



# Outcome evaluation of Community Participation Grants

## Evaluation plan

Prepared for icare lifetime care

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# 1 Background

The Lifetime Care and Support Scheme (the Scheme) provides lifelong treatment, rehabilitation and attendant care for people severely injured in a motor vehicle accident in NSW, regardless of who was at fault. Injuries can include spinal cord injury, moderate to severe brain injury, multiple amputations, severe burns or permanent blindness. The Scheme has currently about 1,150 participants, expected to grow to around 6,000 by 2060. Approximately 75 per cent of Scheme participants have a brain injury, and approximately 25 per cent have a spinal cord injury. More information about the Scheme can be found at [www.lifetimecare.nsw.gov.au](http://www.lifetimecare.nsw.gov.au).

The NSW Government agency **icare lifetime care** administers the Scheme. Its role is to arrange, regularly review and pay for services for Scheme participants; manage service providers to achieve quality services; and maintain financial viability through levy setting and fund management. **icare lifetime care** is one of the service lines of Insurance & Care NSW (icare), an organisation created to deliver the NSW insurance and care schemes.

As part of its role, **icare lifetime care** funded the Community Participation Grants (CPG). It is known that people with disability often find their participation in the community restricted because of lack of accommodation of their impairments (Commonwealth of Australia, 2009, World Health Organisation, 2011) and because of negative community attitudes (Fisher & Purcal 2016). Based on this evidence and in line with **icare lifetime care**'s vision (<http://www.lifetimecare.nsw.gov.au/about-us/customer-commitment>), **icare lifetime care** intends to improve the capacity of the community to better support Scheme participants and other people with disability to achieve better social outcomes. Hence, the CPG initiative was designed to fund projects offering innovative solutions to increase community involvement. While the immediate target group for the CPG represents Scheme participants, this is a broad-based strategy where the benefits are expected to be realised more widely by people with disability.

The CPG encompass two funding streams: sport and recreation; and arts and culture. About \$3.4 million has been allocated to 101 projects, both via open grant rounds and to specific projects. Projects in the first open grant round finished in late 2016/early 2017, and those in the second round will finish in July/August 2017. The specific projects finish at different times during this period. The grants are administered by four agencies: Arts NSW, Accessible Arts, NSW Office of Sport and Wheelchair Sports NSW. The first three agencies ran grant programs, while Wheelchair Sports NSW received grants directly from **icare lifetime care**, as did Accessible Arts, which received funds for their Small Grant Program as well as three other projects that they ran themselves (Table 1).

**Table 1: CPG programs and partner agencies**

Partner agency	Grant type	No. of projects
Arts NSW	Open grant round	15
NSW Office of Sport	Open grant round	37
Accessible Arts	Small Grant Program	
	• Quick response grants (up to \$5K)	22
	• Small grants (\$5-20K)	21
	Specific projects	3
Wheelchair Sports NSW	Specific projects	3

The CPG fund projects that aim to achieve one or more of the following goals:

- provide opportunities to develop skills and knowledge
- reduce physical access barriers and increase the use of assistive technology
- grow community and cultural awareness and reduce attitudinal barriers to disability access
- increase equitable access to and encourage participation in arts, cultural, sport and recreational activities
- provide culturally appropriate opportunities for Aboriginal and Torres Strait Islander (ATSI) and culturally and linguistically diverse (CALD) people with disability
- develop partnerships to enhance participation of people with disability in arts, cultural pursuits, sporting and recreational activities.

The delivery of the CPG was designed to:

- improve social outcomes through involvement in out-of-home arts, cultural, sporting and recreational activities in the community
- increase the diversity of government and not-for-profit partnerships and improve cross-sectoral collaboration
- enhance public awareness of the role of **icare lifetime care**.

**icare lifetime care** has commissioned the Social Policy Research Centre (SPRC) at UNSW Sydney to evaluate the outcomes of the CPG.

## 2 Evaluation framework

### 2.1 Purpose of the evaluation

The evaluation will:

- provide evidence to **icare lifetime care** of the extent to which the CPG increased the capacity of the community to support Scheme participants, other people with brain and spinal cord injury and people with disability more generally to participate in sporting, recreational, artistic and cultural activities in their communities
- help **icare lifetime care** to understand what funded projects, activities or approaches were particularly effective
- assess the responsible use of funds under the CPG.

### 2.2 Program logic

The evaluation design is based on the CPG program logic developed by **icare lifetime care** (Table 2). The program logic includes short, medium and long-term outcomes for people and organisations.

**Table 2: CPG program logic**

Problem/ Situation	Inputs	Outputs		Outcomes - Impact What will success look like			
		Activities	Participation	Short Term Outcomes <i>Learning 6 – 18 months</i>	Medium Term Outcomes <i>Action 18 months - 3 years</i>	Long Term Outcomes <i>Conditions 3 - 5 years</i>	
<p>People with acquired brain injury, spinal cord injury, musculoskeletal and related psychological injury arising from a motor accident often find their participation in the community restricted because of physical, psychological and behavioural disabilities. There are currently around 1,150 scheme participants, expected to grow to around 6,000 by 2060. There is a need to contribute to improving the capacity of the community to better support Scheme participants and other people with disability to achieve better social outcomes.</p>	<p><b>What do we invest?</b></p> <p>\$3.4 million in grants. Where necessary, <b>icare lifetime care</b> will separately fund support to assist individual Scheme participants to take part in funded activities, e.g. attendant care, assisted travel.</p> <p>Staff to manage the governance and implementation of the CPG.</p> <p>2-3 years for establishment, completion and evaluation of projects.</p>	<p><b>What we do</b></p> <p>Approval of business case.</p> <p>Establish governance structure.</p> <p>Develop program plans, including: procurement, communications, evaluation, monitoring, reporting, budget and risk management.</p> <p>Establish strategic partnerships to maximise outcomes.</p> <p>Approval of procurement approaches to attract interest from a wide range of organisations across funding streams.</p> <p>Conduct procurement.</p> <p>Negotiate with preferred recipients.</p> <p>Execute funding agreements.</p> <p>Implement payment regime.</p> <p>Monitoring, reporting and site visits.</p> <p>Final reports on projects.</p> <p>Financial acquittal.</p> <p>Evaluation.</p>	<p><b>Who we reach</b></p> <p>Scheme participants as well as non-participants with acquired brain injury, spinal cord injury, musculoskeletal and related psychological injury.</p> <p>Managers and directors of community organisations and employers in a range of areas, including sport &amp; recreation, arts and culture.</p> <p>Strategic partners, including NSW Office of Sport, Wheelchair Sports NSW, Arts NSW &amp; Accessible Arts.</p>	<p>Scheme participants and people with disability</p>	<p>Increased awareness of sport, recreational, artistic and cultural opportunities in the community.</p>	<p>Increased participation in sport, recreational, artistic and cultural activities by Scheme participants and other people with disability who participate in funded projects.</p> <p>Increased skills, knowledge and confidence among Scheme participants and people with disability who participate in funded projects.</p>	<p>Improved wellbeing outcomes for people with a disability (in relation to health, self-esteem and life satisfaction).</p> <p>Enhanced awareness among sport, recreation, arts and culture organisations and networks in the community of the needs of people with a disability.</p> <p>Increased likelihood that people with a disability will utilise recreational and cultural opportunities.</p> <p>Increased likelihood that people with a disability will feel empowered to explore other similar opportunities.</p>
				<p>Strategic partners and funded organisations</p>	<p>Increased awareness among sport, recreation, arts and culture organisations and networks in the community of the needs of Scheme participants and people with disability in general.</p> <p>Increased motivation to attract and support people with disability to participate in recreational and cultural activities.</p> <p>Stakeholders perceive that grants have been fairly and strategically allocated.</p>	<p>Increased knowledge, capability and capacity in sport, recreation, arts and cultural organisations and networks in the community to support Scheme participants and other people with disability.</p>	



### **Assumptions**

If we support projects designed to assist scheme participants and other people with disability to participate in community activities, there will be residual effects in relation to improving the capacity of community organisations to support scheme participants into the future. This could be in the form of improved knowledge, abilities, attitudes and motivation of organisations; modified facilities and/or equipment; or program design.

Strategic partners such as other NSW government agencies and established industry leaders will bring significant knowledge, capacity and networks about their respective industries. Establishing strategic partnerships with these groups will help to maximise the efficacy of funded projects and avoid unnecessary duplication. It will also help to position the limited funds available to complement investments from other government agencies and non-government funding bodies.

While the number of Scheme participants is low compared to the wider population of people with disability, it is possible to target projects that have strong potential to leave a legacy effect that will benefit current and future scheme participants.

### **External Factors**

Strategic partners will have their own perspectives, agendas and priorities and may lose focus on Scheme participants.

Funded organisations may have an established view about the people with disability they assist, creating a need to ensure that they are clear about the target of the grants.

It is anticipated that many funded organisations will be small and there will be variable financial resilience or capacity for complex evaluation.

Restructure across the NSW Public Service may continue to impact on implementation in terms of staffing changes and funding cuts.

## 2.3 Evaluation questions

The evaluation will address the following key outcome questions of the CPG program:

1. To what extent did the grants achieve what they set out to do? That is, to what extent did the grants promote community participation of people with disability through sport, recreation, arts and cultural activities; and maximise opportunities and choices in achieving quality of life for Scheme participants?
2. Has the investment built knowledge and capacity in sport, recreation, arts and cultural organisations and networks in the community to support people in the **icare lifetime care** target group, e.g. through new skills, knowledge, equipment and/or facility modifications? Did the investment create a lasting effect and benefit for current and future Scheme participants?
3. Did the grants build awareness of the target group among sport, recreation, arts and cultural organisations and networks in the community, who might be in a position to support current and future Scheme participants to take part in community activities now or in the future?
4. How would **icare lifetime care** best target resources in any future investment? Was using the advice and networks of key industry partners a robust way of targeting resources? What were the lessons from any CPG projects that were innovative and easily scalable?

## 3 Methodology

The evaluation will use mixed data collection methods, both quantitative and qualitative, as outlined below. Data collection will be phased in line with the differing timeframes for the funded projects: data collection from projects in the first grant round will occur in the first half of 2017; and from projects in the second grant round, in the second half of the year. Among the six specific projects, one has been extended for a third year, but this evaluation will cover only the first two years of the project, i.e. until mid-2017.

### 3.1 Ethical considerations

The methodological approach in the evaluation incorporates inclusive research principles to prioritise the experience of people with disability. People with disability are included in the evaluation team; they will advise on the evaluation design, data analysis and reports; and inclusive data collection methods will be used in interviews and focus groups.

The evaluation team recognises the importance of disability inclusive research practice (Walmsley and Johnson, 2003; Fisher and Robinson, 2010) in ensuring that people with disability are actively engaged in building a sound evidence base that can inform future project design and funding decisions. The SPRC Disability and Mental Health Research Program follows the principles of the National Disability Research and Development Agenda, which reflects the UNCRPD and refines knowledge from international research experience.

More generally, our research will comply with ethical standards outlined in the National Statement on Ethical Conduct in Research Involving Humans (National Health and Medical Research Council, 2007). In this evaluation, ethical conduct includes recruitment of case study organisations and project participants at arm's length from the researchers, sensitive invitation of project participants and a comprehensive consent process. The evaluation processes and methodology outlined in this evaluation plan have been approved by the UNSW Australia Ethics Committee, approval number HC 16962.

### 3.2 Data collection methods

The data collection methods will comprise a literature review, analysis of project reports, manager surveys and case studies. The latter involve interviews with project managers, and inclusive interviews and focus groups with project participants. The link between methods and evaluation questions is presented in **Table 3**.

**Table 3: Methods and evaluation questions**

Evaluation questions	Data collection methods			
	Literature review	Project report analysis	Manager surveys	Case studies
To what extent did the grants achieve what they set out to do?		✓	✓	✓
Has the investment built knowledge and capacity to support people in the target group?		✓	✓	✓
Did the grants build awareness of the target group?		✓	✓	
How would <b>icare lifetime care</b> best target resources in any future investment?	✓	✓	✓	✓

## Literature review

Data collection will start with a brief review of recent literature on Australian sport, arts, recreational and cultural initiatives that have improved the community participation of people with disability. The review will focus on the policy and funding implications of successful projects.

## Analysis of project reports

The evaluators will analyse reports submitted by funded projects. All of the approximately 100 projects funded under the CPG are expected to provide a report to **icare lifetime care** or the relevant partner agency (i.e. NSW Office of Sport, Arts NSW or Accessible Arts) as part of their grant conditions, and all available reports will be included in the evaluation. Analysis guidelines will be developed in consultation with **icare lifetime care**.

## Manager surveys

The evaluation will include a survey with managers from organisations that have received funding under the CPG. All funded organisations will be invited to complete the survey, which will be distributed online and be anonymous. It will be mainly quantitative, including tick boxes and the option to write comments. The survey will be aimed at managers with an active role in delivering the project; we will target managers with a strategic role in case study interviews (see below). This may be the same person in small organisations.

The program partners that administer the grants on behalf of **icare lifetime care** have agreed to distribute survey invitations.

## Case studies

We will conduct case studies with a sample of funded organisations, involving interviews with managers and inclusive focus groups and/or interviews with a sample of project participants.

Six case studies will be conducted, three in each data collection phase. The case studies are intended to complement the other methodologies by providing tangible, illustrative examples. The purposes are to:

- showcase successful projects identified from the analysis of reports
- add in-depth personal experience of project participants to the evaluation
- demonstrate the features of effective projects.

Case study projects will be identified from the analysis of funded project reports. In consultation with **icare lifetime care**, we will select three projects in each analysis phase that meet the case study criteria of being a successful project in line with the CPG aims. We will include a variety of project types, sizes and locations in our sample, aiming to include two case studies each from projects administered by Arts NSW and NSW Office of Sport, and one from each of Wheelchair Sports NSW and Accessible Arts.

The sample sizes of interviews and focus groups will vary between case studies, depending on the size of the organisation and the project, and on the willingness of participants to take part in the evaluation. Up to two managers will be interviewed per case study. These will be primarily managers with a strategic role in the project.

In addition, we will aim to conduct one focus group with up to eight participants and/or three interviews per case study, depending on the size of the project and inclination of participants. This sample will ensure an assessment of the case study project from various viewpoints and enable identification of its success factors. Interview and focus group locations will be determined in consultation with participants and project managers, to ensure comfort, convenience and accessibility.

Where appropriate, inclusive methods will be used to facilitate the participation of people with disability in the interviews and focus groups. Questions will be flexible and adjusted by the researchers according to the communication needs, capacity and preferences of project participants. Accessibility and inclusivity strategies may include: Easy Read versions of information and consent forms and of questions, visual cues such as photographs and graphics, and project participants can choose to have supporters present at the interview or focus group to make them feel more comfortable and help them to communicate in the most effective way possible.

### 3.3 Timeline

The project timeline is presented in Table 4.

**Table 4: Project timeline**

Timeframe	Evaluation activities	Milestones
November–December 2016	<ul style="list-style-type: none"> <li>Meeting with <b>icare lifetime care</b> to refine and finalise evaluation methodology</li> <li>Preparation and submission of ethics application to UNSW Ethics Committee</li> <li>Preparation of draft short literature review</li> <li>Preparation of draft survey for Arts/Sports projects that finish in 2016</li> </ul>	Evaluation plan Ethics approval Literature review Draft survey
January–February 2017	<ul style="list-style-type: none"> <li>Survey sent to organisations with return date end of February</li> <li>Analysis of final reports that are available from projects finishing in 2016</li> </ul>	Survey sent Short summary of findings
March– April	<ul style="list-style-type: none"> <li>Analysis of survey results</li> <li>Finalisation of fieldwork instruments</li> <li>Fieldwork in 3 project sites that finished in 2016 (interviews with managers, focus groups/interviews with project participants)</li> </ul>	Short summary of findings Instruments completed Fieldwork completed
May	<ul style="list-style-type: none"> <li>Fieldwork analysis</li> </ul>	Analysis completed
June	<ul style="list-style-type: none"> <li>Progress report outlining preliminary findings and recommendations</li> </ul>	Progress report
July	<ul style="list-style-type: none"> <li>Revision of progress report with feedback from <b>icare lifetime care</b></li> <li>Survey sent to organisations that finish in mid-2017 with return date 30 August</li> </ul>	Revisions completed Survey completed
September	<ul style="list-style-type: none"> <li>Analysis of survey results</li> <li>Analysis of final reports from projects</li> </ul>	Short summaries of findings
October	<ul style="list-style-type: none"> <li>Fieldwork in 3 project sites that finish in mid-2017 (interviews with managers, focus groups/interviews with project participants)</li> </ul>	Fieldwork completed

November	<ul style="list-style-type: none"> <li>Fieldwork analysis</li> </ul>	Analysis completed
December	<ul style="list-style-type: none"> <li>Draft final report (up to 25 pages) with synthesized findings from the evaluation and recommendations for <b>icare lifetime care</b></li> </ul>	Draft final report
February 2018	Project close	Final report

### 3.4 Data analysis

The data will be analysed to answer the evaluation questions using an analytical framework derived from the program logic. Qualitative data from the funded project reports as well as the interviews and focus groups will be analysed thematically using NVivo 11 software and a coding framework based on the literature review findings, relevant policy documents and the evaluation questions. Survey responses will be analysed using SPSS and Excel.

### 3.5 Reporting

Reporting will include this evaluation plan, a progress report and the final evaluation report (Table 4).

The progress report will be delivered halfway through the project. It will outline findings from the first phase of data collection and provide preliminary recommendations.

The draft final report will be delivered at the end of the project. It will contain synthesized findings from the evaluation and recommendations for **icare lifetime care**. The report will be professionally presented and up to 25 pages in total length, including:

- one page of key messages, with 4-6 main messages (not a summary of findings but what the findings mean, i.e. implications)
- up to 3 pages of Executive Summary
- the full report in easily understood and accessible language
- appendices containing all statistics, full methodology etc.

The draft will be amended with comments from **icare lifetime care** and other stakeholders as agreed, and a final report provided to **icare lifetime care**.

With the permission of **icare lifetime care**, the reports will be published online to provide feedback to the participants, continue to engage stakeholders and add to the national and international evidence base. In addition, the reports may be distributed specifically to

disability advocacy organisations for dissemination and to increase awareness of the grants and their outcomes as appropriate.

A summary of the findings will be returned to the evaluation participants if they provided contact details for this purpose during data collection.

In consultation with **icare lifetime care**, the evaluation results may also be disseminated through conference and seminar presentations, forums and journal articles.



## 4 Project management

### 4.1 Governance

The evaluation process will be overseen by the Group Executive Integrated Care, the General Manager Service Coordination and the General Manager Service Delivery at **icare lifetime care**.

Internal stakeholders include the Minister for Finance and Services, the **icare lifetime care** Board and Executive Management, project staff and internal staff. External stakeholders include Lifetime Care and Support Scheme participants and their families, disability advocacy groups, potential funding recipients and the media and general community.

People With Disability Australia (PWDA) will be invited to comment on the evaluation design and instruments.

### 4.2 Key staff

Key project staff at the SPRC and their roles in the evaluation are:

**Rosemary Kayess** (project leader) has expertise in human rights and disability, community engagement, qualitative and quantitative evaluation and inclusive research methods.

**Dr Christiane Purcal** (project manager and qualitative researcher) is experienced in evaluations on disability and mental health policies, child and family services and community care policies.

**Dr Gianfranco Giuntoli** (quantitative researcher) is interested in the study of health and illness, focusing on the connections between wellbeing, poverty and transitions.

**Dr Ariella Meltzer** (qualitative researcher) works on evaluations and research projects about the experiences of and service provision to people with disability, children, young people and families. She is experienced in Plain English fieldwork.

**Annie Perkins** (research intern) is completing a Bachelor of Social Work (honours) at UNSW Sydney. She is interested in the fields of disability, inclusive research and social policy process.

**Prof Karen Fisher** (advisor) has research expertise in the organisation of social services in Australia and China, including disability and mental health services and community care, inclusive research and evaluation methodology, and social policy process.

**Prof Kelley Johnson** (advisor) is an internationally recognised scholar in the field of disability. She was Professor of Disability at the SPRC and prior to that, Head of the Norah Fry Research Centre at the University of Bristol, UK.

The key **icare lifetime care** contact for the evaluation will be Paul Tweddell, Senior Service Development and Review Officer.

### 4.3 Communication

Face-to-face meetings between the SPRC evaluation team and **icare lifetime care** occur at the beginning and as required during the evaluation to agree on evaluation design, responsibilities and timelines. Between these meetings, we will regularly discuss the evaluation progress, tasks and any other relevant matters via e-mail or at teleconferences between SPRC and **icare lifetime care**.

Communication types and frequency can be adjusted at any point in the evaluation to maintain a close working relationship and modify methodologies and timelines as necessary.

### 4.4 Risk management

Risk will be monitored throughout the project. Anticipated risks and mitigating actions are noted in Table 5 and Table 6. The tables are prepared by:

- scoring likelihood and consequence of any potential risk [H=High (3) M=Medium (2) L=Low (1)]
- calculating level of risk by multiplying likelihood by consequence
- determining whether this level is acceptable or unacceptable
- providing solutions to risks and calculating the adjusted level of risk.

**Table 5: Risk register**

Risk ID	Risk	Likelihood H M L	Consequence H M L	Level of risk 1-9	Comment (Acceptable/ Unacceptable)
1	Low survey response rate and/or poor quality survey data from participating projects	M	M	6	Acceptable
2	Project reports are missing or of low quality	M	M	6	Acceptable
3	Projects and/or consumers reject participating in fieldwork	M	H	6	Acceptable
4	Poor quality qualitative data	L	M	3	Acceptable

5	Managing expectations of stakeholders and Committee regarding agreed scope of the project	L	H	3	Acceptable
6	Turnover of evaluation team	L	M	2	Acceptable
7	Research does not adhere to budget (SPRC bears the risk)	L	H	3	Acceptable

**Table 6: Risk controls**

Risk ID	Risk Controls	After controls in place			Comment (Acceptable / Unacceptable)
		Likelihood	Consequence	Level of risk	
1	<ul style="list-style-type: none"> <li>Research team will begin communicating early with key stakeholders in order to identify how to best approach project managers.</li> <li>Progress of the data collection will be clearly communicated to stakeholders throughout the project.</li> <li>Methodology can be modified to collect outcome data differently, e.g. from online to telephone survey. Budget implications will be negotiated with <b>icare lifetime care</b>.</li> </ul>	L	L	2	Acceptable
2	<ul style="list-style-type: none"> <li>Close communication with strategic project partners about follow-up with funded projects</li> <li>Manage expectations about what the evaluation can deliver</li> <li>Divert evaluation resources to fieldwork</li> </ul>	M	L	3	Acceptable
3	<ul style="list-style-type: none"> <li>Approach other projects and/or consumers</li> <li>Enlist support of strategic partners in recruitment</li> </ul>	L	L	2	Acceptable
4	<ul style="list-style-type: none"> <li>Close supervision of research staff</li> <li>CI to review the quality of the interviews and oversee the analysis process</li> <li>Internal document management systems are used to provide version control and consistency of document storage</li> </ul>	L	L	2	Acceptable
5	<ul style="list-style-type: none"> <li>Detailed evaluation plan to be developed in consultation with stakeholders</li> <li>Formal signoff of plan is needed</li> <li>Any changes to the scope or schedule require a change in contract</li> <li>Communication plan will ensure clear communication to all stakeholders</li> </ul>	L	L	2	Acceptable
6	<ul style="list-style-type: none"> <li>Document all evaluation decisions</li> <li>As part of a large research institution, we have the ability to hire experienced researchers as needed</li> <li>All staff have been with SPRC for over 4 years. Our experience is that greater continuity in the project through the evaluation team mitigates staff turnover in the commissioning department</li> </ul>	L	L	2	Acceptable
7	<ul style="list-style-type: none"> <li>Careful planning. The budget represents excellent value for money as the researchers are experts in the area and have prior knowledge of the project issues, which will ensure efficiency in many project tasks. The budget is based on previous experience of similar projects, all of which have reported on time and within budget. The risk is borne by SPRC.</li> </ul>	L	L	2	Acceptable

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