

Issue #18, June 2008

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### Working with Digital Stories

On Monday 14<sup>th</sup> July, Liz Dimitriadis and Mark Lyall presented a seminar to members of the Association for Qualitative Research (AQR) on the use of Digital Storytelling for researchers.

The term Digital Story can have a variety of different meanings. According to the Digital Storytelling Association, a Digital Story is "the modern expression of the ancient art of storytelling [...] Stories have been adapted to each successive medium that has emerged, from the circle of the campfire to the silver screen, and now the computer screen." (cited in Sadik 2008).

More specifically, Daniel Meadows tells us that "Digital Storytelling makes use of low-cost digital cameras, non-linear editing software and notebook computers to create short, multimedia

stories" (Meadows 2003). Meadows is more specific on his website: a Digital Story is made from a script of 250 words, a dozen pictures and is about 2 minutes in length

(<http://www.photobus.co.uk/index.php?id=2&gallery=polyfoto.flv>).

A pioneer of the Digital Story as it has just been defined was the media producer and artist Dana Atchley, who developed a production workshop utilizing storytelling in the early 1990's and was a co-founder of the Center for Digital Storytelling. Their website is <http://www.storycenter.org/>, where you will find resources such as the Digital Storytelling Cookbook, as well as numerous examples of Digital Stories.

At the seminar Liz and Mark showed examples of Digital Stories and some interesting discussion was generated around the following areas:

- What it is that makes Digital Storytelling unique compared with other forms of storytelling;
- What software and hardware and skills are required to make a Digital Story;
- How Digital Stories are empowering individuals who would otherwise not be heard;
- Some of the complexities involved in assisting individuals with complex communication needs to make a Digital Story;
- The tension between the process and the pressure to create a particular product;
- Possible ways that Digital Storytelling might be considered a

research tool, and how stories might be analysed by researchers;

- How Digital Stories fit into a suite of process and products for obtaining and conveying information;
- How might Digital Stories be used in Evaluation, Therapy, Educational and Community Development contexts.

There was considerable interest in exploring the use of Digital Stories for a range of purposes and this has encouraged us to examine how we might provide training and support to colleagues interested in working with Digital Stories.

We therefore invite you to tell us whether you are interested in participating in workshops on Digital Storytelling and what you would like workshops to cover.



**If you are interested in learning more about Digital Storytelling please email [mark@ldc.net.au](mailto:mark@ldc.net.au) by**

**30<sup>th</sup> July 2008 and tell us what you would like to learn and we will contact you to develop a learning program.**

## References

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## **An Overview of Outcome Measurement in the Disability Sector**

One of the challenges facing service providers is determining tools and processes that can appropriately measure outcomes for individuals.

As we continue to support service providers to identify how they can assess outcomes for their service users we are building knowledge in this area.

The LDC Quarterly is one of the ways that we share our learning with our colleagues. The following overview of outcome measurement in the disability sector has been prepared by LDC Group researcher Judith Freidin.



Judith Freidin

## **Why do Outcome Measurement?**

A primary aim of disability services is to improve the lives and opportunities of people with a disability. Outcome measurement is a way that these improvements or changes can be assessed. Outcome measurement is used in many different sectors of the community, in health, in community development, and in the disability sector. Outcome measurement helps us better understand how disability services are achieving quality outcomes in the lives of people with a disability. Measuring outcomes assists service organisations to understand that the way they manage the day-to-day operations of their service directly impacts on what people with a disability experience and feel. Outcome measures show how the way they develop, deliver and improve their service and supports should start with each person, revolve around the person, and conclude with the person. As they acquire new understanding and knowledge about what is important to each person, service organisations can move toward ensuring that the things that are important to people with a disability drive their practices.

## **Outcome Measurement in Victoria**

In Victoria the Quality Framework for Disability Services identified 16 life areas that are associated with positive wellbeing for all Victorians. Each life area is defined by an outcome which can be measured to ensure that the services provided are making a difference in the lives of people with a disability. The outcome to be measured is determined by the person with a disability in participation with service

providers (Department of Human Services and Quality and Sector Development Branch Disability Services Division 2007).

Evidence indicators for the 16 Life Areas have been developed that describe measurable elements of practice that may be used to assess whether the support is in place to assist people with a disability achieve the outcome. These outcomes are reflective of those valued by the broader Victorian community. The presence of the support, as defined by the indicator, increases the likelihood that people with a disability will experience the broader outcome and, in this way, the indicators act as building blocks to improve services provided to people with a disability. These indicators form the basis of outcomes measurement for disability services in Victoria (Department of Human Services and Quality and Sector Development Branch Disability Services Division 2007).

Outcome measurement in the context of the Quality Framework for Disability services can be defined as the regular, systematic tracking of the extent to which people with a disability who receive services and supports experience benefits or changes in their lives.

Effective outcomes measurement in Victorian services relies on:

- the active participation of people with a disability, their family members and carers

- a clear understanding of the purpose of the service and any constraints
- effective quality systems
- a participatory approach to exploring, negotiating and agreeing outcomes and how they will be supported
- an individualised approach to planning, developing and reviewing supports.

The Victorian system is not prescribing any one tool but expects that a range of outcomes measurement tools will be developed across the disability sector to reflect different service types and the different needs and expectations of support users.

More information on the Quality Framework is available at [www.dhs.vic.gov.au/ds](http://www.dhs.vic.gov.au/ds)

### Possible Tools for Measuring Outcomes

The Personal Outcome Measures (POMs) are a widely used tool that looks at what people expect from the services and supports they receive. They have been developed by The Council for Quality and Leadership, an American based human services organisation. The Council's POMs were derived from extensive interviewing and research with a wide range of people with disabilities to establish the priority outcomes that people had in their lives. The Council has developed a set of 25 personal outcomes grouped in seven key domains providing a framework for considering the needs and desires of the whole person across various

services and settings. The importance and purpose of each outcome is described and a statement of values and principles underpinning the outcome is provided. There is also a statement of Organising Principles to guide consideration of the extent to which individualised support has been provided by the organisation to the person, should they wish to achieve the outcome (State of Victoria 2006). More information on the POMS can be found at [www.thecouncil.org](http://www.thecouncil.org)

Many tools that look at outcomes for people with a disability focus on the concept of Quality of Life. The Australian Centre on Quality of Life at Deakin University has a directory which lists tools that can be used to research Quality of Life issues for people with a disability. This directory is available at <http://acqol.deakin.edu.au/instruments/instrument.php>

Some examples of tools which measure Quality of Life are:-

### The Quality of Life Questionnaire (QOL-Q)

This questionnaire is used widely to evaluate the quality of life of persons with intellectual disability. It contains 40 questions using 3-point scales. According to the manual and Schalock & Keith (1994) these 40 items load onto four factors as: Satisfaction, Competence/Productivity, Empowerment/Independence, Social Belonging/Community Integration (Schalock and Keith 2004).

### Life Satisfaction Matrix

The Life Satisfaction Matrix measures subjective quality of life of people who have profound multiple disabilities. Scale: An observational technique based on four assumptions: (a) Life satisfaction is improved when more time is spent on preferred than non-preferred activities. (b) These people express their inner states through consistent behavioural repertoires. (c) These repertoires can be discerned by familiar others, and validated by an independent other. (d) An individual's routine daily activity preferences can be determined from their affective behavioral repertoires (Lyons 2005).

### Evaluation of Quality of Life Instrument

The Evaluation of Quality of Life Instrument (EQLI), was designed to elicit from staff of health and social care services assessments of the level of satisfaction experienced by adults with an intellectual disability. Scale: 18 items forming three factors: Quality of service received, satisfaction with opportunities for social interaction, satisfaction with living environment (Nota 2006).

### Family Quality of Life Survey

Family Quality of Life Survey measures quality of life for families caring for a disabled member. Scale: Provides quantitative measures of four concepts: Opportunities for improvement, Initiative of family members to act on opportunities, attainment, and satisfaction. Opportunities = options available to families that are relevant to their needs. Initiative = families taking advantage

of available opportunities. Attainment = getting, having, or accomplishing those things that the family wants or needs. Satisfaction = overall perception of family members. Each of these four concepts is measured in each of nine key areas: Health, financial well-being, family relationships, support from other people, support from services, careers and preparing for careers, spiritual and cultural life, leisure, community and civic involvement (Brown, Anand et al. 2003).

### The BILD Life Experiences Checklist

The Life Experiences Checklist assesses a wide range of the life experiences of individuals who are intellectually disabled and receiving residential services. It's focus is on the quality of care practices within service settings and areas of human experience that are commonly judged as valuable by people in the general population. It has also been used with psychiatric and general population samples. Scale: Contains fifty items which are grouped into five sections reflecting different areas of experience: Home, Leisure, Relationships, Freedom and Opportunities. Each section contains ten items. The LEC can be self administered, or an individual's response recorded on it by someone else (Ager 1998).

### Lifestyle Satisfaction Scale

The Lifestyle Satisfaction Scale (LSS) assesses individuals' satisfaction with residence, community setting, and associated services. Satisfaction of people with an intellectual disability with their quality of life is an important outcome measure of

deinstitutionalization. The Lifestyle Satisfaction Scale (LSS) was developed to assess people with a disability's satisfaction with their residence and its community setting and associated services. An acquiescence subscale makes it possible to correct satisfaction scores for acquiescence bias. Empirical data indicate that this experimental version of the LSS has internally consistent subscales and good test-retest and interrater reliabilities (Heal and Chadsey-Rusch 1985).

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State of Victoria (2006). Evaluation of the Independent Quality Monitoring Personal Outcomes Measures pilot project, J. Prideaux and Associates.

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