



Never Stand Still

Faculty of Arts and Social Sciences

My Choice Matters Evaluation Plan (updated October 2014)

Ariella Meltzer, Shona Bates, Andrew Griffiths, Karen Fisher, Rosemary Kayess, Sally Robinson

Social Policy Research Centre
October, 2014

SPRC Report 09/13

SPRC
Social Policy Research Centre

For a full list of SPRC Publications visit:

www.sprc.unsw.edu.au

or contact:

Publications, SPRC,
Level 2, John Goodsell Building
University of New South Wales,
Sydney, NSW, 2052, Australia.

Telephone: +61 (2) 9385 7800

Fax: +61 (2) 9385 7838

Email: sprc@unsw.edu.au

ISSN: 1446-4179

ISBN: 978-0-7334-3337-5

Published: June 2013

The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors.

Research team

Social Policy Research Centre

Shona Bates, Charlotte Smedley, Andrew Griffiths, Rosemary Kayess, Karen Fisher, Ariella Meltzer, Daniel Nethery, Natasha Cortis and Sam Cooper

Southern Cross University

Sally Robinson

Community Researcher

Robert Strike

Author

Ariella Meltzer, Shona Bates, Andrew Griffiths, Karen Fisher, Rosemary Kayess, Sally Robinson and Sam Cooper

Contact for follow up

Rosemary Kayess or Karen Fisher, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052, Ph: (02) 9385 7800, r.kayess@unsw.edu.au or Karen.Fisher@unsw.edu.au

Suggested Citation

Meltzer, A., Bates, S., Griffiths, A., Fisher, K.R., Kayess, R., Robinson, S., Cooper, S. (2013), 'My Choice Matters Evaluation Plan', *SPRC Report 9/13*, for NSW Council for Intellectual Disability, Social Policy Research Centre, University of New South Wales, Sydney.

Easy read version

The Easy Read version is at the beginning of this plan and is also available as a separate document, 'Easy Read plan for the research about My Choice Matters', at <https://www.sprc.unsw.edu.au/research/projects/my-choice-matters-evaluation/>

Acknowledgements

Thank you for input from the Advisory Committee, My Choice Matters Board, NSW Council for Intellectual Disability and research team.

Contents

Easy Read plan for the research about My Choice Matters.....	i
1 Introduction	1
1.1 Background to My Choice Matters Evaluation	1
1.2 Policy and service context	1
2 Evaluation Framework.....	3
2.1 Evaluation framework	3
2.2 Evaluation questions.....	5
2.3 Phases of the evaluation	5
3 Methodology.....	8
3.1 Data collection methods	8
3.2 Sampling.....	10
3.3 Inclusivity	11
3.4 Analysis and reporting	11
4 Project management	13
4.1 Project schedule	13
4.2 Governance	14
4.3 Ethics.....	15
4.4 Communication plan	16
4.5 Risk management.....	16

Abbreviations

MCM	My Choice Matters
NDIS	National Disability Insurance Scheme (DisabilityCare Australia)
NSW CID	NSW Council for Intellectual Disability
SPRC	Social Policy Research Centre
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNSW	University of New South Wales

Easy Read plan for the research about My Choice Matters

my **choice** matters
NSW Consumer Development Fund



SPRC
Social Policy Research Centre

What is the research about?

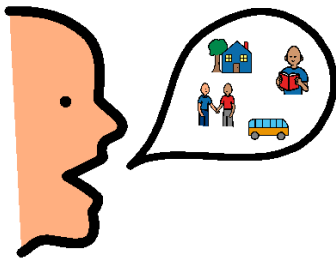
my **choice** matters
NSW Consumer Development Fund



The research is about a program called My Choice Matters. The research is to find out:

- how well it is working
- how it can work better

My Choice Matters helps people with disability and families learn about and use:



- **Choice, voice and control**

This is about choosing and saying what you want to happen in your life. It includes finding out how to make it happen. This is about knowing how to act on new ideas.



- **Self-directed support**

Self-directed support is when you are in charge of what happens in your support and services (for example, the activities you do or workers who help you). This is instead of an agency being in charge.



- **Individualised budgets**

This is when you are given money to pay for your support and services. This is instead of an agency having the money. You can have help to know how to use the money.

There are 4 parts in My Choice Matters. These are run through workshops and a website.



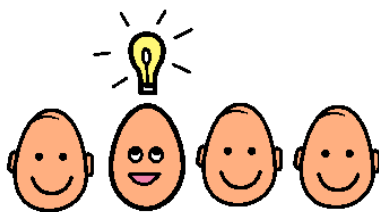
The 4 parts are:



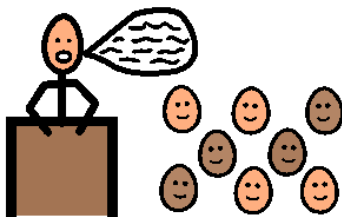
1. Learning and practising how to be a leader



2. Learning skills and ways of using supports and services



3. Sharing stories, ideas and information



4. Running projects to learn more and help others learn too

Who is doing the research?

Lots of people are involved in doing the research:



- The NSW Council for Intellectual Disability is running My Choice Matters.



- ADHC asked for the research to be done. ADHC is the disability department in the government.



- The people doing the research work are from the Social Policy Research Centre at the University of NSW.



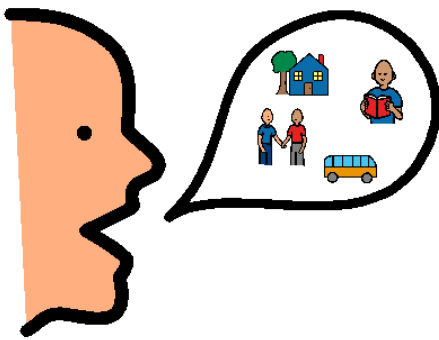
- There is an advisory group who help and give advice on what should happen in the research. People in this group know a lot about self-directed support and individualised budgets. They are people with disability.

What is the research trying to find out?

The research is trying to find out:

- how well My Choice Matters is working
- how it can work better

This includes finding out about things like:



- How has My Choice Matters helped people with disability and families have choice, voice and control?
- How well has My Choice Matters helped people with disability and families to:
 - be leaders?
 - learn skills?
 - share ideas?
 - run projects?



- What helps this happen?
- What stops or makes it hard for this to happen?
- What could be changed to make it better?

How will the research be done?

The research will be done in two parts. Part 1 will help with what happens in Part 2.

At the end, there will be a report about My Choice Matters.

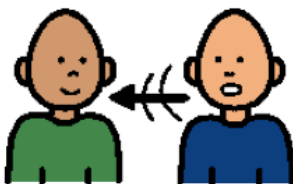
People with disability and families can take part by:



- Keeping a diary about what taking part in My Choice Matters is like.



- Giving feedback at the workshop either through writing or activities. This is saying what they think of the workshop.



- Doing an interview. This is talking with someone who is doing the research.



- Filling in a survey. This is written questions about My Choice Matters.

People with disability and families can have help with any of these ways of taking part. This help could be:



- Help from the people doing the research

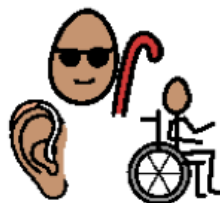
- Help from a trusted friend, advocate or family member



- Taking part through the My Choice Matters workshops with less talking or writing



- Easy information with pictures



- Advice from a researcher with disability

This is to make sure that people with all different disabilities can take part.

This Easy Read plan was written by Ariella Meltzer at the Social Policy Research Centre at the University of New South Wales.

The pictures in this booklet are Picture Communication Symbols, designed by **Dynavox Mayer-Johnson**. Dynavox Mayer-Johnson can be contacted at:

Address: 2100 Wharton Street, Suite 400, Pittsburgh, PA 15203

Phone: **800-588-4548**

Fax: **866-585-6260**

www.mayer-johnson.com

mayer-johnson.usa@dynavotech.com

1 Introduction

1.1 Background to My Choice Matters Evaluation

The NSW Council for Intellectual Disability (NSW CID) has commissioned an evaluation of My Choice Matters (MCM). MCM is a two phase initiative that supports people with disability and their families to make the transition to a new disability system based on self-directed support and individualised funding. MCM funds initiatives that build the capacity and confidence of people with disability and families to use these supports and funding to supplement their social networks. The initiative includes workshops, seminars, leadership programs, learning materials and information sharing across NSW. Capacity and confidence building includes a range of experiences, from expanding and better articulating individual goals and preferences to managing individualised support.

The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) has been commissioned to conduct an action research evaluation. The evaluation is also in two phases (Patton 2011) to assess the short and long term implications of MCM for building the capacity and confidence of people with disability and families to make choices about self-directed support. Knowledge built and shared in Phase I of the initiative will inform capacity building in Phase II. The whole evaluation, including Phase I and Phase II, will inform an assessment of the effectiveness and appropriateness of MCM in a final report. A focus of the program is reaching different geographical areas and communities, including people in Aboriginal and culturally and linguistically diverse communities.

1.2 Policy and service context

The policy context for MCM is the self-directed policies introduced in NSW Stronger Together 2, the National Disability Insurance Scheme (NDIS) and good practice in some disability service organisations. Self-directed support is promoted because greater individual control over support can empower people with all types of disability (Hutchison et al. 2006; Leece 2010; Mahoney et al. 2007; Stainton & Boyce 2004; Stevens et al. 2011) and can improve outcomes (Glendinning et al. 2008; Baxter et al. 2011; Leece 2010; Stainton 2002).

The principles underpinning self-directed support are consistent with principles of self-determination and empowerment. They aim to maximise peoples' control over their lives and are consistent with the principles of individual autonomy, freedom to make one's own choices and independence of persons included in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Some self-directed support has been introduced in most parts of Australia (Fisher et al. 2010) and internationally. Most people with disability do not yet have access to self-directed support and it remains somewhat controversial, due to risks about

equity of access and quality of care. Effective implementation of self-directed support depends on factors such as understanding what is possible (In Control 2009) beyond what is already used and being informed by the experience of others (Rabiee et al. 2009; Leadbeater et al. 2008); decision making support for people with intellectual disability (Bigby & Ozanne 2001); perceptions of capacity to manage supported decision making (Spandler & Vick 2006); protection of the rights of the person supported, support workers and families (Prideaux et al. 2009; Leece 2010); and the availability of affordable, quality support (Ungerson & Yeandle 2007).

An implication of these factors for effective implementation is the need for capacity building of people with disability and families to envisage and enable a good life through choice and control in social networks and use of self-directed support. Good practice points to the crucial role of peer support, accessible and comprehensive information, and community resource facilitators (Lord & Hutchinson 2003; Fisher et al. 2010), as well as the benefit of training, workshops and mentoring (Carmichael & Brown 2002; Stainton 2002).

The MCM initiative aims to contribute to that literature about building the capacity and confidence of people with disability and families to consider what a good life means to them and how choice and control can enable that. MCM includes building and sharing knowledge, development of networks, and opportunities for peer learning across communities. This means that MCM is designed to support and develop the capacity of people with disability and their families to make the transition to a new disability system based on self-directed support and individualised funding. This evaluation will assess the effectiveness of the initiative.

2 Evaluation Framework

2.1 Evaluation framework

The evaluation analyses the extent to which MCM contributes to the intended outcomes for people with disability and families, illustrated in the program logic (Figure 2.1). The long term outcomes of MCM are participation in self-directed support and individualised funding; networking and learning opportunities, particularly with peers; skills and confidence, including a capacity to self-advocate; greater participation in education, further training, community life and employment; and better health and wellbeing. The outcomes are grouped together based on the UNCRPD. These long term outcomes are not expected to be systematically observable within the time of MCM, except in most significant change case study methodology.

The evaluation focuses instead on the intermediate outcomes – capacity to exercise choice, voice and control to envisage a good life and arrange social networks and self directed support to enable that vision. The MCM opportunities to achieve these outcomes are the four areas of capacity building – Become a Leader; Get More Skills; Share Ideas, Stories and Information; and Run Projects, detailed in Figure 2.1. These MCM opportunities apply the aims and principles of the initiative to work with people with disability and families anticipated to use self-directed support and individualised funding now or in the future.

The evaluation takes a multi-method approach, combining program data, feedback from MCM opportunities, interviews and surveys. Interviews will include innovative qualitative approaches in order to engage a wide range of people with disability. Disability inclusive research practice is included throughout, including via input from a community researcher with intellectual disability. The evaluation approach is also established in consultation with the Advisory Group for MCM. More information about these approaches is included in the following sections.

This evaluation framework has been reviewed and updated at the completion of the first phase of the My Choice Matters program. A report of the interim findings is available.

Figure 2.1: Program logic for My Choice Matters



2.2 Evaluation questions

The evaluation questions are derived from the program logic to measure effectiveness and appropriateness of MCM.

Effectiveness: To what extent does MCM provide the intended outcomes for people with disability and families, and how?

1. For people with disability and families, to what extent has MCM contributed to skills and knowledge about choice, voice and control to envisage a good life and take action for using self-directed supports and individualised funding?
2. What have been the facilitators and barriers to the choice, voice and control process and outcomes?
3. To what extent has each MCM opportunity been implemented as planned and/or been adapted and responsive to needs and preferences demonstrated through MCM?

Appropriateness: Does MCM reach its target group and address their needs?

4. To what extent does MCM reach, engage with and respond to the needs of:
 - People with disability? (including disability support needs; and level, setting and context of support)
 - Families?
 - Aboriginal communities?
 - Culturally and linguistically diverse communities?
 - People from rural and regional areas?
5. What other areas of capacity building have been identified? Are they inside or outside the scope of MCM? What has MCM done to address this?

2.3 Phases of the evaluation

This is an action research evaluation. It is based on cycles of implementation, observation, feedback and reflection. The approach includes feedback and reflection in Phase I to inform Phase II of MCM and the evaluation.

2.3.1 Project plan and design

SPRC researchers have worked with NSW CID to refine the evaluation objectives, evaluation questions and research methodology. To minimise respondent burden and to maximise the natural opportunities available for data collection through MCM activities, a strategy was developed for collecting data for the evaluation in conjunction with the MCM opportunities.

Also during this phase the following activities were undertaken: finalising the research plan; gaining ethics approval; consulting with the NSW CID, the MCM Advisory Group and other key stakeholders; liaising with workshop and seminar facilitators via NSW CID; developing, piloting and finalising the research instruments; and beginning a brief literature review of capacity building in self-directed support (which will continue throughout the evaluation).

This plan has been updated following the analysis of phase 1 of the program and the interim report.

2.3.2 Phase I: Evaluation and feedback

Data will be collected for the evaluation via the MCM opportunities. In Phase I, focus will be on three of the MCM opportunities: *Become a Leader*, *Get More Skills*, and *Share Stories, Ideas and Information*. Strategies for collecting data will include (see details in Section 3):

- Secondary analysis of program data from the registration process for the workshops and seminars as demographic information
- Analysis of feedback provided by individuals or groups about their experiences at the MCM workshops and seminars
- Interviews (with other inclusive methods) with individuals who have taken part in MCM.

The data will be analysed qualitatively, including thematically, against the evaluation questions and in terms of policy implications. SPRC researchers will give feedback to NSW CID in order to inform Phase II of the initiative, in particular to inform the approach to *Run Projects* which will be a more formative part of Phase II of the initiative. Data from Phase I of the evaluation will also inform the approach taken in Phase II of the evaluation (e.g. survey and interview focus).

2.3.3 Phase II: Evaluation and final analysis

In Phase II, data will again be collected for the evaluation via the workshops and seminars happening for MCM. Focus will be on all four MCM opportunities, this time

including *Run Projects*. The same data collection strategies will be used as in Phase I of the evaluation, as well as the addition of:

- A short survey, run at regular intervals, examining the experience of the MCM initiative as a whole, outcomes and the need for other areas of capacity building. The survey will target MCM participants, as well as people with disability and their families and carers from the wider community; and
- Asking MCM participants to keep a diary to provide a means of individual reflection, and to provide further feedback for the MCM team and the evaluation team, including interviewing people who completed diaries.

Analysis in Phase II of the evaluation will be both quantitative and qualitative to reflect the mixed methods approach taken. The final analysis undertaken in Phase II will consider all data in the evaluation in order to inform the final report. In addition, the research team will attend different MCM events and talk to staff to gain further insight into their experiences with and any feedback about the program.

2.3.4 Report

At the end of Phase II, a draft final report will be submitted to NSW CID for comment and feedback, examining the effectiveness and appropriateness of MCM, based on the research questions. Plain English and/or Easy Read copies will be made available to the public and people who took part in the evaluation.

3 Methodology

3.1 Data collection methods

3.1.1 Literature review

A brief literature review of capacity building in self-directed support will be conducted in order to inform the policy and inclusive context of the evaluation. This will assess peer reviewed and grey national and international literature, focusing on research and practice. The aim of this method is to situate MCM within a broader policy context.

3.1.2 Secondary analysis of program data from the registration process

MCM collects information about participants as part of the registration process for the workshops and seminars, including both people with disability and family members. The registration process involves a short questionnaire, completed either in hard copy or online.

This registration information will be secondarily analysed by SPRC researchers to give demographic information about participants in MCM. The aim of this method is to account for who has taken part in MCM. The registration questionnaire will be developed and hosted by NSW CID, with input from SPRC researchers to ensure consistency with other datasets. Participants will have the choice to opt out of their registration information being used for the evaluation.

3.1.3 Feedback processes

Feedback processes in the MCM workshops and seminars will inform the evaluation in both Phase I and II. The aim of this method is to give information on what MCM is doing in a practical sense within the workshops and seminars and to gain a sense of the short term reflections and impact for participants. Participants in the workshops and seminars will have the choice about whether or not to take part in the feedback processes. SPRC researchers will analyse and use data from these feedback processes.

Two types of feedback processes will be included:

1. A feedback form will be filled in by both people with disability and family members. This will focus on skills and knowledge gained from the workshops; actions to be taken and possible barriers; and other areas where there is a need for capacity building. The feedback form can be used flexibly at the workshops and seminars; for example, it could be filled in by an

individual or a group with a facilitator and could be filled in at the end of each workshop session or for the day overall. Where required, people with disability will be offered assistance to fill in the form.

2. Feedback will also be given in the workshops and seminars through other methods that complement the feedback forms and provide ways to give briefer input to the evaluation. This will include, for example, vox pops, shared activities during the workshops, and mapping learning and confidence against a Confidence Metre at the beginning and end of the day. The aim of this is to incorporate small ways to take part in the evaluation throughout the day and throughout the workshop activities.

The Confidence Metre feedback mechanism was initially in the form of a wall chart which people participated in upon arrival to the workshops and set the scene for the session to follow. This format later changed, as recommended in the interim report, to an individual form for each participant, to be filled out without public discussion. This format was changed because the researchers were concerned about privacy issues involved in a public discussion.

3.1.4 Interviews and inclusive methods

Interviews will be conducted with a small sample of people in both Phase I and II of the evaluation. This sample will include both people with disability and family members. Interviews will be conducted both face to face, including some at the beginning or end of workshops, and over the telephone; the most appropriate method will be chosen for each participant. Face to face interviews will be conducted in both metropolitan and regional areas. Interviews with people with disability and family members will be conducted separately in order to maximise each person's chance to respond. Recruitment will occur at arm's-length through the MCM staff and initiative.

The aim of this method is to gain in-depth data about the impact of MCM for participants, in particular information on the intermediate and long term outcomes associated with MCM, and the associated facilitators and barriers (Evaluation questions 1-3).

A range of inclusive methods will be used in conjunction with the interviews, as required (Fisher & Robinson 2010). The aim of this is to successfully engage those with higher support needs or disabilities that affect communication. For example:

- Researchers accompanying a participant during a workshop or at an activity
- A supporter assisting in the interview
- The inclusion of a range of pictorial or other communication aids in the interview process.

3.1.5 Survey

A survey will be conducted in Phase II of the evaluation. This survey will be run three times, at regular intervals. The aim of this method is to examine the experience of MCM participants with regard to the MCM initiative as a whole; the actions and outcomes that have happened as a result of MCM; and other areas where capacity building is needed. It will also target as people with disability and their families and carers from the wider community in order to ascertain whether they would be interested in attending MCM activities and the sort of information they would be interested in learning. The survey will be hosted online and phrased in Plain English.

3.2 Sampling

The sample for the evaluation is:

Table 3.1: Sampling

	Phase I	Phase II				Total ^a
		Fieldwork 1	Fieldwork 2	Fieldwork 3	Fieldwork 4	
Program data	All	All	All	All	All	All
Feedback forms from MCM activities	All	All	All	All	All	All
Interviews						
Staff ^b	2	2	2	2	2	10
Participants ^c (Sydney/Regional)		(12/6)	(12/6)	(12/6)	(12/6)	72
Attend events	2	4	2	2	2	12
Survey (approx)		200	200	200	200	800

^a may participate in more than one method

^b formal and informal

^c participants include people with disability and or their carers or supports

In order to ensure the representation of both, the interview sample will be comprised of people with disability and family members. More people with disability will be interviewed in order to cover a range of disability types and levels of support needs.

Sampling for the interviews will include a range of people with different characteristics, in order to explore the implications of MCM across the population of people taking part: age, gender, disability type and level of support needs, metropolitan/regional/rural location, cultural and linguistic background, and to people

who are currently using self-directed supports and those who are exploring future use of this type of support. Sampling will also reflect participation in the different components of My Choice Matters program (Get More Skills, Become a Leader, Run Projects and Share Stories).

3.3 Inclusivity

The MCM evaluation will be conducted from a strong inclusive framework. This includes focus on both accessibility and inclusivity.

3.3.1 Accessibility

The accessibility of the evaluation for people with high support needs or disabilities that affect communication will be achieved via the use of innovative methods along with interviews (as described above in Section 3.1.4), as well as an Easy Read report. This combination of methods means that the evaluation can be flexible to the communication needs of a range of participants.

3.3.2 Inclusive advice

The evaluation will also be inclusive in that a community researcher with intellectual disability will participate. The role of this community researcher will be to provide advice on:

- The context of the evaluation in terms of experiences of disability
- The engagement of people with disability in the evaluation
- The development of accessible research instruments
- The research findings which will contribute to the report

The community researcher will also be involved in the fieldwork and interviewing. He will conduct some interviews in conjunction with other fieldworkers for the project, through a joint interviewing style. His role will be to promote rapport with and easy questioning for people with intellectual disability, as well as to contextualise the interviews with his knowledge of experiences of disability.

3.4 Analysis and reporting

Qualitative data will be analysed thematically, against the research questions and in terms of policy implications. Quantitative data will be analysed using SPSS or another standard statistical analysis software such as Stata.

A final report will be produced for NSW CID. Drawing on both qualitative and quantitative data, this report will examine the effectiveness and appropriateness of

MCM and describe the implications for increasing capacity building for self-directed support and individualised funding.

4 Project management

4.1 Project schedule

The evaluation is expected to be completed by June 2015 (Table 4.1). All deliverables will be presented in draft to receive comment and make amendments and a final version agreed. With the agreement and permission of NSW CID and the MCM team, the results will be submitted for national and international publication to contribute to the evidence base on capacity building for people with disability.

The project will be managed in accordance with UNSW and SPRC project management processes and procedures. A dedicated and experienced project manager, Shona Bates, will work alongside Chief Investigator Rosemary Kayess to ensure that the project is delivered to time, budget, and quality. Their role will be to develop the project plan, identify and monitor risks to the project, and report to NSW CID and the MCM team on progress against key milestones.

Table 4.1: Research activities and timeframe

Phase and deliverable	Activity	Date due
1. Evaluation		2013
Framework for Phase I and project plan	Sign contract	Apr
	Meet to refine design	Apr
	Ethics approval UNSW	May
	Literature review	May
	Advisory group	June
	Draft instrument development	June
	Finalise evaluation framework	July
2. Fieldwork	Conduct and analyse in depth interviews	2014 July

3. Interim report	Draft report Final Phase I report	Feb June
4. Revise Evaluation Framework for Phase II	Draft evaluation framework for Phase II Finalise evaluation framework	June June
5. Fieldwork I	Conduct and analyse in depth interviews Online survey design, pilot and distribute Survey analysis Post fieldwork Advisory Group	Sept May Ongoing Dec
5. Fieldwork II	Conduct and analyse in depth interviews Online survey design, pilot and distribute Survey analysis	2015 Apr Feb Ongoing
5. Fieldwork III	Conduct and analyse in depth interviews Online survey design, pilot and distribute Survey analysis	Sept July Ongoing
5. Fieldwork IV	Conduct and analyse in depth interviews Online survey design, pilot and distribute Survey analysis	2016 Apr Mar Ongoing
6. Final report	Final report Propose academic outputs Presentation	2016 May June June

4.2 Governance

The project is conducted by SPRC researchers (Table 4.2).

Table 4.2: Research team

Responsibility	Researcher
Chief Investigator	Rosemary Kayess
Research design, literature review, fieldwork, analysis, survey management, reporting	Shona Bates (project manager), Charlotte Smedley, Andrew Griffiths, Ariella Meltzer, Daniel Nethery, Robert Strike (community researcher) and Sally Robinson (Center for Children and Young People, Southern Cross University)
Adviser	Karen Fisher

The Advisory Group comprises of:

Hannen Abdallah, NSW Network of Women With Disability
 Evelyn Collins, Linked with Aboriginal Disability Network
 Geoff Fayers, linked with NSW CID
 Nicholas Gleeson

Linda Hughes, Community Disability Alliance Hunter/Mind the Gap-Disability Matters
Sylvana Mahmic, Pathways Early Childhood Intervention Inc
Paul Nordheim, Deaf Society of NSW
Melinda Paterson, HACC DO Sutherland
Scott Trevelyan, BISSI (Brain Injury Support Service Inc)

4.3 Ethics

UNSW Human Research Ethics Committee (HREC), which is registered with the National Health and Medical Research Council (NHMRC) has granted ethics approval. UNSW is committed to the highest standard of integrity in research. All human research activities are governed by the principles outlined in The National Statement on Ethical Conduct in Research Involving Humans. The University's Code of Conduct for the Responsible Practice of Research sets out the obligations by which all University researchers must abide, including confidentiality, freedom to withdraw, privacy and voluntary participation.

Prior to participation in the research, all participants will be provided with clear, accessible information about participating in the research, voluntary consent to participate (with continuous opportunities to withdraw from the research), respect for individuals' rights and dignity, reimbursement for participation expenses and confidentiality. Participants will also be informed that they can decide at any time to withdraw from the study by revoking their consent.

An Easy Read version of the information statements and consent form has been developed. A protocol for developing an ethical research environment and responding to participant risk will be designed before fieldwork begins. If participants agree, responses will be recorded for accuracy and transcription. All identifiable data will be de-identified in any publications resulting from this research. Data from this research will be kept in secure storage at the SPRC, viewed only by the research team for the purpose of the research, and destroyed after seven years.

The research team have extensive experience in conducting research with people with physical and intellectual disability. Researchers responsible for carrying out the fieldwork component of the study have undertaken research with people with disability, families and service providers.

4.4 Communication plan

Table 4.3: Communication strategy

Communication to	Form	Frequency
Project manager, governance groups	Written reports, meetings, phone, email, presentations	Start and finish of each Phase and as required
People with disability and their families	Written summaries of plan and progress inviting input distributed through NSW CID and the MCM team	Start and finish of each Phase and as required, after approval
Other interested persons or organisations	Written summaries of plan and progress inviting input on SPRC website and elsewhere as agreed with NSW CID and the MCM team	After each Phase after approval

At critical stages of engagement and collaboration we will confirm the research methods and tools with NSW CID and the MCM team. There will be meetings with NSW CID and the MCM team to discuss an overview of the project, the context and schedule further meetings with the Project Manager and Advisory Group, to ensure a common understanding of the requirements of the project, coordinate the project design and discuss the draft methodology. Throughout the project, we will liaise regularly with NSW CID and the MCM team to design a methodology and analysis that addresses the needs of the evaluation.

4.5 Risk management

Potential risks that may impact on the management of the research and collection of data are summarised in Table 4.4.

The primary risk in this evaluation is that it is hard to predict how many people will be engaging with My Choice Matters and this has the potential to impact upon recruitment into the evaluation. We are both adaptable and flexible in our research design so are able to respond to potential recruitment issues as they happen; however, consultations with the Advisory Group and stakeholders will be particularly important in this respect.

The research design will be somewhat experimental, particularly the quantitative research and especially with regard to recruitment methods, so we will be vigilant to ensure that our methods are proving successful and to adapt/modify if not. The iterative action research model of the evaluation is particularly suited to this process of ongoing reflection and adaptation. Consulting with MCM users will ensure an opportunity to monitor the progress of the evaluation and adapt it as necessary.

Table 4.4: Risk management

Risk	Likelihood	Severity	Solution
Failure to engage participants and stakeholders	Low	High	The evaluation team will work actively with MCM, the Advisory Board and other key stakeholders. The research team is highly experienced in recruiting hard to engage participants.
Failure to engage a diverse range of participants	Low	High	Work actively with NSW CID and the MCM team to maximise participatory methodology across interest groups Recompense participants and families Trained researchers will facilitate participation
Psychological distress or other harm to people with disability or families	Low	High	The evaluation team are experienced fieldworkers and will stringently design recruitment and data collection procedures to ensure minimal burden and distress. Follow up and referral processes have been identified and will be made available to anyone showing any distress.
Project exceeds specific timeline	Low	Moderate	The project manager will liaise regularly with MCM to ensure timely resolution of any project issues.
Poor communication between evaluation team and MCM team	Low	High	SPRC team members have a long history of working with each other and with government departments, disability organisations and Indigenous communities.
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 MCM and people with disability	Low	High	The evaluation team is highly experienced in designing robust evaluations that produce accurate and accessible findings useful in guiding initiatives such as MCM.
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.

References

- Baxter, K., Wilberforce, M., & Glendinning, C. (2011). Personal Budgets and the Workforce Implications for Social Care Providers: Expectations and Early Experiences. *Social Policy and Society*, 10(01), 55-65.
- Bigby, C., & Ozanne, E. (2001). Shifts in the model of service delivery in intellectual disability in Victoria. *Journal of Intellectual & Developmental Disabilities*, 26(2), 177-90.
- Carmichael, A. and L. Brown (2002). The Future Challenge for Direct Payments. *Disability & Society* 17(7), 797-808.
- Fisher, K.R. and Robinson, S. (2010), Will policy makers hear my disability experience? How participatory research contributes to managing interest conflict in policy implementation, *Social Policy and Society*. 9(2), 207-20.
- Fisher, K.R., Gleeson, R., Edwards, R., Purcal, C., Sitek, T., Dinning, B., Laragy, C., D'aegher, L. and Thompson, D. (2010), Effectiveness of Individual Funding Approaches for Disability Support, Occasional Paper No. 29, Canberra: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.
- Glendinning, C., Challis, D., Fernandez, J. L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M., & Wilberforce, M. (2008). Evaluation of the Individual Budgets Pilot Programme: Final Report. York: Social Policy Research Unit, University of York.
- Hutchison, P., Lord, J., & Salisbury, B. (2006). North American approaches to individualised planning and direct funding. In J. Leece & J. Bornat (Eds.) (2006). *Developments in Direct Payments* (pp. 49-62). Bristol: The Policy Press, University of Bristol.
- In Control, (2009) Self-directed funding: Frequently asked questions, www.in-control.org.au/doc_viewer.asp?RID=39, [accessed: May 21, 2013].
- Leadbeater, C., Bartletr, J. And Gallagher, N. (2008) Making It Personal, <http://www.partnerships.org.au/Making%20It%20Personal.pdf> [accessed: May 21, 2103].
- Leece, J. (2010). Paying the piper and calling the tune: power and the direct payment relationship. *British Journal of Social Work*, 40(1), 188-206.
- Lord, J. and P. Hutchison (2003). Individualised Support and Funding: Building blocks for capacity building and inclusion. *Disability & Society* 18(1), 71-86.
- Mahoney, K. J., Wieler Fishman, N., Doty, P., & Squillace, M. R. (2007). The Future of Cash and Counseling: The Framers' View. *Health Services Research*, 42(1 pt 2), 550–66.
- Patton, M. (2011) *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*, Guilford Press New York
- Prideaux, S., Roulstone, A., Harris, J., & Barnes, C. (2009). Disabled people and self directed support schemes: re-conceptualising work and welfare in the 21st century. *Disability and Society*, 2 (5), 557 – 570.
- Rabiee, P., Moran, N. And Glendinning, C. (2009) Individual budgets: Lessons from early users' experiences, *British Journal of Social Work*, 39(5), 918-935.
- Spandler, H and Vick, N. (2005), Enabling access to direct payments: An exploration of care co-ordinators decision-making practices, *Journal of Mental Health*, 14 (2), 145–55.
- Stainton, T. (2002). Taking Rights Structurally: Disability, Rights and Social Worker Responses to Direct Payments. *British Journal of Social Work*, 32(6), 751-763.
- Stainton, T., & Boyce, S. (2004). I have got my life back - users' experience of direct payments. *Disability & Society*, 19(5), 443-54.

- Stevens, M., Glendinning, C., Jacobs, S., Moran, N., Challis, D., Manthorpe, J., Fernandez, J., Jones, K., Knapp, M., Netten, A., & Wilberforce, M. (2011). Assessing the Role of Increasing Choice in English Social Care Services. *Journal of Social Policy*, 40(2), 257-74.
- Ungerson, C., & Yeandle, S. (2007). *Cash for Care in Developed Welfare States*. Hampshire & New York: Palgrave Macmillan.

My Choice Matters Evaluation Plan

The University of New South Wales
CRICOS Provider Code 00098G
ABN 57 195 873 179

Social Policy Research Centre
The University of New South Wales

sprc@unsw.edu.au
+61 2 9385 7800