- Examining in reverse order whether outcomes and outputs have been, or could have been, achieved as a result of current activities and inputs.

At the onset of the evaluation, this requires a careful examination of assumptions and logic links, and their application in the implementation of the NDIS. Some of the results of this exercise will likely become apparent in Phase 1 and Phase 2 of the evaluation (and hence will flow into the intermediate report). However, many outcomes will only become observable during Phase 3 of the evaluation, so that a full appreciation and assessment of the validity of the evaluation policy logic against achieved outcomes and objectives will only become feasible during the integration stage of the evaluation, which is set to commence in late 2015, culminating in the drafting of the final report.

3.3 Constraints on measuring outcomes

The evaluation needs to be sensitive to the diversity and particularity of expectations, needs and goals of those directly affected by the NDIS. It also needs to be realistic. Covering a comparatively short period of implementation, it must acknowledge that not all outcomes can be fully achieved within the observation period, at least not at the necessary evidence-based standard. This may be particularly the case for the high-level outcomes of promoting wellbeing, participation and community connection. These have been long-standing goals for many in the disability sector and society more broadly. In some instances change may be too slow to be clearly observed and measured within the timeframe of the evaluation, especially when this timeframe is short.

A requirement of the project is that it designs the core longitudinal data collection on a template that would allow the continued collection of more waves beyond the present timeframe and beyond Wave 2 to enable future investigation and monitoring.

4 National Disability Insurance Scheme evaluation framework

This chapter outlines the consortium's proposed evaluation framework. The outline is based on information available in October 2013 about the process and the progress of the NDIS launch. As more and perhaps also more diverse information becomes available, components of the evaluation framework may require adjustment. Overall, it is expected that the evaluation framework may be further refined by the evaluators as the planning and realisation of the fieldwork takes shape.

The evaluation framework is a high level description of the scope of the evaluation and the study design, including key data sources proposed to be analysed as part of the evaluation.

The evaluation framework has been informed and will be guided by a solid understanding of the principles of robust evaluation.

4.1 Scope of assessment

The evaluation is primarily an impact evaluation, and will also include a high-level process evaluation.

Other evaluation and review activities will be undertaken contemporaneously by other providers. These include:

- A post implementation review,
- Participant and scheme outcome monitoring,
- A legislative review, and
- An actuarial analysis.

These activities are largely complementary and where practicable, evaluation findings will be used to inform other related activities, such as the actuarial analysis.

The evaluation does not include components on cost-effectiveness, cost benefit analysis or social return on investment. Many of the outcomes identified in the evaluation policy logic are long term outcomes and are not likely to be fully realised during the three-year launch period. It will not be possible within this period to assess the net impact to the economy of the NDIS.

Nonetheless, the evaluation will assess a range of 'measurable' impacts of the NDIS, including:

- Changes in the consumption of care and support,
- Changes in the employment of people with disability and carers, and
- Changes in community engagement and participation in community activities for people with disability.

4.2 Impact evaluation

The impact evaluation is concerned with observing and measuring outcomes of the NDIS for people with disability, and their families and carers. It is also concerned with measuring impacts on the disability sector and mainstream providers and services[7]. To do so, the evaluation will need to draw on original longitudinal survey and interview (small group and one-to-one) data, and, insofar as it is available, administrative and secondary data. The evaluation will also be informed by an ongoing review of the relevant national and international literature.

4.3 Process evaluation

The high-level process evaluation will examine the factors contributing to or impeding success in each launch site and for different groups of participants, and any lessons to support full rollout of the scheme. It will also explore the interface between the participants and the scheme itself, including the role of Local Area Coordinators. The high-level process evaluation will complement and draw on existing research and data, and in particular, on monitoring and reporting data collected and provided to the evaluation team by the Agency, supplemented by qualitative data and feedback from stakeholders.

It is important to recognise that Agency processes will change and evolve as implementation progresses and improvements are made based on the Agency's own monitoring and experience and that the detail of the evaluation activity will depend on the level of data (dis)aggregation.

4.4 Key reporting and timeframes

The fieldwork will be conducted between early 2014 and late 2015.

Key reporting deadlines will shape the delivery of the fieldwork as reports are required as follows:

- An Initial Report due in October 2014 will present the first findings from the first round of fieldwork, including the three longitudinal surveys: of people with disability, and their families and carers; of the disability sector; and of mainstream providers and services. It will also include initial findings from the first wave of qualitative studies. The contents of the Initial Report will serve as a benchmark for measuring change over time,
- An Intermediate Report due in April 2015 will include an analysis of high-level implementation processes, drawing primarily on qualitative fieldwork with NDIS participants, disability sector providers and Agency representatives. The Intermediate Report will provide interim evaluation findings based on the further analysis of the first wave of fieldwork. It will also provide an update on the second wave of data collection, and

[7] In order to ensure the most efficient use of available resources, the evaluation is focussing on three key mainstream providers and services; education, health and mental health.

- A Final Report due in June 2016 will report on the completed second wave of data collection and will discuss the core aspects of the observed longitudinal change revealed by the data. It will then draw together the findings from the various strands of the evaluation to report on the impacts of the NDIS launch.

A high level timeline for the NDIS launch evaluation is included at Appendix C.

4.5 Key evaluation questions

The request for quotation set out a range of key evaluation questions. The high level evaluation questions are reproduced in Figure 2 below. The questions concern impacts affecting people with disability, and their families and carers; the disability sector and workforce; mainstream providers and services; the wider community (neighbourhoods, social networks and voluntary organisations) and high-level implementation processes.

Key evaluation questions that pertain to outcomes for people with disability, and their families and carers, have been grouped in Figure 2 according to whether they relate to the evaluation of (a) impacts, (b) processes or (c) the realisation of the scheme. Differentiating between processes and realisation allows analysis of activities (and associated outcomes) that are directly influenced or indeed directed by the Agency (process) and others that, whilst potentially affected by the Agency processes, are secondary outcomes outside of the direct influence of the Agency (realisation). There may be instances where a clear division between all three categories will not be possible, or if possible, may not be useful or sensible; the differentiation presented here should therefore not be considered as universally applicable.

Figure 2 Key evaluation questions[8]

Outcomes for people with disability, and their families and carers

Impacts

- To what extent has the NDIS contributed to changes in wellbeing and quality of life for people with disability, and their families and carers?
- To what extent has the NDIS contributed to changes in social and economic participation (including employment, education and the ability to express wishes and have them respected) for people with disability, and their families and carers?
- To what extent has the NDIS enabled people with disability to set and achieve their goals?
- For whom has the NDIS worked well or less well?
- Have there been any significant differences in the experiences of people with disability, and their families and carers, in the different launch sites?
- Have there been any other changes, including unintended changes (anticipated and unanticipated, positive and negative), in the experiences of people with disability, and their families and carers as a result of the scheme?

Process

- To what extent has the NDIS enabled people with disability to have increased choice and control over their supports?
- What sort of assistance do people with disability (or their families and carers, if they are managing the care) require to gain more control and navigate the system?
- To what extent has there been an appropriate balance between choice and control and safeguards for vulnerable people?
- To what extent has the NDIS enabled people with disability to gain confidence that their 'reasonable and necessary' needs will be addressed?
- To what extent have people with disability, and their families and carers seen the NDIS review and dispute resolution processes as effective and fair?
- How effective are Local Area Coordinators and other supports (e.g. website) in helping people with disability to gain control and access to necessary community and mainstream supports?

Realisation

- To what extent have people with disability been able to manage their funding on their own, customise creative sets of options for themselves, or find suitable brokers, depending on their preferences?
- For people with disability who previously received supports, to what extent has the NDIS contributed to changes in their patterns and use of supports?
- To what extent has the NDIS contributed to equity and fairness?
- To what extent has the NDIS helped people with disability, and their families and carers during major life transitions such as starting preschool or school, leaving school, starting tertiary education, starting work, leaving home, leaving state care, leaving the workforce, and entering the aged care system?
- How effective has the NDIS been in using early interventions to minimise the impact of a disability on functional capacity over time?

[8] The key evaluation questions were developed in consultation with the Evaluation Steering Committee and were included in the original request for quotation.

Outcomes for the disability sector

- What has been the impact of the NDIS on the overall provision and quality of disability supports?
- What has been the impact of the NDIS on the disability sector, including the relevant government agency in each jurisdiction and advocacy organisations?
- To what extent has the supply of disability supports responded to demand?
- To what extent has the NDIS contributed to an increase in the provision of early interventions from disability services?

Outcomes for mainstream providers and services*

- To what extent has the NDIS contributed to a more effective interface with mainstream services for people with disability, at an individual and a systemic level?
- To what extent has the supply of mainstream services responded to demand?
- To what extent has the NDIS contributed to an increase in early interventions from mainstream services?
- How effectively did the individualised funding model used by NDIA fit with programmatically-funded mainstream services (e.g. education, health and mental health)?

Outcomes for the community: neighbourhoods, social networks and voluntary organisations

- Has the NDIS led to increased social or economic interaction for people with disability and carers outside the home?
- To what extent has the NDIS led to an increased sense of inclusion in the community?
- To what extent has the NDIS led to an increase in the use of community supports – e.g. Have previous levels of community and informal supports been maintained?

High-level process questions

- What elements contributed to positive outcomes and should be included in the future NDIS rollout?
- What were barriers to the success of the NDIS?
- What contributed to or impeded success in each launch site and for each client group?

* In order to ensure the most efficient use of available resources, the evaluation is focussing on three key mainstream providers and services; education, health and mental health.

The evaluation's research methodologies will capably address the majority of the key evaluation questions, including through the triangulation of evidence from these sources, namely:

- The longitudinal survey of people with disability, and their families and carers,
- The disability provider employer and workforce survey,
- The mainstream service provider survey,
- In-depth qualitative data, and
- Administrative data.

The three quantitative surveys will all be longitudinal, involving two waves of interviews.

Addressing the process and realisation evaluation questions in particular, will need to rely on a range of methodologies and the combination of different data sources. These will include the use and analysis of administrative data, in-depth qualitative work with service users and providers (process), or sector studies combined with qualitative and survey evidence from people with disability, and their families and carers. Where data is available, the realisation analysis will have to take into account and allow for differential pre-National Disability Insurance Scheme service density, sector capacity and market responses to the scheme and the level of cashed-out support offered.

5 Study design and methodology

5.1 Challenges in evaluating the NDIS

All evaluations face a number of conceptual and practical challenges that need to be addressed in order to observe processes and measure impacts accurately. This section discusses challenges likely to apply to this evaluation.

Conceptual challenges

Attribution

Evaluations need to be clear about to whom or to what they attribute observed features or changes. The objective of evaluations is to ascertain the effect of a policy, in this case the launch of the NDIS, on factors of interest. This task is often complicated by the presence of confounding factors, which may include concurrent policies or programs, and other foreseen or unforeseen events that may affect policy implementation or take-up. A central task of the evaluation will be to isolate and quantify the impacts and outcomes of the launch of the NDIS on observed changes, from the impacts and outcomes of other possible influential events that happen at the same time and that are not related to the launch of the NDIS. The idea is to differentiate change that is attributable to the NDIS from change that is not.

Pre-existing programs

Interstate differences in disability service before and after the launch of the NDIS may have varying effects on outcomes and impacts. This applies to impact estimations between states, but also within states where, for instance, states have used different versions of self-directed funding, as in South Australia. The evaluation needs to take into account the presence of pre-existing programs, especially where they are only partially available to populations, as they change the benchmarks against which the NDIS is evaluated. This applies to both the launch and the comparison sites.

Translating objectives to measurements

As identified in the evaluation policy logic the primary objective of the NDIS is “to improve the quality of life, wellbeing and social and economic participation for people with disability, and their families and carers”. As discussed in Section 3, this will need to be translated into measurable and quantifiable indicators. As noted in Section 3, the evaluation will use a

variety of strategies (including the stakeholder engagement strategy) to improve the understanding of these concepts.

The scope for change

The NDIS is intended to facilitate change in the lives of people with disability, and their families and carers by providing a more person-centred approach to planning and provision of disability supports. The full realisation of change requires the availability of appropriate and adequate supports to meet personal need. Achieving this may require adaptations in the sector of support providers and, potentially, in the quality and range of the supports that are provided.

For the impact evaluation this means that it must review the support density and quality in the launch sites, and consider the extent to which they may affect the capacity of people with disability, to set and achieve goals, improve their wellbeing, and increase their participation in society and in the economy. Particular attention must be paid to the degree to which the NDIS may result in changes to the availability, quantity, quality and range of supports, as these may be influenced by demand changes, but may also be constrained or facilitated by supply changes.

The evaluation recognises that change takes time to happen and does not necessarily happen in a smooth and gradual way. Also, different stakeholders may respond to change in different ways. The evaluation design will incorporate the diversity in both scope and timing of change.

Practical challenges

Beside conceptual challenges, the evaluation faces a number of practical challenges that have come about as a result of the design and implementation of the NDIS.

Absence of a genuine baseline

The NDIS was launched on 1 July 2013 in South Australia, Tasmania, New South Wales and Victoria. The consortium was engaged to conduct the launch evaluation at around the same time. It is therefore not possible for the evaluation to collect genuine baseline data in these launch sites, that would be totally uncontaminated by the effect of the introduction of the NDIS. This increases the onus on administrative data to provide an appropriate and accurate baseline as a second best replacement of new primary evaluation data collected before the NDIS launch.

Phasing-in

State-specific phasing-in possibly presents the biggest practical challenge to the evaluation. In South Australia the phasing-in will be by age group, and it is widely expected that for practical reasons the launch in other states is likely to involve populations with different socio-demographics at different launch stages. As a result, those phased-in in the initial

stages of the NDIS launch may be different from those phased-in later, and both groups will be different from those entering the NDIS from outside pre-existing support systems.

To provide generalisable assessments of the impact of the NDIS on all participants (the population), the evaluation will explore the possibility of capturing evidence on the experiences of a sample group of participants that are more broadly representative of all eligible participants in Australia, not only those who happened to be phased-in early. In principle, it is possible to draw acceptable generalisable conclusions using a sample group that is not representative of the population, provided that there is information of sufficient quality about the way this sample group differs from the population. The implication is that improved information on phasing-in, combined with improved information on the population, can ameliorate the phasing-in problems that are anticipated because of the specific launch design of the NDIS.

No knowledge about actual phasing-in, including its timeliness

There is also a risk that the actual process of phasing-in does not occur as intended. The evaluation requires a minimum number of successfully phased-in individuals from whom survey samples can be drawn. While the evaluation strategy may assume that these numbers will be met as intended, the evaluation design may need to be sufficiently flexible to respond to situations where this is not the case. The evaluation will need to be kept informed as actual phasing-in occurs.

Limited advance knowledge of eligible and actual participants

The evaluation design requires detailed knowledge of the participants in the launch sites who are to be evaluated. For instance, knowledge of the cultural and language backgrounds helps to prepare evaluators and researchers who will administer some of the evaluation tools (e.g. the survey of people with disability, and their families and carers) for making contact and conducting interviews. Knowledge of the family and care situation of people with disability helps to target recruitment to the evaluation. Knowledge of the place of residence of people with disability helps with resource planning and developing interview modes. Administrative data will be required to help provide this information.

Diversity of NDIS population

The evaluation will need to collect information from people with disability with a diverse range of communication needs and preferences. It will need to adapt survey instruments for use with people with differing cognitive abilities, as well as for use with children and young people. Survey instruments and techniques will also need to adapt to the needs and preferences of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. The evaluation will need to adhere to strict ethics rules to protect respondents and will include an opt-out process for potential survey participants.

Remoteness

In particular in South Australia, the NDIS launch covers rural and remote areas, and vast distances. The evaluation will need to consider how best to reach these areas and their populations, balancing resources with the need to be inclusive. Re-contacting people in remote and distant places is expected to present a challenge for some of the evidence gathering.

5.2 Data sources

The evaluation will need to utilise a variety of data sources. It will rely on several administrative data collections for sampling, and for creating comparison groups that are as similar as possible to participants in launch sites. The representativeness of samples will need to be supported by administrative data. The evaluation depends on the timely availability, the accuracy and the completeness of the following three key administrative data sets.

The key administrative data sources that will need to be consulted and utilised for the evaluation are:

- The National Disability Insurance Agency database of participants,
- Administrative records pertaining to recipients of Disability Support Pension (DSP), Carer Payment (CP), and Carer Allowance (CA), and
- Data on disability support providers (from the Agency registry), to the extent this is feasible.

National Disability Insurance Agency database of participants

This database will be used for sampling the NDIS participants for possible inclusion in the longitudinal survey of people with disability, and their families and carers following an opt-out process to ensure participation is voluntary.

Agency data could also become a rich source of data on participant engagement with the Agency, as it contains information on participant goals and plans. This will be useful at both an aggregate level, to build a picture of how the NDIS launch is progressing, and for individual level analysis in adding richness to the survey data of those NDIS participants who consent to have their survey responses linked with their administrative records, provided the linking can be performed in a timely and accurate manner suitable for the evaluation.

Disability Support Pension, Carer Payment, Carer Allowance

DSP, CP and CA data will be critical for identifying individuals for comparison groups and for allowing as accurate as possible statistical matching between comparison and launch site groups where survey participants agree to link their survey responses with their administrative records. DSP, CP and CA data will help enrich the information collected.

Potential Caveat

It is likely that a significant proportion of NDIS participants will also be covered by DSP, CP and CA data. This would make these data sources useful for finding matched comparisons with participants in launch sites. However, if only a small proportion of NDIS participants are covered by the DSP, CP and CA data, it would reduce the usefulness of these data sources for creating comparisons groups.

Data on disability providers

The database that was collated by the National Institute of Labour Studies in the 2010 report "Who Works in the Community Services?" will be used as the basis for constructing the evaluation's sample of disability support providers. A large proportion of the organisations and establishments in this report provide disability supports and the baseline data is national and contains much valuable information (about 3,000 providers across Australia). This information, however, is neither extensive enough (disability support was only one of the three areas of focus of the 2010 NILS report), nor updated to represent the 2013 sector. The evaluation will explore the possibility of using provider data from the Agency to support the disability support provider survey. Should it be feasible, the combined data will assist in identifying local establishments of larger headquarter organisations registered with the NDIS. In the absence of sufficient Agency data, the evaluation will proceed with an update and extension of the NILS 2010 template to cover the sampling needs of the project.

Survey Data

The administrative data sources will be complemented with a range of new data sources generated by this study, namely:

- survey data on people with disability, and their families and carers,
- survey data on disability support providers and workers (the sector workforce),
- survey data on mainstream providers and services (education, health and mental health) but not direct surveys of their workforce, and
- in-depth qualitative data from all the above groups and other stakeholders, such as representatives of state and federal governments, and of the National Disability Insurance Agency (including Local Area Coordinators).

Data linking

Two levels of data linking are proposed to facilitate this evaluation. First, where survey participants give consent, their survey responses will be linked to Agency data to build a more comprehensive picture of their experience and activities in the NDIS. Second, again where survey participants consent, administrative data on DSP, CP and CA will also be linked to their survey response (and Agency records if applicable) in order to construct the comparison sample and, where feasible, to add more contextual information.

Other data sources

The evaluation will also consider how a range of other existing data sets, including ABS data, can be used to inform its findings, by building up further contextual information contributing to the understanding of the baseline situation by identifying the supports available and experiences of people with disability prior to the NDIS launch.

State and Territory data

The consortium will work with states and territories to identify jurisdiction specific data sets that could inform the evaluation. This would be particularly useful in building a more comprehensive baseline picture. However, there are likely to be some limitations on how jurisdiction-level data can be used due to the different data systems and reporting requirements in each jurisdiction.

5.3 Survey sampling strategies

Survey of people with disability, and their families and carers

Seeking survey consent

Sampling for the survey of people with disability, and their families and carers will draw on (a) Agency data on NDIS participants (for launch site participant sampling) and (b) DSP, CP and CA data from DHS (for comparison group sampling).

In all instances, participation consent will need to be sought from those within the sampling frame prior to contacting them for inclusion in the survey. An opt-out process will be used and will be subject to ethical clearance.

Sampling

The uneven phasing-in of participants in the NDIS over time is a challenge for the sampling of the survey. The proportions of participants that are to be phased-in in the next three years will be based largely on bilateral agreements and other factors that influence take up rate. These proportions can be expected to differ both between launch sites and between existing and new participants. The implication is that those who will be phased-in during the initial launch period are likely to differ in their composition to the total population of eligible participants. Such differences are likely to influence the accuracy of the evaluation results.

The evaluation intends to survey at least 3,110 people with disability (and an additional 3,110 family members and carers) across the five initial launch sites, and at least 1,770 people with disability in comparison sites as set out in Table 2 below.

Table 2 Longitudinal Survey of People With Disability: Populations and Sampling Sizes

Survey area	Eligible Population	Population 2013-2016 (N)[9]	Survey Samples (N)[10]
South Australia	0-14 years	5,085	650
Tasmania	15-24 years	969	430
NSW (Hunter)	0-64 years	10,111	700
Victoria (Barwon)	0-64 years	5,102	660
ACT	0-64 years	5,000	670
TOTAL Launch sites		26,267	3,110
Comparison site(s)			1,770

The evaluation will take a proactive approach to maintaining participants' commitment to participation in the survey by communicating regularly with participants, providing evaluation updates and opportunities for comment and contact.

Survey of disability support providers and their workforce

Seeking survey consent

Establishing survey consent will be administered by the evaluators.

Sampling

Disability support providers will be sampled using the National Institute of Labour Studies baseline 2010 data and, if feasible, the National Disability Insurance Agency disability support provider data.

The survey will sample a minimum of 1,000 workplaces across the five initial launch sites, surveying an average of six workers in each workplace. The intention is to survey an additional sample of at least 2,000 self-employed providers, if sufficient data is available to identify these providers and their contact details. The stakeholder engagement strategy may be important in helping to identify this group.

Participating providers will be asked to distribute survey questionnaires to a sample of their workforce, as well as completing the employer questionnaire for the organisation. Surveys will be distributed in hard copy, with the option to complete online or by a computer-assisted telephone interview.

A key objective of the disability support provider survey is to observe changes in the sector's structure, possibly attributable to the introduction of the NDIS. In order to capture such changes, Wave 2 of the survey will include a 'refresher' sample of new registrants, where they can be identified, and will also identify those Wave 1 respondents who may no longer be operating in the launch sites or who decline to participate in Wave 2.

[9] Population figures are based on figures provided in the Bilateral Agreements for the NDIS launch for the launch phase, 2013-2016.

[10] The survey will achieve, at a minimum, a confidence level of 90%, confidence interval of 3%, and statistical power of 0.5.

Caveats

The evaluation assumes a 50% response rate (so 2,000 surveys will need to be issued to providers to achieve a sample of 1,000) and a 15% attrition rate between survey waves. The speed of the rollout will influence the degree to which these initial response and attrition targets will be met.

The evaluation will have to carefully consider how to handle in-kind transfers in the context of shifts from the old model of support provision to the NDIS.

The distinction between a self-employed provider who works within a larger disability support provider establishment and one who works completely independently may not be as clear: there are individuals who do both.

The diversity of providers and the possible differences in the way each type of support is provided will be managed during the transition to the NDIS may make the changes in the quantity and quality of supports difficult to measure and compare.

The distinction between launch site providers and others may be blurred in practice. For example, some Hunter Valley providers will have their head office in Sydney and nonetheless be active and influential providers in the launch site.

Survey of mainstream providers and services (education, health and mental health)[11]

Seeking survey consent

Establishing survey consent will be administered by the evaluators.

Sampling

Sampling for this survey will utilise publicly available sources, including official government listings or telephone or website entries. It will also utilise parts of the NILS 2010 baseline data for initial information and benchmarking. Additional information may be available through the stakeholder engagement strategy and from state and territory governments.

The survey will collect two waves of data from at least 900 providers across the five initial launch sites (approximately 300 each in education, health and mental health) about the impact of the NDIS on their services.

Caveats

The distinction between a disability support provider and mainstream providers and services can be unclear in several ways and these are being currently explored with stakeholders. For example, a complete unit of 'disability support provision' with a sizeable local impact on the overall provision of specific supports may be only a small part of a large health provider (say

[11] In order to ensure the most efficient use of available resources, the evaluation is focussing on three key mainstream providers and services; education, health and mental health.

50 employees who are just 5% of a total workforce of 1,000 in that establishment), but may still be larger than a complete 'disability support provider' who does nothing else (with say a total of 30 employees).

The distinction between launch site providers and others will be blurred in practice. For example, some Hunter Valley providers will have their head office in Sydney and nonetheless be active and influential providers in the launch site.

In-depth qualitative interviews

Seeking consent

Establishing consent for people with disability, and their families and carers will form part of the opt-out process for the longitudinal survey of people with disability, and their families and carers. Establishing consent for other qualitative studies will be administered by the evaluators.

Sampling

A variety of sampling methods will be utilised for the qualitative evaluation research; each designed to reflect the needs of and appropriate approach to the respondents:

- People with disability, and their families and carers – the evaluation will conduct in-depth interviews in two waves, with a minimum of ten NDIS participants and ten family members and/or carers in each of the five initial launch sites,
- Disability sector – the evaluation will consult a panel of disability workforce agencies twice a year to discuss the impact of the NDIS on the sector, responses to the NDIS (including innovative practices, changes in skills or training requirements and leadership issues), and any workforce issues. The panel will comprise professional associations and the relevant government agency in each jurisdiction. The evaluation will also consult a panel of specialist disability support providers in each jurisdiction. The panel will be contacted twice a year to discuss the impact of the NDIS on service capacity, changes in employment practices, and issues affecting workforce recruitment and retention, and
- Other – the evaluation will also include in-depth interviews with NDIA staff and Local Area Coordinators.

5.4 State-level evaluation

The primary objective of the evaluation is to assess the overall impact of the launch. Variations in launch implementation across each of the initial launch sites and in the mix of participants offer scope for comparisons *between* launch sites.

To ensure inter-launch site comparison, the evaluation will need to ensure that survey, qualitative and administrative data can be analysed by launch sites. All data should therefore have launch site markers.

Inter-launch site comparison may be affected by variations in the speed of the phasing-in of participants into the NDIS. This is notably the case with respect to the Australian Capital Territory, which does not launch the NDIS until July 2014. It may also affect other comparisons if varying phasing-in speeds lead to strong variations in the numbers of participants entering the NDIS. Comparisons may also be affected by the size of sub-groups in each launch site sample. Larger sample numbers are required to control for the variety of socio-demographic and confounding variables that may otherwise bias statistical analysis and impact estimations. More cases are also needed to ensure sufficient variation between them to detect differences and, ultimately, impact. This is particularly important if impacts are – or are expected to be – small, which is often the case when new programs have still to be fully embedded.

5.5 The Australian Capital Territory

The Australian Capital Territory is scheduled to launch the NDIS in July 2014. The evaluation intends to include the Australian Capital Territory in all fieldwork alongside the launch sites that have already commenced. Thus it will be possible to collect genuine pre-launch information for the Australian Capital Territory.

5.6 Comparison Sites

Assessing the impact of a policy change requires information about conditions, including those that the new policy seeks to affect, *before* and *after* the policy introduction. But because any changes that are observed during this before-and-after period may have been affected by a range of other influences, it is also important to have a further comparison. This comparison represents a case (which may be an area or a specific group of people) that is by explicit design unaffected by the policy change. In this evaluation, this may be those individuals who are not eligible for the NDIS because they live in locations where the NDIS is not being launched. The inclusion of such locations will help to control for some of the other influences (in addition to the influence of the NDIS launch) that may also affect the outcomes that are targeted by the NDIS, such as people's wellbeing, education and labour force participation. Ideally, comparison sites should resemble launch sites in terms of features that could affect these conditions. Such similarity would increase the chances for a genuine like-with-like comparison.

People may also form a comparison case where they live in a launch site, but are older or younger than the target age group for the launch (i.e. in Tasmania and South Australia).

The evaluation will include a sample of comparison individuals who will be drawn from a population of individuals not eligible for the NDIS as they live outside launch sites or do not meet relevant age criteria. The selection of the comparison site or sites will seek to increase aggregate similarities of launch and comparison sites and respondents.

One of the challenges that this selection will need to consider is the risk of chosen comparison sites becoming part of the NDIS as a result of further rollouts of the NDIS being brought forward.

5.7 Time scope

While the NDIS has explicitly stated objectives, there is a need for realistic assumptions as to the policy's capacity to affect change within a short time period. Policy innovations require time to bed in, become part of life's routines, capable of reaching most or all relevant populations and, as a result become ready for their improved effectiveness and efficiency of implementation to be appropriately evaluated. There are no fixed rules or assumptions as to how much time this may take, as it is dependent on several inter-related factors including local circumstance and external influences.

5.8 Sub-groups

The key evaluation questions highlight the need for recording and understanding the experiences of a variety of sub-groups in addition to differentiating between, on the one hand, people with disability, and, on the other hand, their families and carers. Other groups of interest are Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and people with different socio-economic status, age (including children and young people) and gender, people living with different types of disability and functional capacity, as well as people with different age at onset of disability and different proximity to supports. Moreover, the evaluation is concerned with observing the effect of the NDIS on major life transitions, such as starting preschool or school, leaving school, starting tertiary education, starting work, leaving home, leaving state care, leaving the workforce, and entering the aged care system.

The feasibility of this undertaking will depend upon the evaluation's ability to identify and contact people in relevant sub-groups and the extent to which people in various sub-groups participate in the NDIS, and whether the population that will be initially phased into the NDIS shares the relevant characteristics and experiences of the broader population of all potential participants. Survey analyses and qualitative fieldwork will need to be designed in a way that enables as high a data granularity for further analysis as is possible within the sampling constraints. The proposed mixed-methods approach to evaluation will assist this objective.

5.9 Impact analysis

The evaluation will estimate the impact of the NDIS on people with disability, and their families and carers, and on the disability and mainstream sector by conducting surveys over two waves supplemented by qualitative studies and administrative data analysis. These will permit comparisons to be made between conditions observed at the start of the observation period, that is, within a year of the launch of the NDIS, and some 15 months later.

Confounding factors

Confounding factors, such as the presence of self-directed funding in a launch site and prior use of self-directed funding by those transferred to the NDIS, can affect impact estimates. Where possible, the evaluation will seek to identify such confounding factors for the sites in

general and the participants in the survey specifically, so they can subsequently be taken into account statistically to ensure that impact estimates are not biased.

Timing of fieldwork

A major confounding factor is the timing of fieldwork. Some of the first wave data collection participants will be recent transfers into the NDIS, whereas others may have been in the NDIS for up to nine months (with fieldwork starting in March 2014). This will affect the evaluation in two ways.

First, recalling the past becomes less accurate the further back the recall is expected to reach. In this case, recording pre-NDIS conditions, such as personal wellbeing or capacity to set and achieve goals (the main objectives of the NDIS), may be adversely affected by early participants' capacity to recall their conditions as far back as nine months ago. This will contrast starkly with the capacity of more recent NDIS participants – and of evaluators insofar as they observe these conditions – to describe their lives before joining the NDIS. The problem is not only one of accuracy, but also of bias, as it is well known that people remember (and forget) pleasant and unpleasant events and circumstances differently. Where survey participants consent to link their survey data with their Agency records, the evaluators may be able to use their administrative data to validate survey responses.

Second, it is likely that, as the administration of the new system becomes more embedded and develops greater efficiency, the NDIS itself will be changing, effectively providing services differently at the time when the fieldwork commences than it used to in the scheme's early months. Similarly, the disability support sector and the mainstream sector can be reasonably expected to have already started their adaptation to the new environment created by the NDIS. In short, the conditions in which NDIS participants experience the NDIS and the supports they may receive as a result may look rather different after nine months of operation.

These likely repercussions of the timing of fieldwork will have different effects on the analysis. Recall issues are known to affect the accuracy of survey information. The chosen interval between the two interviews (15 months) is well within the accepted international practice for repeated data collections, typically placed between one and two years apart. The embedding of policy changes, on the other hand, is more likely to affect the baseline conditions of (later) NDIS participants and, thus, the validity of comparative analyses. Both confounding factors will need to be taken into account when conducting the statistical analyses. This can be achieved by including indicators that measure time spent in the NDIS (or time past before joining the NDIS).

The evaluation will need to acknowledge that in NDIS launch sites there will be a mix of in-kind supports (which were available in the pre-NDIS model) and individually funded supports, gradually moving from the former to the latter. The transition to individually funded supports will take time and where the transition happens faster, the impacts of change will be revealed faster in the evaluation.

Unobserved factors

It is impossible to foresee and include in a data collection and analysis all possible factors that may be associated with the outcomes or impacts that the evaluation would like to measure. The so called 'unobserved factors' are always present as a problem in data analyses and will also be in this evaluation. To ameliorate this problem the evaluation will use several sources of complementary qualitative and quantitative information and will also apply mainstream proven methodologies which are known to reduce the potential "damage" that unobservable factors may cause. These methodologies (difference-in-difference and other appropriate statistical techniques) typically "difference out" this type of unobserved information, so that it does not bias subsequent estimation results, and are feasible when longitudinal information exists, as is the case in this evaluation.

Measuring components that affect impacts

The evaluation is interested in determining elements of the NDIS that contribute to positive outcomes. It is unclear at this stage to what extent details of the implementation of the NDIS will vary between launch sites. The effectiveness of individual elements of the NDIS – or any intention – is best observed if these features vary between locations.

The evaluation framework does not include a systematic and 'quantifying' *process* evaluation that would allow such comparisons. Instead, it will draw largely on findings from the qualitative fieldwork and from the administrative data analysis (pertaining to the process evaluation) to triangulate evidence and to extract key lessons about the implementation of the NDIS. Where the data supports it, the evaluators will explore the degree to which information contained in the longitudinal data sets may be used to further triangulate evidence and extract lessons about differences in service provision and sector characteristics.

The importance of matching

To address the challenge of compounding influences, the gold standard of evaluation research applies randomisation techniques to allocate individuals to 'program' and comparison groups. Randomisation reduces the influence of events or selection processes that may bias comparisons. Where randomisation is not possible, quasi-experimental designs provide alternative means for managing the effect of compounding influence on impact estimations. As randomisation is not feasible, a quasi-experimental design is proposed in the current evaluation.

Quasi-experimental designs involve carefully selecting comparison populations and comparison sites, and matching them statistically to the launch site populations. This matching can be done on a number of variables, preferably including variables that are deemed to affect participation in the launch sites. Matching will be complemented in this evaluation by a before-after design that measures key indicators of interest before the start of the NDIS in the launch sites and, sometime after the participation in the launch sites has commenced.

Propensity Score Matching is an advanced matching technique that can be used to effectively match individuals in the comparison group to the launch site participants on a set of before- and after-indicators. This process benefits from matching data that could provide information related to pre-launch[12].

5.10 Timing of different components of the evaluation

The evaluation of the NDIS is both complex and ambitious, and involves both longitudinal and multi-method approaches. The multiplicity of methods employed ensures that impact data are collected and enriched with deeper contextual information collected from a wide range of participants and other people and organisations directly or indirectly affected by the NDIS. The richness of the data thus collected enables evidence to be 'triangulated', that is, to be matched, compared and contrasted before it is integrated to inform the findings of the evaluation.

The evaluation is divided into three phases.

Phase 1 covers the initial period from commissioning to July 2014. It includes the detailed planning of the evaluation, of which the preparation of the evaluation framework is one part. A second major task is the development of the stakeholder engagement strategy to be implemented throughout the course of the evaluation, with a strong emphasis on initiating engagement in the first third of the evaluation that is leading up to the first round of surveys (longitudinal survey of people with disability, and their families and carers; the disability support providers [and workforce] survey; the mainstream providers and services survey).

Phase 1 will also be defined by the development of sampling strategies for these surveys; the development of survey, in-depth one-to-one and group interview instruments; survey piloting and, eventually, conduct of the baseline quantitative and qualitative fieldwork; and delivery of raw data; and analysis of all baseline data.

Phase 2 will run from July 2014 to June 2015. In this phase the evaluators will analyse the first wave of the administrative data that were used for sampling for the longitudinal survey of people with disability, and their families and carers, and the comparison group. The evaluators will also produce the baseline report presenting the initial results of the analysis of the first wave of survey data. This report will provide findings from the baseline fieldwork, including the first wave of the three longitudinal surveys, qualitative impact analysis, and any other fieldwork or data analysis which has been completed by the reporting date. At the same time, preparations will start for the next round of qualitative fieldwork. In the last quarter of Phase 2, the intermediate report will be submitted, specifically addressing interim evaluation findings and high-level implementation issues by drawing, in particular, on qualitative work with service users, service providers and the National Disability Insurance Agency.

[12] Typically the data must have a time series element in it that is at least as long as the subsequent impact observation period.

The final Phase 3 will run from July 2015 to June 2016. It will involve the return to people with disability, and their families and carers; and the disability support providers and mainstream providers and services for the second round of surveys, alongside the final rounds of qualitative fieldwork. Resultant data will be analysed. The process of synthesising the evaluation findings and the estimation of the NDIS launch impacts will commence in the latter half of 2015. Policy workshops will facilitate the interpretation of findings before the report is finalised in June 2016.

6 Ethics

The evaluation will be conducted in accordance with ethical guidelines set by Flinders University's Social and Behavioural Research Ethics Committee. The guidelines are consistent with the *National Statement on Ethical Conduct in Human Research* (March 2007), the *Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (2003) and *Keeping Research On Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics (2005).*

The evaluators have put into place mechanisms for ensuring that those conducting evaluation fieldwork are appropriately skilled and instructed in working with the many individuals that this evaluation will contact or encounter. The Disability and Community Inclusion Unit at Finders University will provide expertise and guidance in designing research instruments suitable for working and communicating with people with different and complex disabilities. The Unit will also be involved in training fieldwork staff. Indigenous and multicultural experts will provide expertise in conducting research with Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

In all instances, the evaluation will need to ensure that participation is both informed and voluntary. A core principle of the evaluation and affecting all respondents at all stages is to use culturally appropriate instruments and approaches; the need to consult and ensure a shared understanding of the nature and purpose of the evaluation, and the use and access to research results and communication of findings.

For this reason, the evaluation includes a stakeholder engagement strategy, to be implemented by state experts in the five launch sites. The state experts will provide information about the evaluation throughout the next three years and will also provide pathways for consulting and engaging people with disability, and their families and carers, the disability sector and other stakeholders. These activities will be supported by the provision of a website dedicated to the evaluation and providing update on the content and progress of the research. The website can also be used for targeted consultation of stakeholders in the course of the evaluation.

Appendices

Appendix A: National Disability Insurance Scheme planned intake of participants

Appendix B: Evaluation Policy Logic

Appendix C: Evaluation Framework timeframe

Appendix A: National Disability Insurance Scheme Planned Intake of Participants

	Australian Capital Territory	New South Wales	South Australia*	Tasmania	Victoria
Date					
2013-14	Not applicable	• For 2013-14, existing participants resident in the Newcastle Local Government Area (LGA), commence the entry of existing participants in the Lake Macquarie LGA and commence the entry of existing participants resident in the Stockton Large Residential Centre (LRC), plus new participants, up to a total of approximately 3,000 participants (with approximately 2,673 existing participants and 327 new participants). • New participants may come from all three LGAs.	aged 0-5	• Participants from needs register in receipt of or expressing a need for Individual Support and/or Community Access; • New participants 15-17 years old who require transition planning; • People in receipt of mental health services; • Other new participants	• People with an existing assessment that they require individually funded disability support who are registered on the Department of Human Services Disability Support Register (DSR) and children with an existing assessment that they require Early Childhood Intervention Services (ECIS) at the time of this agreement will transfer to the NDIS in July 2013. • In addition…provision has been made for the majority of new participants in 2013-14 to enter the NDIS between July and September 2013.
Jul-Sept		• Existing participants in individualised funding arrangements and/or with funding clearly linked to them as individuals will be prioritised for transition from 1 July 2013; • It is proposed that supported accommodation participants will transition from 1 July 2013 through 30 June 2014	aged 0-2	• Students with disability leaving school in 2013; • Young people in receipt of or seeking an individual support package and/or a community access package; • Young people transitioning from state care	• Disability Services participants in the Future for Young Adults (FFYA) program or in receipt of Individual Support Packages (ISPs) will transfer to the NDIS from August 2013 to November 2013, excluding any disability services participants who are also supported accommodation or residential institution (Colanda) participants.

	Australian Capital Territory	New South Wales	South Australia*	Tasmania	Victoria
Date					
					• …any participants of ECIS, Psychiatric Rehabilitation and Support Services (PDRSS), and eligible Home and Community Care (HACC) participants who are also FFYA and ISP participants will also transfer to the NDIS from August 2013 to November 2013. • FFYA participants transfer to the NDIS once their planning has been completed
Oct-Dec			aged 3	• As above and • Young people in receipt of mental health services	• Disability Services participants receiving services from other programs (including Respite, Flexible Support Packages, Therapy, Independent Living Training, Outreach Support and Case Management participants) not otherwise included in the above will transfer to the NDIS from October 2013 to March 2014. • …any participants of ECIS, PDRSS, and eligible HACC participants who are also participants of these programs will also transfer to the NDIS from October 2013 to March 2014
Jan-Mar		• Stockton LRC residents will commence transition from 1	aged 4	• Students with a disability 15 – 17	• Eligible HACC participants not otherwise included in the above will

	Australian Capital Territory	New South Wales	South Australia*	Tasmania	Victoria
Date					
		January 2014 remaining participants will transition throughout the year, from 1 July 2013 through 30 June 2014, taking account of the above considerations and the need to ensure a relatively even flow of participants throughout the year; • wherever possible all of the participants of a specific provider will be transitioned at a similar time. Providers operating only in one LGA will be prioritised above providers operating in multiple LGAs to make transition as smooth as possible; • limited and/or less complex transitions will be planned during December and January in view of the reduced workforce capacity during this time and the need to minimise disruptions to participants and families; and • capacity will be retained for entry of new participants in each month		• Young people in receipt of or seeking an individual support package and/or a community access package; • Young people in receipt of mental health services; • Young people receiving flexible respite assistance	transfer to the NDIS over March and April 2014.
Apr-Jun			aged 5	• Students with a disability 15 – 17; • Young people in receipt of or seeking an individual support package and/or a	• Supported accommodation participants will transfer to the NDIS in April 2014 • PDRSS participants not otherwise included in (a) to (d) above will

	Australian Capital Territory	New South Wales	South Australia*	Tasmania	Victoria
Date					
				community access package; • Young people receiving therapy; • Young people living in large residential facilities	transfer to the NDIS over May and June 2014
2014-15	Not available	For 2014-15 existing participants in the Lake Macquarie LGA and the Kanangra LRC and the balance of existing participants resident in Stockton LRC, plus new participants, up to a cumulative total of approximately 5,030 participants. The target for 2014/15 is 2,030 participants with approximately 1,200 existing participants and 830 new participants.	aged 0-13		
Jul-Sept					• ECIS participants not otherwise included will transfer to the NDIS over June 2014 and July 2014
Oct-Dec					• Participants who are residents of the Colanda residential institution will transfer to the NDIS in September 2014
Jan-Mar					
Apr-Jun					
2015-16	Not	For 2015-16, existing participants in the	aged 0-14		

	Australian Capital Territory	New South Wales	South Australia*	Tasmania	Victoria
Date					
	available	Maitland LGA, the balance of existing participants resident in the Lake Macquarie LGA, plus remaining new participants, up to a cumulative total of approximately 10,111 participants. The target for 2015/16 is 5,081 participants with approximately 2,748 existing participants and 2,333 new participants.			
Note: * "Participants who are not currently accessing disability programs who are eligible for the NDIS can access the NDIS in accordance with this appendix and the Agency will facilitate their plan in line with a timetable to ensure equity of access for all participants."					

Appendix B: Evaluation Policy Logic: National Disability Insurance Scheme (NDIS)

Objective: The NDIS is designed to improve the quality of life, wellbeing and economic participation for people with disability, and their families and carers.

Inputs →	Activities →	Outputs →	Outcomes
Government funding Intergovernmental Agreement and Bilateral Agreements for NDIS Launch Other disability initiatives – e.g. National Disability Strategy and National Disability Agreement Legislation changes Support and engagement from: • People with disability, and their families and carers • State and Territory Governments • Disability sector (including advocacy organisations) • The wider community Information and advocacy campaigns.	Self-assessment of potential eligibility through My Access checker. Local Area Coordinators explore with people the extent to which existing mainstream and community supports can and will meet support needs. Local Area Coordinators provide 'information and referral' service to people with disability who are not eligible for individually funded support. Requests for information are effectively managed, and referrals are provided effectively. Planning and assessment processes are based on participants' goals and support needs, respectfully managed, flexible, reflect participants' situations, incorporate carers' goals and needs and ensure individuals design, choose and control the supports they need, including any informal supports. Support needs assessments are rigorous, minimally intrusive and aligned to needs, with consistent processes across locations. The scheme monitors outcomes for individuals against their goals and plan objectives, collecting robust data and considering the effects on people's lives, access to mainstream and community services and NDIS sustainability. Engagement with mainstream services about individual participants (including referrals and linkages) and about systems. Support and capacity development to the sector to provide NDIS individualised supports. Public awareness campaign about NDIS. Safeguards established to provide protections while enabling clients to make their own decisions. Continuity of support during transition.	NDIS pathway, which includes: • A wide gateway • Statement of support, which brings together participant's statement with support needs identified through goal based planning • Plan implementation and management of supports, which may include informal care, mainstream and community services, and reasonable and necessary supports • Plan reviews, where the participant and Agency review the plan against the participant's goals and objectives Support provided by Local Area Coordinators, including: • Access to existing mainstream and community supports where they meet participant support needs • Information and referrals for people with disability not eligible for individually funded supports. People with disability get reasonable and necessary support and have control and choice over the design, delivery and management of their support. Aboriginal and Torres Strait islander people with disability, and people with disability from culturally and linguistically diverse backgrounds have access to culturally appropriate supports. The roles of families and carers in the lives of people with disability is acknowledged and respected; the goals, aspirations and needs of carers are considered in the participant's plan; and informal care arrangements are sustainable. NDIS engages effectively with mainstream providers and services (e.g. education, health and mental health) to support coordinated service delivery for people with disability. Disability sector and broader market respond to demand for diversity of supports arising from NDIS. Community is aware of, informed about and understands the NDIS. Safeguards in the NDIS achieve a balance between necessary protections and enabling choice and control. People with disability accessing government funded disability services are not disadvantaged by the transition to the NDIS.	People with disability set and achieve their goals. People with disability have optimal wellbeing. People with disability participate in and contribute to social and economic life to the extent of their abilities and have strong connections to the community. People with disability have confidence that the scheme will treat them fairly. People with disability, and their families and carers have confidence that expectations of care and support provided by families, carers and informal networks and the community are reasonable, and formal and informal care and support will be sustainable over a lifetime. People with disability, and their families and carers, the sector, the public and governments have certainty of funding for disability care and support, including individualised care and support over a lifetime. Disability and mainstream sectors respond flexibly to changes in demand, offering high quality and innovative supports and investing in an appropriately skilled and qualified workforce. There is a high level of community support for the NDIS.

Barriers	Central groups	Assumptions
Disability support system differs by jurisdiction, and reforms may be costly for States and Territories. Limitations in service delivery capacity in disability sector and broader market (e.g. workforce availability, need for staff training and capacity development). Entrenched disadvantage and multiple barriers to social and economic participation. Challenges providing effective disability support to Indigenous Australians with disability. Mainstream providers and services do not always meet the needs of people with disability.	People with disability Families Carers **Other stakeholders** Commonwealth Government Ministers and Agencies State and Territory Government Ministers and Agencies Disability support providers Peak bodies Local councils Mainstream providers and services (e.g. education, health, and mental health) Mainstream suppliers (e.g. financial advisors) **Other initiatives** National Disability Strategy (including reform of mainstream services) National Disability Agreement National Injury Insurance Scheme Aged care and health reforms	The evaluation policy logic is informed by three interrelated concepts: firstly, that people are best placed to determine what supports are most suitable for their individual needs; secondly, that tailoring supports to the needs of each individual is the most efficient way to assist each person to achieve their goals; and thirdly, that investing in the right supports at the right time will maximise outcomes for individuals and minimise scheme liabilities. The NDIS places the person at the centre of the provision of disability supports by working with people to identify their goals, aspirations and needs and providing the reasonable and necessary supports for people to pursue a good life. Key terms such as ‘goals’ and ‘choice and control’ follow definitions established in NDIS legislation.

Appendix C: Evaluation Framework Timeframe

Activity	Timeframe
Phase 1:	
Wave 1 longitudinal surveys	March 2014 – June 2014
Analysis of Wave 1 fieldwork	May 2014 – August 2014
Phase 2:	
Initial Report	July 2014 – October 2014
Analysis of administrative data	July 2014 – November 2014
Intermediate Report	December 2014 – April 2015
Qualitative fieldwork	July 2014 – June 2015
Phase 3:	
Wave 2 longitudinal surveys	July 2015 – November 2015
Analysis of qualitative data	July 2015 – November 2015
Analysis of administrative data	August 2015 – November 2015
Integrated analysis of all evaluation data	October 2015 – February 2016
Final Report	December 2015 – June 2016