



# Supported Decision Making Project, Phase Two Evaluation: Evaluation Plan

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Social Policy Research Centre



Prepared for: NSW Family and Community Services,  
NSW Trustee and Guardian and the Public Guardian

May 2016

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ISBN: 978-1-925218-52-7

### **Suggested citation**

Bullen, J., Johnson, K., & Purcal, C. (2016). *Supported Decision Making Project, Phase Two Evaluation: Evaluation Plan*. Sydney: Social Policy Research Centre, UNSW Australia.

# Contents

1	Introduction .....	1
	1.1 Context.....	1
	1.2 Background .....	1
	1.3 The Supported Decision Making Phase 2 project .....	2
2	Evaluation framework.....	9
	2.1 Evaluation approach.....	9
	2.2 Program logic .....	9
	2.3 Evaluation questions .....	11
	2.4 Outcome indicators .....	11
3	Evaluation methodology .....	13
	3.1 Evaluation stages .....	13
	3.2 Data collection methods .....	13
	3.3 Data analysis.....	15
4	Project management and reporting .....	16
	4.1 Timeframe and deliverables .....	16
	4.2 Communication strategy.....	17
	4.3 Risk management .....	17
	4.4 Ethical considerations .....	18
	References .....	19

# Tables and figures

Table 1.1 Selection process .....	5
Table 2.1 SDM2 project outcomes and indicators .....	12
Table 4.1 Timeframe: data collection and deliverables .....	17
Table 4.2 Risk management.....	18
Figure 2.1 FDMT program logic model for the SDM2 project .....	10

# Glossary

ADHC	NSW Ageing Disability and Home Care
FACS	NSW Family and Community Services
FDMT	Financial Decision Making Team
NDIS	National Disability Insurance Scheme
PG	Public Guardian
TAG	NSW Trustee and Guardian
SDM	Supported Decision Making
SDM2	Supported Decision Making Phase 2
SPRC	Social Policy Research Centre, UNSW Australia
UNCPRD	United Nations Convention on the Rights of Persons with Disabilities

# 1 Introduction

The NSW Trustee and Guardian (TAG) has commissioned the Social Policy Research Centre (SPRC) at UNSW Australia to evaluate the Supported Decision Making Phase 2 (SDM2) project. The evaluation report is to add to the evidence base for the practice of supported decision making within the context of financial management. The evaluation will consider the efficacy of:

- a trial program of new supported decision making approaches
- the perceived impact of supported decision making training for service providers
- the perceived impact of financial literacy training for people with cognitive disability who have undertaken the training.

This evaluation plan outlines the background and methodology of the research.

## 1.1 Context

Since the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), there have been a number of trials of supported decision making both in Australia and internationally to inform service sector practice and the process of legislative reform. The building of decision making capacity of people with disabilities has taken on added importance with the transition to the National Disability Insurance Scheme (NDIS). The Supported Decision Making 2 project (SDM2) has evolved from those previous initiatives and specifically is a response to recommendations of the evaluation conducted by Westwood Spice, 'My Life, my decision – An independent evaluation of the Supported Decision Making Pilot' undertaken in NSW in 2012 – 2014.

## 1.2 Background

The NSW Department of Family & Community Services (FACS) has funded the SDM2 as part of the NSW Government's Ready Together reform. It will be based with the Public Guardian (PG). The project will operate for 12 months from mid-January 2016.

The project will operate in two parts. The first – the Financial Decision Making Team (FDMT) will create, deliver and evaluate a supported decision making trial program with people under financial management, and identify and help develop financial literacy skill building models. The second – the Training Team will focus on training and resources for non-government organisations, disability advocates and private guardians to incorporate SDM principles into policy and practice. Aspects of trial program delivery will likely involve collaboration with the Training Project. The primary focus of the evaluation will be on the financial decision making project; however, to a lesser extent the outcomes of the training project will also be considered.

The SDM2 outcomes are that:

- People under financial management are supported to successfully manage parts of their estate where possible, that is decision makers with an s71 authority in place (or

considered eligible for an s71 authority) are managing, or moving towards managing, a larger portion of their estate by the end of the trial program.

- People with cognitive disabilities, including those whose funds are subject to a financial management order, are able to undertake financial literacy training to enable them to take greater control of their finances.
- Agencies and other suitable persons have the ability and have provided a commitment to perform a facilitating role for decision makers and supporters with financial decision making.
- NSW Trustee & Guardian (TAG) has a mechanism in place to enable people with financial management orders to increase self-management of their affairs.

The training project outcomes are that:

- Non-government organisations providing supports to people with disability in NSW are able to deliver decision making support to people with disability and have clear guidelines against which to measure their performance.
- People and organisations providing decision making support form and maintain a 'community of practice' to continue to support and develop supported decision making practice and knowledge.

## **1.3 The Supported Decision Making Phase 2 project**

### **Governance**

The Public Guardian is the sponsor of the SDM2 project. The project leader is the Assistant Public Guardian, Advocacy and Policy. The project manager for the FDMT is the Senior Project Officer, FDMT. The FDMT is one part of the SDM2 project which, as a whole, is located with the Public Guardian. NSW Trustee and Guardian and FACS are project partners with the Public Guardian and are represented on the Operational Committee, which acts as the project's steering group. A joint advisory committee made up of a range of consumer, government and non-government stakeholders will provide advice on the project. The evaluators are independently engaged and report through the project leader.

### **Aim**

The financial decision making project aims to determine the practical implications of applying SDM principles to financial decision making for people with cognitive impairment. It also intends to consider the responsiveness of the role of financial literacy training in building financial capability and to identify mechanisms that may support or facilitate greater self-management of people's finances.

### **Method**

The FDMT will develop a trial program for a sample of people (decision makers) whose financial affairs are subject to management or oversight by TAG. The FDMT, while based with the PG, is working with people who are clients of TAG. The trial program will be based on the FACS SDM Framework 2013 developed by the SDM pilot and aims to facilitate support arrangements that enable decision makers to have greater responsibility for managing their financial affairs.

It is conjectured that measurement of financial ability at the beginning and completion of the project will provide a quantifiable indication of improvement in financial ability across financial task areas and decision making ability. These measures alongside the collected qualitative information will inform work with PG to develop principles of practice and processes that will enable the program to continue beyond the trial once the project is completed. To that end, it is envisaged that there will be additional intakes of decision makers prior to project completion to assist TAG in bedding down the program and its processes for incorporating SDM principles into its practice.

FDMT staff will resource decision makers and their supporters during the course of the project. FDMT will also explore options among the service sector to take on that role once the project is complete and look to establish linkages with TAG before project finalisation.

The project will work with existing financial literacy providers to tailor their processes and content to meet the needs of people with cognitive disabilities. The option of decision makers who are participating in the trial program undertaking financial literacy skills training will be explored.

Information will be gathered throughout the trial program. SPRC's research methodology will include a mix of pre- and post-trial program interviews for decision makers and supporters, survey questionnaires and case studies. FDMT staff will assist with collecting data for the evaluation. In addition, the FDMT will collect additional data for all participants at the beginning and end of the trial program including:

- measurement of project objectives and deliverables
- demographic data
- financial skills benchmarking (skills evaluation or index)
- nature of support provided
- time measurement of work with decision maker and supporter.

### **Decision maker selection**

Up to 50 people whose funds are subject to a financial management order will be invited to participate in the trial program. The sample size is considered appropriate to effectively manage given the resources available to the project and time frame. Decision makers will be purposively selected by FDMT staff. Participation will be voluntary and will be based on the expressed wish of the person to have support with financial decision making.

This project assumes that SDM principles can be applied to financial decision making and would appear to be the first to attempt to apply them in practice. The selection of decision makers is considered critical to the collection of a sufficient body of evidence to test this assumption. For that reason, the majority of decision makers (n=40) will be selected based on their expected good engagement with the trial program, in order to minimise drop out during the trial.

Decision makers will be selected against the following criteria:

- has indicated a wish to have greater control of his or her finances and is willing to join the program



- already has some experience managing their money
- has an identified supporter or is willing to be referred to an agency to identify a supporter of choice
- is willing to work with the supporter
- the supporter is willing to assist the decision maker and to work with the program
- is not in crisis
- has no history of being subject to financial exploitation
- has no history of experiencing high financial-associated risk (e.g. substance abuse or gambling addiction).

Ten decision makers whose needs are considered more complex due to the nature of their disability, social or financial situation will be recruited to the trial program. This is because of the perceived value of collecting data from people where the application of SDM may be more challenging. The project team have specialist communication expertise, and people with communication disabilities will be particularly considered for inclusion in the group of 10. This will hopefully also inform the training team's development of SDM training resources and tools in the area of complex communication.

Selection of the whole sample of 50 will be stratified to ensure the sample includes:

- a range of age groups
- gender representation
- a range of disability groupings
- people from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) backgrounds
- rural, regional and urban locations
- a range of different accommodation types
- NDIS roll-out sites.

Most decision makers will have an s71 authority to manage a portion of their estate. This provision within the NSW Trustee & Guardian Act 2009 enables the financial manager to delegate responsibility of a portion of a person's financial affairs back to them. Others will be considered if they otherwise meet the requirements for having an s71 authority. The funds of most decision makers in the sample are directly managed by TAG. The intention is to recruit also a small number of decision makers whose funds are managed by private managers.

FDMT staff will have contact with each interested decision maker and their supporter to discuss the trial program and the evaluation, and also to provide information in a way that is appropriate for the individual. A semi-structured questionnaire will be used to ensure consistent information is provided to each decision maker while allowing for individual needs to be accommodated. Each person will have the opportunity to talk about the trial program with family, advocates and carers before deciding whether to participate. If a person does not appear to be able to understand the nature of the program or the evaluation, recruitment will not proceed.

Additional information about the program including consent considerations, confidentiality measures, entry and exit processes and complaints procedures will be included in a decision maker information package.

Decision makers may leave the program at any time without penalty. They will be provided with the opportunity to de-brief or be referred to services for follow-up support or to talk to the evaluators, if they wish. Supplementary intakes of decision makers and supporters will occur as required to maintain the number of participants in the project.

If a supporter chooses to exit the trial program and the decision maker wishes to remain involved, the FDMT will assist in identifying another supporter.

**Table 1.1 Selection process**

<b>Stage</b>	<b>Action/Agent</b>	<b>Resources</b>
Develop sample guidelines	Stakeholder consultation/Operational meeting approval; review of TAG client lists  <i>Senior Project Officer &amp; Project Officer</i>	TAG client database (de-identified)
Initial sample pool identified (100-125)	s71 and other possible decision makers data analysed & parties contacted  <i>Senior Project Officer, Project Officer &amp; Assistant Project Officer (APO)</i>	TAG client database TAG/PG staff
Interested Decision Makers & supporters identified	Potential decision makers and supporters contacted  <i>Assistant Project Officer</i>	Confirmation/Consent letter  Decision maker Information package
Initial intake	APOs meet with decision maker and supporter; information provided; base line data collected  <i>Assistant Project Officer</i>	Baseline data collection (SPRC & FDMT)  SDM resources
Follow up contact with decision makers and supporters	Phone contact/meeting in person as requested/required  <i>Assistant Project Officer</i>	
Supplementary intakes	Repeat intakes if necessary up to November 2016  <i>Assistant Project Officers</i>	Consent forms Baseline data

## **Supporters**

The focus of the trial program will be the selection of people with disabilities who want support to make decisions. An identified supporter or willingness to be referred for assistance to identify a supporter is as criterion for inclusion. Decision makers with existing supporter arrangements, or who have a person or people who are readily able and willing to take on the role, are considered more likely to be suitable candidates for the trial program and thought to be less likely to withdraw before the program's completion.

Supporters will be given information about the trial program and asked to decide whether they would like to join. Participation of supporters is voluntary and they may exit the trial program at any time without penalty.

The FDMT recognises that decision makers may choose people from within their existing family and social networks. This may mean that family members or carers will be taking on a different role, or sharing their support role with new supporters. The FDMT will collaborate with family members and carers to explore the support relationships around each decision maker.

## **Trial program site**

The trial program will select decision makers from across the state, but the selection criteria will look to include decision makers with a range of demographic characteristics.

## **Assumption of capacity**

Under common law, every adult in NSW is assumed to have the capacity to make their own decisions. The UNCRPD states that people with disability should enjoy legal capacity on an equal basis with others in all aspects of life.

Although all decision makers in the trial program have been found by a court or tribunal to require a financial manager to manage their finances, the FDMT:

- assumes that each person with disability has the ability to be involved in making decisions, including financial decisions
- recognises the rights of people with disability to participate in research and trials on an equal basis with others
- will give decision makers with disability information about the trial program in a form appropriate to their individual needs.

The FDMT will confirm that each interested person has given informed consent to join the trial program. Some decision makers may have a formally appointed guardian. In those cases, the guardian will be informed of the trial program and the decision maker's consent to participate.

## **Management of the trial program**

Given the number of proposed participants and the importance in minimising any time lag between decision maker and supporter recruitment and commencement, it is envisaged that decision makers and supporters will be taken into the trial program in small groups from the end of May 2016.

The FDMT will maintain regular contact with decision makers and supporters following commencement to provide SDM resources and to facilitate the SDM relationship.

### **Collaboration with the training team**

The FDMT will work closely with the training team throughout the development, implementation and finalisation of the trial program. The training team will be particularly involved in developing resources and tools for the recruitment process of decision makers and supporters, resourcing the FDMT in facilitating the SDM relationship, and in identifying and resourcing agencies and others to continue the facilitation role following project completion.

### **Sustainability of program outcomes**

The program is intended to cease being a trial and continue beyond the end of the project. The FDMT will establish a mechanism including principles of practice, policies and work processes with TAG to embed the program and the principles of SDM within its operating procedures. Decision makers and supporters will be offered the opportunity to continue with the program beyond project completion, and mechanisms for ongoing recruitment will be established. Responsibility within TAG and linkages with external financial literacy providers and facilitator agencies will be established before project closure.

### **Evaluation**

An evaluation of the trial program will be undertaken by the Social Policy Research Centre (SPRC) at UNSW Australia, and a report will be produced in early 2017. The evaluation will use a multi-method approach to review outcomes of the trial program of the financial decision making project and the SDM training project. It will also comment on the implications for supporting people with cognitive impairments to make decisions about their lives and how to embed SDM in policy and practice.

### **Limitations**

The use of purposive sampling for this trial program will create a number of limitations:

- The selection of decision makers who may be considered to be more decision-ready, or who are more likely to assist in implementing the trial program creates the risk of bias.
- The trial program sample, although diverse, will not necessarily represent the experiences of the broader community.
- Because participation is voluntary, the trial program decision makers will generally be motivated and informed, which may not be representative of people with cognitive disabilities in the broader community.
- The size of the trial program and timeframe mean that limited conclusions can be drawn about the influence of particular variables in decision making or whether there is a causal relationship between input and outcomes.
- The size of the trial program sample means that the results will be of limited statistical significance. The combination of quantitative data and qualitative responses will be used to inform policy and practice.

## **Risks**

A risk management plan has been developed for the trial program and is included in the project management documentation. The project manager is responsible for managing risks. Key risk areas are:

- risks associated with the recruitment, continuation and exit of decision makers and supporters
- expectations of decision makers and supporters
- risks associated with financial decisions and possible negative outcomes
- project risks affecting timelines, budget or resources
- risks associated with TAG transformation.

## 2 Evaluation framework

This section outlines the framework for the evaluation including the SDM2 program logic and the key evaluation questions. The evaluation will be conducted alongside the SDM2 project over 12 to 15 months. It aims to add to the evidence base for the practice of supported decision making within the context of financial management, and it will consider the efficacy of training for service providers.

### 2.1 Evaluation approach

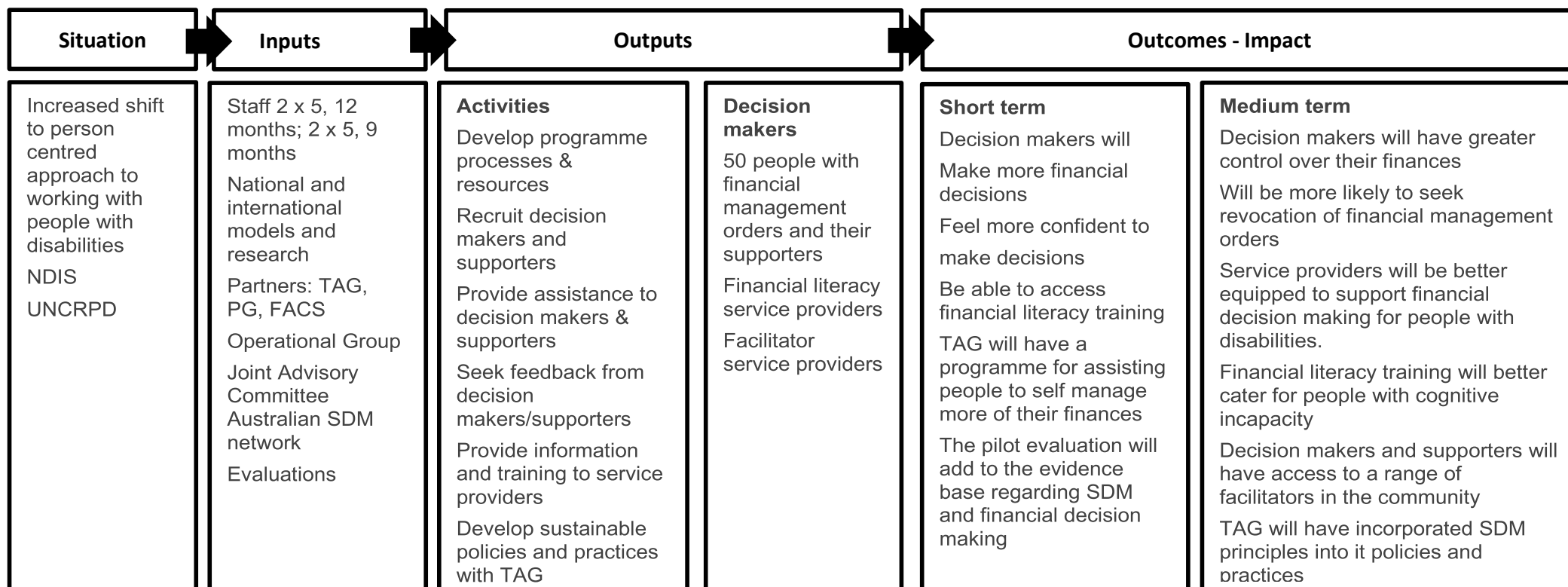
The evaluation team recognises the importance of disability inclusive research practice (Walmsley and Johnson, 2003; Fisher and Robinson, 2010) in ensuring that people with disability are actively engaged in the building of a sound evidence base that can inform the implementation of supported decision making in NSW and Australia as both participants and evaluators. 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.

### 2.2 Program logic

Program theory has been used for almost 30 years to articulate the elements of a program, including inputs, activities, outputs and outcomes, and how these elements work together to meet an identified need or to solve a particular problem. Program theory helps to determine the criteria upon which judgments about programs are made (Hansen, 2005). In addition, it draws attention to how the program is influenced by the wider service system, the policy context and other external contextual factors (McLaughlin & Jordan, 1999). The proposed research will include a process evaluation to understand why outcomes have occurred. Findings about process and outcomes will be used to determine 'for whom, in what circumstances and in what respects a family of programs work', in this case the SDM2 project (Pawson, 2006, p. 25).

A program logic model expresses program elements and their relationship. For the SDM2, the model proposed by PG (Figure 2.1) provides a framework to understand project processes and the impact of project initiatives on outcomes for participating people with cognitive impairment, supporters and service providers. The logic model forms the basis of the evaluation questions below. It will be finalised in consultation with key stakeholders.

**Figure 2.1 FDMT program logic model for the SDM2 project**



## 2.3 Evaluation questions

Considering the aims of the SDM2 project and its program logic model, the evaluation aims to answer the following questions:

1. How effective is the SDM2 project in:

- supporting people with cognitive impairment to successfully manage parts of their estate, where possible
- enhancing the financial literacy of research participants with cognitive impairment
- increasing the capacity of service providers and the community to assist people with cognitive impairment to make their own decisions?

2. What are the implications for:

- supporting people with cognitive impairment to make decisions about their lives
- efforts to embed SDM within the policy and practice of support organisations?

## 2.4 Outcome indicators

Outcome indicators for the project are included in **Error! Reference source not found.** The indicators will form the basis of the evaluation tools, including interview and focus group guides and survey questions.



**Table 2.1 SDM2 project outcomes and indicators**

<b>Project outcomes (short &amp; medium term)</b>	<b>Indicators</b>	<b>Data sources</b>
<p>People under TAG are supported to successfully manage parts of their estate where possible.</p>	<p>Increase in number of people under FM making decisions on parts of their estates</p> <p>Increase in number of people accessing financial literacy training</p> <p>Increase in number of plans for, or actual, applications for revocation of FMOs</p> <p>Increase in number and types of FD being made and implemented by decision makers with support</p> <p>Reduced contact (frequency and duration) between decision maker and financial manager</p> <p>No. of supporters reporting decision makers' DM capacity has improved</p> <p>No. of service providers reporting participants' DM capacity has improved</p> <p>Increased confidence of decision makers to make decisions</p> <p>Increased ability of project decision makers to articulate their needs and wants</p>	<p>Program data (de-identified)</p> <p>Program data</p> <p>Program data</p> <p>Program data, participant interviews</p> <p>Program data, participant interviews</p> <p>Interviews with supporters</p> <p>Focus group</p> <p>Interviews with decision makers</p> <p>Interviews with decision makers</p>
<p>Increased capacity of service providers to assist people with cognitive impairment to make their own decisions.</p>	<p>Increased knowledge, ability and confidence of service providers and the community to assist people with cognitive impairment to make their own decisions.</p>	<p>Training evaluation survey, focus group</p>
<p>Better understanding of how SDM is best embedded within the policy and practice of organisations.</p>	<p>Increased understanding of service provider organisations of how to embed SDM within their organisation's policy and practice.</p>	<p>Training evaluation survey, focus group</p>

## 3 Evaluation methodology

Given the various initiatives within SDM2, the evaluation will use a multi-method approach including consultations, interviews, surveys, focus groups and analysis of program data and other documentation.

### 3.1 Evaluation stages

The evaluation will comprise two stages:

#### **Stage 1 – Project plan and design, November 2015 – March 2016**

The Project Plan and Design phase started with consultations with key stakeholders including PG to contribute to this evaluation plan. We will also review any program documentation provided by PG. Following agreement with PG on evaluation methodology, we will prepare an Ethics Application for UNSW's Human Research Ethics Committee (HREC). We will include accessible information and consent forms and data collection tools in the ethics submission.

#### **Stage 2 – Literature review, data collection and reporting, March 2016 –January 2017**

We will conduct a brief literature review prior to the data collection. The data collection phase will involve identifying and recruiting people in the SDM2 project for the evaluation, and collecting and analysing data. We will prepare draft and final versions of the evaluation report.

### 3.2 Data collection methods

Data collection methods will include a brief literature review, program data collection, interviews, surveys and focus groups.

#### **Literature review**

We will prepare a brief literature review, with a focus on evaluations of other Australian supported decision making projects and indicators of best practice. The review will inform the selection and design of data collection tools and provide a comparative reference for the findings of this evaluation.

#### **Program data collection**

We propose to seek information such as the numbers and characteristics of people with cognitive impairment participating in the trial, numbers of supporters and service providers; the number and types of contacts and activities related to decision making support during the evaluation data collection phase; and the modes of delivery. We will also use this information to guide our evaluation fieldwork. Details of available program data will be confirmed with PG, and PG will provide program data to the evaluators for analysis. This information will be de-identified.

## **Decision maker survey**

SPRC will assist PG with the design of a survey concerning financial literacy that PG will conduct with all 50 decision makers at the beginning and end of the project. The SPRC will analyse the quantitative survey responses.

## **Interviews and inclusive methods**

The evaluation will include in-depth, qualitative interviews with people with cognitive impairment participating in SDM2 (decision makers), plus a similar number of supporters (preferably matched). There will be an even split of decision maker interviewees between those drawn from the majority group of 40 decision makers with less complex support needs, and the more complex group of 10 decision makers (see section 1.3).

Interviews will be conducted soon after entry into the project as a baseline to seek participant and supporter views on what they expect from the project. Follow-up interviews will take place with the same cohort at the end of the project to seek their views on the extent to which they found the project helpful in assisting decision makers to increase their financial literacy and to make financial decisions.

The total sample and proportions will be determined in consultation between SPRC and PG, but are expected to be approximately 10 decision makers and 10 supporters. This sample size will be sufficient for the purposes of the study. Our research experience shows that conducting around 10 qualitative, in-depth interviews per sample group provides rich experiential data that will be varied and answer the research questions. Our goal is to obtain both a rich understanding of the process for the whole sample and to identify some of the issues which may be individually based.

PG will also undertake a small number of case studies of decision makers. Information collected will be made available to SPRC for analysis.

SPRC will conduct up to 20 interviews across both rounds and both groups of interviewees in metropolitan Sydney. The remainder will be carried out by PG staff, following a two-hour training workshop by the evaluation team. Where appropriate, inclusive methods will be used to facilitate the interviews. These may include pictorial read aloud e-books, photo techniques, accessible easy-read information, visual mapping and observation.

PG will inform decision makers about the evaluation and ask permission from them to be approached by the evaluators as well as permission to approach their supporters to participate in the evaluation. The evaluators and PG interviewers will then contact participants and supporters, obtain their formal consent to take part in the evaluation and arrange interviews. The evaluation team will analyse up to a maximum of 30 interviews.

## **Training feedback survey**

The perceived impact of the supported decision making training will be evaluated through a brief training feedback survey administered at the completion of the training events. Additionally, a sample of course participants may be surveyed again one month after completion. The survey would gauge participants' assessment of how useful they found the training in assisting them to understand and incorporate supported decision making into their own practice and, where relevant, their organisation's policies and procedures. Training

participants would also be encouraged in the survey to suggest changes or additions to the training. The Public Guardian would distribute and collect the survey forms and provide the data to SPRC for analysis.

### **Focus group**

A focus group with members of the SDM Community of Practice will be conducted to seek their views on how successful this initiative has been in supporting and developing supported decision making practice and knowledge. The Public Guardian would arrange the focus group and SPRC would conduct it.

## **3.3 Data analysis**

Literature, interview and focus group data is qualitative and will be analysed thematically. Program and survey data will be analysed quantitatively. Data from the various sources and research methods will be triangulated where possible. To address the evaluation questions, the analysis will focus on assessing the effectiveness of the SDM2 project in achieving its intended outcomes for participants and in establishing effective processes for supported decision making.

## 4 Project management and reporting

The evaluators will establish a close working relationship with PG from the beginning and throughout the project. Through developing and agreeing on this evaluation plan, we are developing a clear understanding of the requirements of the project and application of our methodology, and we will regularly revisit this understanding.

### 4.1 Timeframe and deliverables

There are three key deliverables for the project: this evaluation plan, which includes the evaluation framework, the draft evaluation report and the final evaluation report. Prospective due dates for the draft and final reports have been included in Table 4.1 below, but may be revised in consultation with PG depending on the start date and implementation progress of the SDM2 project.

In addition to the key deliverables, we will also provide PG with a brief summary of key findings from the first round of data collection, which can be used to change or fine-tune the SDM2 trial as it develops. The draft and final reports will answer the evaluation questions and include analysis of literature and program documentation as well as survey, interview and focus group data. The final report will incorporate feedback and comments from PG and other stakeholders.

In consultation with PG, the researchers may disseminate findings among the disability community, policy makers and researchers through conference presentations and in journal articles and books. This would contribute to the evidence base on supported decision making.

Table 4.1 summarises the details of the stages of the evaluation, timeframes, deliverables and prospective due dates.

**Table 4.1 Timeframe: data collection and deliverables**

Stage	Tasks	Deliverables	Month/ Due date
1	Project set up, initial meeting with funder and scoping of datasets		Nov 2015
	Develop evaluation plan (includes evaluation framework)		Dec 2015 / Jan 2016
	Ethics application including data collection tools		<b>Mar-Apr 2016</b>
		<b>Draft Evaluation Plan (includes Evaluation Framework)</b>	<b>29 Jan 2016</b>
2	Literature review		17 Apr 2016
	Round 1 Data collection (surveys, interviews)		May-Jul 2016
	Brief summary of key findings from Round 1 Data collection		Aug 2016
	Round 2 Data collection (surveys, interviews and focus groups)		Nov-Dec 2016
	Data analysis		Jan 2017
		<b>Draft Evaluation Report</b>	<b>28 Feb 2017</b>
		<b>Final Evaluation Report</b>	<b>27 Apr 2017</b>

## 4.2 Communication strategy

Face-to-face meetings between the SPRC evaluation team and PG occur at the beginning and as required during the evaluation to agree on evaluation design, responsibilities and timelines. In-between these meetings, evaluation progress and tasks will be discussed at fortnightly teleconferences between SPRC and PG. The operational committee will be asked to comment on draft reports of SPRC. Contact is likely to be necessary towards the finalisation of the evaluation and will occur as otherwise considered necessary. Contact with the SDM project's steering group and joint advisory committee will be arranged if considered necessary by either party. 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.

## 4.3 Risk management

The primary risks in this evaluation are time management, data collection and data transfer. The research design can be amended to respond to potential recruitment or data issues as they occur. Possible risks and solutions are identified in Table 4.2.

**Table 4.2 Risk management**

<b>Risk</b>	<b>Likelihood</b>	<b>Severity</b>	<b>Solution</b>
Failure to engage participants and stakeholders	Low	High	The evaluation team will work actively with PG and key stakeholders. The research team is highly experienced in recruiting hard to engage participants.
Psychological distress or other harm to people with cognitive impairment or carers	Low	High	The evaluation team are experienced fieldworkers and will stringently design recruitment and data collection procedures to ensure minimal burden and distress.
Project exceeds specified timeline	Low	Moderate	Delays in gaining ethics approval present a small risk to this project; however, SPRC has developed systems to expedite the process if necessary. We will seek ethics approval to conduct the study as soon as the methodology has been finalised. Timelines can be extended in consultation with PG should there be delays in implementing the SDM2 project. The project manager will liaise regularly with PG to ensure timely resolution of any other project issues.
Poor communication between evaluation team and PG	Low	High	SPRC team members have a long history of ensuring good, regular communication with research funders.
Research does not adhere to budget	Low	High	The budget represents excellent value for money as the evaluation team has valuable expertise. 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.
Research design does not meet the policy needs of PG and people with cognitive impairment	Low	High	The evaluation team is highly experienced in designing robust evaluations that produce accurate and accessible findings useful in guiding initiatives such as SDM2.
Research team fails to work effectively	Low	Low	The team identified for this project have worked together successfully on many evaluation and research projects. This project will build on this history of successful teamwork.

## 4.4 Ethical considerations

Human research activities are governed by the principles outlined in the National Statement on Ethical Conduct in Research Involving Humans (National Health and Medical Research Council, 2007). The Research Code of Conduct sets out the obligations on all UNSW researchers, staff and students to be aware of the ethical framework governing research at UNSW and to comply with institutional and regulatory requirements. In addition, SPRC researchers follow the Australasian Evaluation Society Code of Ethics in evaluation projects.

The project will be reviewed by the UNSW Human Research Ethics Committee (HREC). Participation in the evaluation will be voluntary, and informed consent will be sought prior to any participation. Evaluation participants can withdraw from the study at any time by revoking their consent. Researchers will gain consent from participants during the first field visit.

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