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PRACTICE-BASED ARTICLE

Building Research and Evaluation Within an Australian Community Eating Disorder Organisation Through Academic Partnership: A Pragmatic Protocol

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Abstract

Eating disorders are complex mental health conditions with rising prevalence. Despite this, research and evaluation (R&E) remain under-funded, hindering translation, policy, prevention and advances in care; an equitable and responsive ecosystem of research and knowledge-sharing across the sector is needed to enhance outcomes for people and systems affected by eating disorders. Community members engage with community eating disorder organisations/services to receive guidance and support, often through innovative co-designed programs and resources. Building R&E capacity and capability within community settings is essential in capturing, leveraging and translating local

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knowledges, such as evaluation outcomes to research, policy, practice settings and the broader community to improve understandings, actions and outcomes. Partnerships between community service providers and academic researchers could be a way of establishing reciprocal knowledge-sharing pathways while simultaneously building internal R&E capacity/capability. The current article presents a longitudinal participatory protocol to plan for, co-design and implement R&E practices within an Australian community-based eating disorder service via an academic partnership. We present a four-stage methodological outline aiming to (a) identify the needs, experiences and feasibility of engaging in R&E in a community eating disorder context; and (b) collaboratively plan for, develop and integrate R&E practices through partnership. We will collect data through focus groups, meetings, interviews, researcher notes and questionnaires across several months. This pragmatic plan can guide future collaborative R&E building efforts within a community mental health context in ways that inform the development and scalability of sustainable, effective and efficient R&E praxis and partnerships across the eating disorder and broader mental health sector.

Keywords

Eating Disorders; Research and Evaluation; Capacity and Capability Building; Community-Academic Partnership; Community-Based Participatory Research; Co-Design

Introduction

Eating disorders are complex conditions that have a rising prevalence and systemic impacts ([Ágh et al. 2016](#); [Butterfly Foundation 2024](#); [Hay et al. 2023](#); [Johns et al. 2019](#)). Despite this, funding for eating disorders research remains notoriously limited compared to other mental health conditions ([All-Party Parliamentary Group 2021](#); [Bryant et al. 2023](#)). Pervasive and persistent gaps in research and evaluation (R&E) systems within and across the eating disorder sector hinder the creation, collection and translation of important knowledges. Strengthening an equitable and responsive ecosystem of knowledge-sharing to enable the multi-directional flow of information between community, research, policy and practice settings would (a) capture and uplift diverse community voices and experiences; (b) narrow the notable research–practice gap ([Robinson et al. 2020](#)); and (c) inform policy, prevention and treatment frameworks, and ultimately improve outcomes for communities and systems impacted by eating disorders.

Community members engage with eating disorder organisations/services in the community that provide information, advocacy, guidance and support, serving as the gateway to local knowledges such as consumer demographic data and feedback. Rich information (data) that may be created and captured at the community level could be (a) linked with state-level, national and international data to build an evidence base; (b) inform the development and delivery of future innovations; (c) support funding applications; and importantly (d) identify and address areas of community need, such as marginalised/under-served communities ([Clark et al. 2023](#); [National Eating Disorders Collaboration 2023](#)). This holds implications for individual consumers, families and communities, and the broader healthcare system ([Kaufman et al. 2020](#)).

In community eating disorder settings, lived experience and peer work is increasingly becoming a central facet of organisational delivery, in that programs/services are co-designed and delivered by lived experience peers ([Eating Disorders Victoria 2023](#); [Utpala et al. 2023](#)). This spurs innovation, such as early intervention and peer-based supports outside of clinical and research settings. R&E practices are integral to demonstrate the effectiveness, efficiency, value and merit of such programs/services, and in translating them across settings to support others. Yet in the context of under-resourcing, requisite R&E cultures, capacity and capability within eating disorder community services remain limited, as do connections with research settings in leveraging these important data.

Uplifting R&E in community services has been recommended by two ten-year national eating disorder strategies ([InsideOut Institute 2021](#); [National Eating Disorders Collaboration 2023](#)). Establishing pathways

between community services and research settings through *academic partnership* could be a promising way of enabling knowledge-sharing and learning and building organisational R&E capability ([Farmer & Weston 2002](#); [Golenko et al. 2012](#)). Community-Based Research is a form of Participatory Action Research ([Minkler & Wallerstein 2008](#)) which involves partnerships between researchers and community stakeholders to collaboratively identify and find ways of addressing issues faced by the community itself ([Wallerstein and Duran 2006](#)). By attempting to de-centre research ownership through democratic processes, *community partners* take an active role in decision-making and engaging in research practice alongside *research partners*, with both sides sharing their unique skills, knowledge and expertise to learn and mutually benefit from one another to bring about social change ([Israel et al. 2018](#); [Jull et al. 2017](#); [Wilson 2019](#)). Community-academic partnerships have been described previously (e.g., [April et al. 2023](#); [Morton et al. 2014](#)), and guidelines on sharing power, enhancing equity and enabling systemic change are available ([Sadler et al. 2012](#)).

Engaging in community-based R&E seems particularly relevant for largely consumer-based or lived-experience-led organisations because service providers often belong to the community they serve. This can facilitate decision-making and promote advocacy efforts ([Reed 2015](#)), lead to better understandings and recommendations ([Guijt 2014](#)), and ultimately promote community ownership of research/evaluative processes and outcomes ([April et al. 2023](#); [Israel et al. 2012](#)). Additionally, as financial resources to support external evaluation can often be limited within community services, strengthening the capability and capacity of service providers to systematically collect and monitor consumer information, and to evaluate, learn from and shape their own service delivery, may represent a more sustainable and cost-effective way of engaging in R&E.

Here, as research and community partners, we specifically aim to place community-engaged R&E in an eating disorder context. To do so, we present a pragmatic methodological plan to collaboratively build and integrate R&E practices through a community-academic partnership into a real-world community eating disorder organisation with limited existing infrastructure. At the same time, we will provide a plan to identify the needs, enablers, challenges and opportunities of engaging in R&E to inform sustainable practices into the future. In documenting the plan, processes, experiences and learnings of the partnership and R&E building, we offer a guide to service providers, researchers, policymakers and other relevant stakeholders. This aims to enhance R&E cultures, capability and capacity at the community level to facilitate greater knowledge sharing, empowerment and innovation within, across, and beyond the eating disorder sector.

Context

OVERVIEW OF EATING DISORDERS

Eating disorders are encompassing in that they impact a person's emotional, mental, physical and social wellbeing ([Berkman et al. 2007](#); [Miskovic-Wheatley et al. 2023](#)). They are systemic in that they impact upon others, such as caregivers and families ([Fletcher et al. 2021](#); [Karlstad et al. 2022](#)). While evidence-based treatments exist, cost, stigma and shame, lack of access to and accessibility of care and limited knowledge may delay people seeking and receiving timely help ([Hamilton et al. 2022](#); [Regan et al. 2017](#)), reflecting key issues in the current healthcare climate for people affected by eating disorders and those who support them.

CURRENT PROJECT

This project is part of a larger, multi-year research project to leverage multidisciplinary eating disorder research across Australia ('Mainstream'; www.mainstreamresearch.org.au/), which was funded by the National Health and Medical Research Council's Medical Research Future Fund Million Minds Mission

Grant (APP1178922). This project also funded a full-time post-doctoral researcher, to be based 'on the ground' at EDV, as a primary research partner, who is also part of a larger academic team at the InsideOut Institute for Eating Disorders, which is affiliated with the University of Sydney and Sydney Local Health District. Other researcher partners include the academic co-authors of the current article, and other researchers affiliated with the InsideOut Institute who may provide research-related support and guidance. Recruitment of community partners began in August 2023; the project end date is expected to be mid-2024.

COMMUNITY SERVICE SETTING

Community eating disorder organisations provide opportunities for community members to engage in support prior to, in tandem with, and/or beyond tertiary healthcare settings, given that treatment of an eating disorder can be arduous and challenging ([Conti et al. 2021](#); [McArdle 2019](#); [Solhaug Storli & Alsaker 2021](#)). Eating Disorders Victoria (EDV) is an Australian community-based not-for-profit organisation that provides advocacy and support for people experiencing or caring for someone with an eating disorder. Support is available broadly through telehealth counselling and nursing, various support groups and programs, comprehensive e-learning courses, resources and linkage to external services.

Peer-based supports, normally developed within community services like EDV, represent innovative pathways to enhance people's wellbeing and recovery ([Lewis & Foye 2021](#)) and have been strongly recommended within general mental health settings and specifically within the eating disorders context ([Commonwealth of Australia 2013](#); [National Eating Disorders Collaboration 2023](#); [State of Victoria 2023](#)). In this way, community services present novel and unique opportunities to facilitate connections between community members and lived experience peers, alongside and beyond traditional eating disorder treatment, in efforts to validate people's experiences and further support their mental health, wellbeing and recovery ([National Eating Disorders Collaboration 2019](#); [State of Victoria 2023](#)).

THE CARER COACHING PROGRAM

The Carer Coaching Program is an eight-week, peer-led early intervention support program offered at EDV for caregivers of a young person diagnosed with a restrictive eating disorder (i.e. anorexia nervosa, atypical anorexia, avoidant restrictive food intake disorder) and currently on a waitlist to commence formal treatment. The program was co-designed in early 2020 by a group of lived experience carer consultants and EDV service providers in response to long waitlists to access treatment services during the COVID-19 pandemic. People with lived experience of caring for a young person with an eating disorder were responsible for developing most of the program content. Two of them had expertise in program design and clinical governance. Program content then underwent a review process with senior managers within the organisation prior to delivery. The program is facilitated by lived experience peer workers ('Carer Coaches').

Key components of the Carer Coaching Program include peer-based support, psychoeducation around eating disorders and evidence-based treatments, basic meal support (*not* dietary advice), emotional regulation strategies, self-care and managing fatigue, and provision of appropriate resources. These components draw on prior interventions by carers of young people with an eating disorder, including peer-led (e.g., [Grennan et al. 2022](#)), clinician-led (e.g., [Gisladottir et al. 2017](#); [Kurnik Mesarič et al. 2024](#)) and self-directed ([Truttmann et al. 2020](#)) interventions.

While Carer Coaches undertake regular professional development training, it is made clear to program participants that they offer *peer based* guidance and support, not clinical perspectives. Content is flexibly delivered in a personalised manner to address unique support needs of program participants. While session-by-session outlines exist, these serve as general practices; in practice, the order of session delivery may change in order to deliver more pertinent information sooner. This type of flexible, tailored delivery

is common across EDV's programs and services promoting personalised care. All sessions are delivered remotely via Zoom software. Following sessions, Carer Coaches send follow-up emails to program participants with a summary of the key points and materials used in the sessions, as well as any relevant additional resources (e.g. handouts, websites).

Carer Coaches engage in monthly supervision with a manager, who is also a mental health clinician, in addition to ad hoc consultation when additional needs emerge. They also attend weekly multidisciplinary team meetings and regular lived experience group supervision. Collectively, supervision and consultations provide opportunities to discuss the suitability of participation, risk and ethical practice management, plan sessions and discuss challenging cases, engage in reflective practice and to receive emotional support.

Methods

COMMUNITY-ACADEMIC PARTNERSHIP

A community-academic partnership will be established and maintained across multiple and varied points of engagement over approximately 12 months to jointly co-plan, co-design, implement, monitor and evaluate R&E practices of the Carer Coaching Program. As the primary *research partner*, co-author Verma will contribute her professional expertise by sharing her knowledge of ethical, practical and methodological considerations around R&E. Those employed within a directorial, managerial or service provision role within EDV and have close involvement with the Carer Coaching Program will be invited to take part, read an explanatory statement and provide informed consent (see Appendices 1 and 2). As *community partners*, service providers will be invited to contribute their expertise and unique local knowledge of community needs, and personal, organisational and contextual factors, which may include prior R&E knowledge. Community partners will also be encouraged to take an active role in developing and undertaking research evaluation practices. This may include sharing ideas, engaging in decision-making during meetings with the primary research partner and engaging in the development and review of emerging R&E processes and materials. Appendix 3 lists anticipated roles and responsibilities of partners.

DESIGN

This project adopts a longitudinal community-based participatory framework. To assist with engaging in interactive and iterative co-design processes with community partners, we will be guided by existing community-engaged R&E methodologies and guidelines (e.g., [April et al. 2023](#); [Banks et al. 2013](#); [Israel et al. 2012](#); [Jull et al. 2017](#); [Kaufman et al. 2020](#); [Reed 2015](#); [Sadler et al. 2012](#)). Additionally, we use frameworks from the Centers for Disease Control and Prevention ([CDC, 1999](#)) and the New South Wales Treasury ([NSW, 2013](#)), which collectively outline the steps, standards and principles of effective evaluation practice. Community partners are not reimbursed as engagement occurs during their normal working hours.

DATA COLLECTION

Data is collected via mixed methods, including meetings, semi-structured interviews, questionnaires, researcher notes and tracking sheets. Researcher notes include information such as points of engagement with community partners, methodological discussion points and outcomes, a reflexive log of personal reflections and insights, and any potentially impactful events ([Lincoln & Guba 1985](#)). Reflexive journaling is designed to facilitate greater researcher insights and understandings ([Janesick 1999](#)), and will give research partner(s) the ability to document needs, barriers and enablers throughout the project. Community partners will also complete questionnaires, which are discussed in detail below.

POSITIONALITY

As co-authors, our ontological (i.e. social constructionist, participatory) and related epistemological orientations will inevitably impact project design and arising interpretations because constructionism is an interpretivist ontological paradigm in which realities are intersubjective and relative, and are co-constructed through dynamic social processes ([Berger & Luckmann 1967](#); [Merriam & Brockett 2007](#)). As [Overton \(2017; p. 1209\)](#) puts it, through a social constructionist lens, ‘we come to know what is real through our shared interaction with the environment and the others who share that environment with us, at different moments in our time’. All co-authors have previously engaged in co-design within community-based settings: six of us hold doctoral-level qualifications, five of us identify as holding lived experience of an eating disorder or caring for someone with one, three of us identify as coming from non-White backgrounds, three of us are early-career researchers, four of us are psychologists, and two of us identify as being queer.

Community-based participatory research seems imbued with constructivist beliefs in which knowledge and meaning are co-created through collaborative and social processes ([Peralta & Murphy 2016](#)), highlighting the role of power in study design and decision-making ([Corrigan & Oppenheim 2023](#)). To encourage awareness of how unique backgrounds, biases and assumptions may impact project processes and outcomes, we prioritise reflexive practices, such as engaging in reflexive journaling and supervision ([Banks et al. 2013](#)).

Procedure

Our project will unfold over four stages (see [Figure 1](#)). Each stage includes its own meeting guide and questionnaire to assess individual, interpersonal, community, organisational and systemic factors impacting

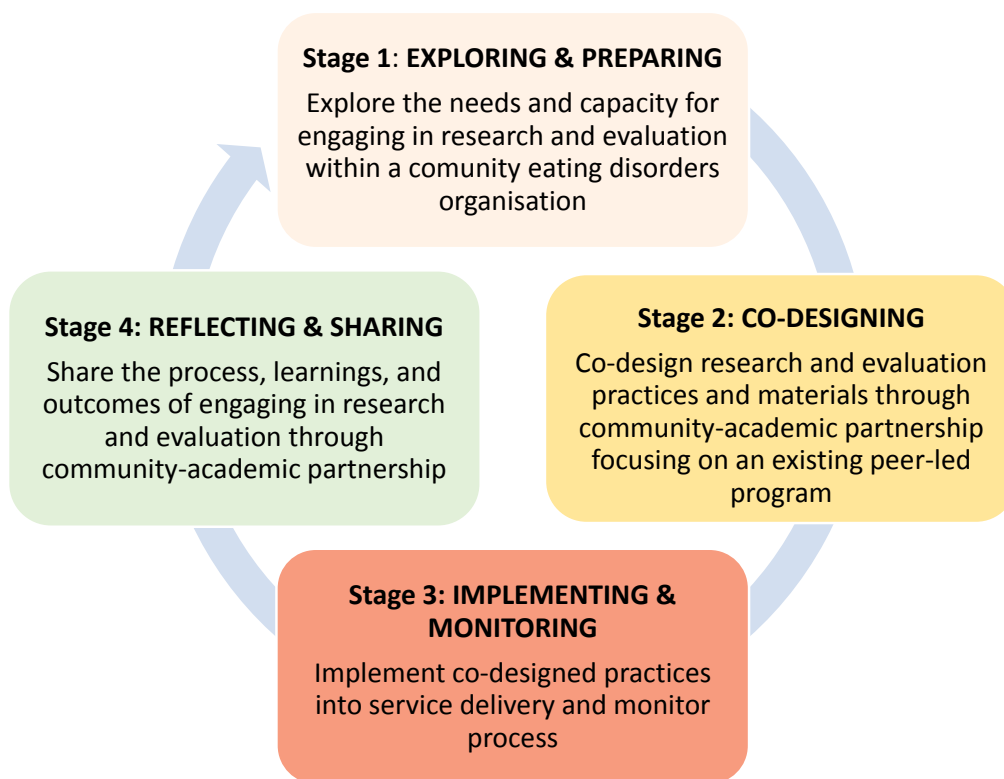


Figure 1. Project Stages to Build and Integrate Research and Evaluation within a Community-based Eating Disorder Setting through Academic Partnership

R&E (see Appendices). Community partners will be invited to attend all meetings throughout the project period, which will be facilitated by the primary research partner. The duration of each meeting will be 90 minutes unless otherwise noted and may be undertaken either in person at the EDV office or via videoconferencing.

Stage 1: Exploration of Research and Evaluation Needs and Capacity, and Preparing for Co-Design

During Stage 1, community and research partners will engage in an initial meeting to identify the needs, capacity, capabilities, motivation, expected outcomes and other enablers/challenges of undertaking and implementing R&E within service delivery (see Appendix 4). Community partners will complete a questionnaire involving quantitative ratings and qualitative questions around R&E capacity, capability and building for example, ‘*Do you see any benefits or advantages of doing research and program evaluation?*’ and ‘*What are your thoughts on collaborating with a researcher in designing and undertaking research and program evaluation?*’ (see Appendix 5).

Stage 2: Collaborative Development of Research and Evaluation Practices and Materials

Building on responses gained during Stage 1, R&E practices and materials for the Carer Coaching Program will be co-designed in Stage 2 via shared decision-making through meetings and iterative reviews by community and research partners (see Appendices 6 and 7). The purpose of this stage is two-fold (a) to build knowledge and skills around R&E among community partners through knowledge-sharing (e.g. ethical considerations such as informed consent, steps involved in program evaluation, gathering/analysing data via mixed methods); and (b) to collaboratively develop R&E practices and materials to be integrated into service delivery.

We will follow the [NSW Treasury’s \(2013\)](#) R&E guidelines, making adaptations to available templates (see Appendix 6 for developed templates). This will include developing a program logic, identifying evaluation questions, developing R&E materials and ascertaining staff responsibilities. Prior to implementation, community partners will complete a questionnaire assessing their experiences of co-designing R&E practices (e.g. ‘*Overall, how have you found the co-design process of working with others in your team at EDV and a researcher in developing a plan to integrate research and evaluation for the Carer Coaching Program?*’ See Appendix 8).

Stage 3: Implementation and Monitoring of Co-designed Research and Evaluation Practices

During Stage 3, community partners will implement co-designed R&E practices into service delivery. Monthly meetings will be held, offering opportunities for community and research partners to share experiences and learnings, reflect on the partnership, and discuss impacts, challenges, and any adaptations made to R&E practices (see Appendix 9). Community partners will additionally complete questionnaires assessing implementation and feasibility issues. ‘*Have there been any factors that you think may have influenced (positively or negatively) your or your team’s engagement with research and evaluation of the Carer Coaching Program?*’; see Appendix 10).

Stage 4: Sharing the Learnings of Co-designing and Engaging in Research and Evaluation

In Stage 4, community and research partners will identify and reflect on the learnings arising from the project. An evaluation meeting will be held with service providers to provide the opportunity to discuss experiences, perceptions and feasibility/sustainability of integrating research and evaluation into service delivery (see Appendix 11). Community partners will also complete an evaluation questionnaire (Appendix 12). We aim to share our experiences and learnings through academic publications, presentations, conferences and newsletters.

DATA ANALYSIS

To describe the process and outcomes of the project, selected feasibility and implementation constructs will be assessed, such as acceptability, demand, implementation, practicality and integration ([Bowen et al. 2009](#);

[Pearson et al. 2020](#)). Data will be analysed using mixed methods, including thematic analysis of meetings/semi-structured interview transcripts, and triangulated with open-ended questionnaire responses and with quantitative data. Meetings/semi-structured interviews will be audio-recorded through the University of Sydney's Zoom and will be later deidentified. Transcripts will be auto-generated through Zoom artificial intelligence software and manually verified for accuracy by co-authors.

Thematic analysis is a qualitative method for identifying, analysing, organising, describing and reporting themes found within a dataset ([Braun & Clarke 2006](#)). It offers a highly flexible approach, providing a rich, yet complex, account of data. This method is intended to yield themes that will provide a more detailed analysis through a combination of inductive and deductive approaches to coding those themes. Analysis will be guided by the six-step thematic analysis framework outlined by [Braun and Clarke \(2006\)](#) which are: (1) familiarising with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) producing the report. While theme saturation may be used by examining repeating emergent themes (see [Fusch & Ness 2015](#)), we recognise the limitations of this method, particularly when undertaking *reflexive* thematic analysis ([Braun & Clarke 2021](#)).

ADVERSE EVENTS

Community partners will be asked to communicate any adverse events they may experience to the primary research partner. Participants of the Carer Coaching Program will be asked to communicate any adverse events to the Carer Coaches, where they will be managed according to existing organisational protocols. Any adverse events will be reported to the University of Sydney Human Research Ethics Committee.

DATA STORAGE AND MANAGEMENT

All data will be password protected and securely stored by co-author Verma and relevant co-investigators on the University of Sydney's OneDrive for five years and will thereafter be destroyed. A spreadsheet containing participants' personal details will be stored separately from questionnaire responses. Questionnaires will be linked across time using a personalised alphanumeric code assigned by the primary research partner. Interim data will only be accessible by researchers involved in data collection and analysis. The University of Sydney has a licence to use Qualtrics, a secure online platform, which will provide a basis for release of the explanatory statement, consent form and questionnaires to community partners.

Discussion

This article describes community-based participatory protocol to collaboratively plan for and attempt to build and pilot R&E practices within an Australian community-based eating disorder service through a partnership between service providers and academic researchers. This pragmatic approach jointly aims to address the need for greater R&E within the eating disorder sector, particularly at the community level, while simultaneously identifying features which may assist with facilitating a widespread ecosystem of sustainable, reflexive and equitable R&E practices across the sector into the future.

Community services are a vital source of local knowledge and innovation, yet under-resourcing of R&E activities hinders much needed cross-sectoral translation, policy change and advancement in care. Uplifting R&E at the community level holds several important implications for communities, organisations and systems. First, creating feedback opportunities will help to give voice to those who engage with services to shape organisational policies and procedures, and improve service delivery. Second, establishing routine data collection practices will help us to identify and better understand more diverse eating disorder experiences and recovery trajectories in the community. Third, this process may help inform engagement strategies with marginalised and under-supported groups, particularly First Nations peoples and those from diverse

cultural, sexual and gender non-conforming backgrounds, as well as those who identify as men ([National Eating Disorders Collaboration 2023](#); [State of Victoria 2023](#)). Fourth, evaluating the effectiveness and efficiency of programs/services will inform funding, scalability and the translation of offerings across services and beyond them to better support community member needs.

Importantly, due to limited resources, our project was restricted by minimal involvement of external lived experience advisers who were unaffiliated with EDV, as well as a relatively short (12-month) project period. While recent research has outlined adaptations for shorter-term community-academic partnerships ([Radonic et al. 2023](#)), future projects should prioritise engagement of diverse lived experience perspectives to promote greater equity, community ownership and responsiveness.

To the best of our knowledge, this is the first article to outline a plan to connect service providers and academic researchers in an attempt to build R&E within a community eating disorder setting. Through community-engaged methodology, we aim to uplift community service providers to be able to systematically capture, leverage and share data created on the ground through a bottom-up, community-centric approach, while offering research-specific guidance and capabilities. By longitudinally studying the real-time processes and outcomes of partnering to establish and embed R&E praxis within service delivery, we hope that rising insights and learnings will help guide and shape future efforts to feasibly build equitable, reflexive and responsive R&E practices and systems. This will ultimately have implications for enhancing policy, advocacy, prevention and care frameworks to better support people affected by eating disorders and improve the systems around them.

Concluding Thoughts

The preparation and publication of protocols involving pragmatic research methodology like ours presents several benefits. By nature, protocols outline intended processes to achieve certain outcomes based on theoretical underpinnings and decisions made by authoring teams. The early stages of a project's lifespan offer important knowledge and insights, such as how decisions are made and by whom, and the surrounding contexts which influence how projects are designed, undertaken and arising knowledges ultimately shared.

In writing protocols, authors may gain more clarity around project intentions, processes, gaps and limitations to ultimately strengthen research rigour. They may regularly revisit and reflect on their original plan during and following projects to scaffold insights around what worked, what didn't, what was learned and what could be changed. This can inform recommendations and advance future research efforts. In tandem, readers may benefit by having access to diverse ways of thinking, resources and structured methodological guidance to spur and enhance their own thinking, processes and recommendations. This specifically addresses the need for greater methodological guidance in undertaking co-design processes in the context of academic partnerships ([Benz et al. 2024](#)). Additionally, this could be particularly helpful for early career researchers who may often find themselves within community-based, not-for-profit contexts with limited supports.

Finally, avenues to share pragmatic protocols of community-based research such through open access journals are essential to allow translation of these important knowledges and improve how research is undertaken in the future. This is central to building an ecosystem of accountable, transparent and equitable research praxis, and is only possible by those within the academic community who value, prioritise and continually advocate for greater access and equity.

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Appendix 1

Participant Information Statement

Service Providers



Research Study: *Co-designed, Sealed, Delivered: Collaboratively developing and embedding research practices to support evaluation of consumer-led programs within an Australian community-based eating disorders service.*

Chief Investigator (CI): Dr Sumedha Verma

Postdoctoral Research Associate, Eating Disorders Victoria & InsideOut Institute for Eating Disorders.

Phone: +61 3 9994 0354

Email: sumedha.verma@eatingdisorders.org.au

1. Who is this research being run by?

You are being invited to take part in a research project to develop and evaluate research practices to support the evaluation of the Carer Coaching Program at Eating Disorders Victoria (EDV). You have been contacted because of your role in the development, facilitation or management of the Program.

2. Who is this research being run by?

The InsideOut Institute for Eating Disorders was awarded a grant (“MAINSTREAM”) in 2019 to investigate and trial ways of bridging the gap between eating disorders research and clinical practice. This project is part of the MAINSTREAM project in collaboration with EDV.

3. What will this project involve?

The aim of this research is to:

- Identify from EDV service providers the needs, gaps, barriers and enablers of integrating research and evaluation into program delivery.
- Enable collaboration between research and community partners to co-design research and evaluation for the Carer Coaching Program.
- Evaluate the feasibility and experiences from service providers in undertaking research in the Carer Coaching Program.
- Report on the evaluation findings of the Carer Coaching Program.

We expect that the outcomes of this research will inform the integration of research and evaluation within other services at EDV, and will inform the development and embedding of research practices within other community organisations.

4. What will this research involve?

You will engage with Sumedha and colleagues in meetings to plan for and monitor the integration of research practices for the Carer Coaching Program. Depending on availability, either meetings or one-one-one interviews will be held, and can be delivered flexibly either in person or via Microsoft Teams. There will be four key stages of the project:

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<p>STAGE 1: Exploration</p>	<p><i>“Is research and evaluation of our programs and services important, and if so, why?”</i></p> <p>Meeting – you will take part in a joint meeting with your team and Sumedha (researcher) to identify your perceptions (e.g., your attitudes and beliefs) around integrating research and evaluation into program delivery. <i>Approx. 90 mins.</i></p> <p>Questionnaire – you’ll be asked to rate the level of importance around conducting research in the Carer Coaching Program, and your confidence, skills and experience around research practices. <i>Approx. 10-15 minutes.</i></p>
<p>STAGE 2: Development</p>	<p><i>“What could research look like for the Carer Coaching Program? What processes and materials need to be developed?”</i></p> <p>Meetings – you will collaborate on developing research and evaluation processes and materials for the Carer Coaching Program with Sumedha and your team. The first meeting will involve identifying the purpose of the evaluation and mapping what the Carer Coaching Program tries to achieve (i.e., developing a “program logic”). The second meeting will involve developing an evaluation plan. In this stage, we aim to address:</p> <ul style="list-style-type: none"> • Why evaluate and for whom • Who will undertake evaluation • Key evaluation questions • How we are going to evaluate the program • What information is needed and how to collect it • Resources needed to undertake the evaluation • Relevant processes (consent, screening) <p><i>Approx. 90 mins each meeting.</i></p> <p>Review of documentation – you will take an active role in reviewing developed documentation to be used in the research and evaluation the Carer Coaching Program (e.g., evaluation plan, an Information Sheet like the one you are reading, consent forms and questionnaires for program participants). You will provide your edits to Sumedha via email.</p> <p>Questionnaire – you’ll be asked to provide feedback on the developed research practices for the Carer Coaching Program, including your expectations. <i>Approx. 10 minutes.</i></p>

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<p>STAGE 3: Implementation & Monitoring</p>	<p><i>“Integrating research and evaluation into our delivery of the Carer Coaching Program”</i></p> <p>Once the co-designed research and evaluation processes and materials for the Carer Coaching Program have been finalised, you will then use them as part of program delivery. What this might look like will depend on what emerges from prior meetings but here are some examples:</p> <ul style="list-style-type: none"> • Screening interested program participants for eligibility to participate • Confirming consent with interested program participants • Documenting enrolments, withdrawals and other important information (e.g., changes/adaptations) on a Tracking Sheet • Sending out questionnaires to program participants and following up on incomplete ones <p>Meetings – to track how the research process is going, there will be meetings with your team and Sumedha to discuss progress, identify barriers and any ideas for addressing these. This will occur approximately monthly from once the first program participant has been recruited. <i>Approx. 60 mins each meeting.</i></p> <p>Questionnaires – you will be asked to complete brief questionnaires coinciding with meetings which assesses your confidence, research skills/knowledge and other factors related to how the research process is going. <i>Approx. 10 mins each questionnaire.</i></p>
<p>STAGE 4: Evaluation and Sharing</p>	<p><i>“How feasible was it to do research in our program? What have we learned and how might this apply elsewhere?”</i></p> <p>Meeting – An evaluation meeting will be held with your team to explore your perspectives and experience in conducting research for the Carer Coaching Program; what worked, what were the challenges, what factors were integral to implementation success, and your recommendations for further implementation. <i>Approx. 90 mins.</i></p> <p>Questionnaire – you will be asked to provide your feedback on how you found the process of undertaking research for the Carer Coaching Program, and you will rate your level of confidence, skills and knowledge around research practices. <i>Approx. 15 mins</i></p>

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5. Do I have to be involved?

Participating in this research study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or your employment at EDV. If you participate in an interview, you are free to stop the interview at any time or decline to answer questions if you don't feel comfortable in answering them. You are free to withdraw from the project at any point.

6. What will happen to my personal information?

All information collected will be non-identifiable. Your responses (such as in focus groups, meetings, interviews and questionnaires) may be presented or published (further details below) however your identity, responses and personal details will be kept strictly confidential.

If using Microsoft Teams, you will be asked to provide consent of having the interaction recorded. The session recording will be uploaded to a secure, password-protected online platform (OneDrive) by CI Verma; it will not be kept on any personal device.

To analyse findings and key themes, de-identified responses (audio-recordings) will be coded by an external transcriber. De-identified responses may be used for other projects where ethics approval has been granted. If you choose to withdraw from the research project, any personal information will be deleted however your de-identified (anonymous) responses cannot be deleted due to the design of the project.

Content from relevant email correspondence will also be kept by Sumedha in a logbook which may be analysed for key themes.

7. How will information be stored?

Only the researchers will have access to the information gathered through this research. Electronic information will be stored in password-protected software. Any audio recording (via voice recorder or Microsoft Teams) files will be stored in a password-protected folder in OneDrive managed by CI Verma; files will not be stored on a personal device. All information will be securely stored for five (5) years following participation. Once information is no longer required, it will be deleted to ensure maximum confidentiality.

8. Will I be told the results of the study?

It is anticipated that the results of this research study will be published in academic journals and be presented at local and international scientific conferences. Findings of the research study will be reported back to the funder as part of the agreement for this research. Results may also be communicated to the wider community through public talks, social media networks and print media as well as via the InsideOut Institute/EDV websites. In any publication and/or presentation, information will be provided in such a way that you cannot be identified.

9. Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this research study. If you experience an increase in distress or

any negative side effects, please contact Sumedha directly. You can contact the organisations below for assistance:

Lifeline: 13 11 14

The Butterfly Foundation: 1800 33 4673

10. How do I get involved?

If you would like to take part, please complete the Consent Form.

11. What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the University of Sydney (number_____). If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, you may contact the University of Sydney's Human Ethics Manager:



Email: human.ethics@sydney.edu.au

Phone number: +61 2 9036 9161

12. Are there any conflicts of interest?

Belinda Caldwell is part of the research team and (see below) is the CEO of Eating Disorders Victoria. She will engage as a participant in this research project. Dr Sumedha Verma is employed as a postdoctoral research fellow at EDV and InsideOut Institute for Eating Disorders which is a partnership between the University of Sydney and Sydney Local Health District. Sumedha will offer her responses and reflections as an involved member of the research co-design and evaluation process. There are no other conflicts of interest to declare.

Researchers:

<p>Dr Sumedha Verma <i>Postdoctoral Research Associate</i> Eating Disorders Victoria & InsideOut Institute for Eating Disorders Email: sumedha.verma@eatingdisorders.org.au</p>	
<p>Dr Phillip Aouad <i>Postdoctoral Research Associate</i> InsideOut Institute for Eating Disorders Email: phillip.aouad@sydney.edu.au</p>	
<p>Dr Morgan Sidari <i>Postdoctoral Research Associate</i> Queensland Eating Disorder Service, InsideOut Institute for Eating Disorders Email: morgan.sidari@sydney.edu.au</p>	
<p>Dr Belinda Caldwell <i>CEO</i> Eating Disorders Victoria Email: Belinda.caldwell@eatingdisorders.org.au</p>	
<p>Dr Jane Miskovic-Wheatley <i>Research Stream Lead</i> InsideOut Institute for Eating Disorders Email: jane.miskovic-wheatley@sydney.edu.au</p>	
<p>A/Prof Sarah Maguire <i>Director</i> InsideOut Institute for Eating Disorders Email: sarah.maguire@sydney.edu.au</p>	

This information sheet is for you to keep.

Appendix 2

Participant Consent Form

Service Providers



Research Study: *Co-designed, Sealed, Delivered: Collaboratively developing and embedding research practices to support evaluation of consumer-led programs within an Australian community-based eating disorders service*

Chief Investigator (CI): Dr Sumedha Verma

Postdoctoral Research Associate, Eating Disorders Victoria & InsideOut Institute for Eating Disorders.

Phone: +61 3 9994 0354 | Email: sumedha.verma@eatingdisorders.org.au

Participant Name _____

- I have read the Information Sheet and I have understood what the research entails.
- I am aware that audio recordings will be undertaken via voice recorder or Microsoft Teams, and recordings will be confidentially kept in a secure folder on OneDrive and will only be accessible to the researchers listed at the bottom of this document.
- I agree to the research processes and procedures including attending meetings and interviews (if I'm unable to attend meetings) and completing questionnaires
- My participation is completely voluntary and I am free to withdraw from the research project at any time which will in no way affect my employment.
- While the responses from the research project will be published, I will not be identified whatsoever, and my personal details will be held strictly confidential by the research team.
- I understand that meetings and interviews will be audio-recorded and transcribed by an external service.
- I understand that if I wish to withdraw my consent, my de-identified responses may not be able to be deleted.
- I have understood the potential risks of participating and know that I can contact the research team and other support services as per the Information Sheet if I would like additional support.
- If I have any questions, feedback or complaints about participation, I understand that I may contact the researchers or University of Sydney's Human Research and Ethics Committee (human.ethics@sydney.edu.au or +61 2 9036 9161).
- I am freely providing my consent to participate in this research.
- The information and data I provide can be used for this project and for future studies, any new researchers will only have access to data that cannot identify me.

I (*print full name*) _____ hereby agree to the above statements and consent to take part in this research project.

Signature: _____

Date: _____

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Researchers:

Dr Sumedha Verma
Dr Jane Miskovic-Wheatley
Ms Belinda Caldwell
A/Prof Sarah Maguire
Dr Phillip Aouad
Dr Morgan Sidari

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Appendix 3

Anticipated Roles and Responsibilities of Research and Community Partners

Research Partner(s)

- Arrange and facilitate co-design meetings, keep meeting notes
- Contribute knowledge of research and evaluative practices in efforts to build service providers' capacity and capability
- Share decision-making with service providers around research and evaluative practices
- Transcribe and analyse data arising from meetings, questionnaires, notes, tracking sheet
- Assist with preparing consent forms for program-participants (of the Carer Coaching Program)
- Share knowledge around program logic modelling, mixed methods research and evaluation
- Provide ad hoc support (e.g. documentation, making sense of findings) to service providers during implementation of research and evaluative practices

Community Partners (Service Providers):

- Contribute unique knowledge of personal, community-level, organisational and contextual factors impacting research and evaluation
 - Share decision-making with research partner(s) around research and evaluative practices
 - Complete questionnaires of experiences in engaging in research and evaluation
 - Screen program participants for suitability and confirm consent
 - Engage in research and evaluative practices as planned (e.g. provision of questionnaires, and monitoring enrolments)
 - Engage in analysis of consumer data with support from research partner(s)
-

Appendix 4



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SYDNEY

Stage 1 Meeting Guide	Construct
<p><i>Thank you everyone for joining today. As you know, we'll be working together over the next couple of months. The aim of our work together is really to get a sense of what you find important and meaningful in your work, and to draw on your knowledge, experience and strengths to support you in doing what you do so you can do more of it, and so that other people can learn from this. We'll talk more about this a bit later but this is essentially what evaluation is about.</i></p> <p><i>My job is to guide our discussion today, it will be quite interactive and everyone's perspectives are valued. It's important to know that today isn't about judging but learning. We all bring knowledge, skills and experience. You'll share your learnings of working on the ground from a community perspective, and I'll bring my background and learnings from a research perspective so we can work together to make change. I'll keep an eye on time so you don't have to. We'll go for about an hour and a half.</i></p> <ol style="list-style-type: none"> 1. What are you passionate about in the work you do? What about your work gives you meaning? 2. <i>Build from responses to above.</i> How do you know whether you're doing this well? How do you learn to do it better and how do you share this knowledge? <p>→ Sumedha to chat about 'research' and 'evaluation'.</p> <p><i>Evaluation is about finding out is what we planned to do working or helping, how well is it going and reflecting on what we could be doing more of to help change what we do to make it better. So, in a nutshell, it's about capturing, reflecting, learning from and changing how we do things to improve them over time. over time. You might have of heard of it as part of "quality improvement".</i></p> <p><i>When we talk about research, we're talking about sharing our knowledge and learnings from our evaluation with other people on a larger scale so that they can learn from our experiences to ultimately help more people, like a ripple effect. Your contribution is your knowledge, your understanding of the community and the work you do. So as someone with a research background, my job is to learn from you about what you you're trying to do and help you frame this knowledge so we can share it with others and so it has more impact.</i></p>	<p>Acceptability Demand Practicality</p>

- | | |
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| <ol style="list-style-type: none"> 3. What might be some motivators for doing research and evaluation? How might it help? Thinking about your work, your team, EDV, the community you work with, the sector, society more broadly. 4. Are there any de-motivators or things that might make research and evaluation challenging? Thinking about personal, organisational, policy and social factors both within and outside of EDV. 5. How do you see any challenges being addressed? What might need to happen? 6. What do you think you need, or that you might need to learn to be able to evaluate your programs or do more of it? <i>Prompt: what might you need to increase skills and knowledge around research and evaluation? Supports, training, internal researcher, academic linkage?</i> 7. Have you had any past experiences with research and evaluation? How can learn from this to help you feel more engaged in this process? 8. Finally, is there anything more you'd like to share? | |
|--|--|

Appendix 5



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Stage 1 Questionnaire (Service Providers) [Questions 6–16: free-text response; Questions 17 & 18 multiple choice.]	Construct
<p>Thank you for completing this questionnaire. Your responses are deeply valued so please be as open and honest as you can be.</p> <p>Please enter your unique ID (please contact Sumedha if you are unsure): _____</p> <ol style="list-style-type: none"> 1. How long (months, years) have you been employed at EDV? 2. Do you identify as holding lived experience? <ul style="list-style-type: none"> <input type="radio"/> Yes – as a carer of someone with an eating disorder <input type="radio"/> Yes – as someone with a personal history of an eating disorder <input type="radio"/> No <input type="radio"/> I'd prefer not to answer 3. How do you identify your gender? _____ 4. Have you had any experience undertaking research? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 5. Have you had any experience undertaking program evaluation? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 	
<p>The following questions are open-ended to give you the chance to respond freely. This is an opportunity for you to share your perspectives, knowledge and experiences.</p> <p>6. What aspects of your work role do you find meaningful?</p>	
<p>7. Do you see any ways that evaluation and research may align with or enhance the parts of your work that you are passionate about?</p>	Feasibility
<p>8. Do you see any benefits or advantages of doing research and program evaluation? If so, please describe them. <i>You might like to think about for yourself professionally, your team, EDV, the community you work with, the sector and broader society.</i></p>	Acceptability Expansion Practicality

<p>9. At the moment, how do you <i>feel</i> about doing research and program evaluation?</p>	<p>Acceptability Self-efficacy</p>
<p>10. How do you see the findings of research and program evaluation (e.g., evaluation findings from the Carer Coaching Program) being used? Who might this affect?</p> <p><i>You might like to think about yourself, your team, EDV, the community, the sector or broader society.</i></p>	<p>Integration Practicality</p>
<p>11. What do you think might help you/your team better integrate research and program evaluation?</p> <p><i>You might like to think about what might be needed, or what might need to happen to feel more capable and willing to engage. What might this look like practically e.g., time, money, training staff in research and program evaluation, employing an internal researcher, partnerships with external researchers.</i></p>	<p>Integration Acceptability Practicality Integration Expansion</p>
<p>12. Do you see any issues or challenges in integrating research and evaluation at EDV? If yes, please describe them.</p> <p><i>You might like to think about yourself, your team, EDV and factors outside of EDV.</i></p>	<p>Integration Acceptability Practicality Integration Expansion</p>
<p>13. Could you please describe any past experiences you have had with research and program evaluation? If you haven't had any, please indicate 'none'.</p> <p>If you have had past experiences, have there been any learnings or take-aways?</p>	<p>Self-efficacy</p>
<p>14. If you identified any issues or challenges, are there any ways (if any) that you think these could be addressed?</p>	<p>Practicality</p>

<p>15. Please comment on the costs and benefits of engaging in research and evaluation specifically for the Carer Coaching Program. Are costs internal or external to EDV, or both?</p>	<p>Practicality Expansion</p>
<p>16. What are your thoughts on collaborating with a researcher in designing and undertaking research and program evaluation?</p> <p><i>What is important to consider to feel more engaged in this process?</i></p>	<p>Acceptability Practicality</p>
<p>17. For the following questions, please rate either: 1 (strongly disagree), 2 (disagree), 3 (neither agree/disagree), 4 (agree) to 5 (strongly agree):</p> <ol style="list-style-type: none"> a. I think it is important to evaluate our programs and services at EDV b. I think there is a need for our programs and services to be evaluated c. I believe that the culture at EDV values research and program evaluation d. I believe that undertaking research and program evaluation would align with EDV's goals and values e. I believe EDV has the capacity to integrate research and program evaluation for its programs/services f. I think engaging in research and program evaluation will cost EDV money g. I believe the benefits will outweigh the costs of integrating research and program evaluation practices at EDV h. I have enough skills to undertake research and program evaluation i. I feel confident in undertaking research and evaluation j. I have good knowledge about what research and program evaluation involves k. I feel motivated to build my knowledge and skills around research and program evaluation l. I think it is important for me/my team to collaborate with a researcher in undertaking research and evaluation m. I believe partnering with a researcher will build my skills and knowledge around research and evaluation n. I feel willing to collaborate with my team and a researcher in co-designing research and evaluation o. I believe collaborating with a researcher will ultimately help me in my work role 	<p>Demand Practicality Context Integration Self-efficacy Acceptability</p>



<p>18. The following questions relate to the Carer Coaching Program. Please rate from:</p> <p>1 (strongly disagree), 2 (disagree), 3 (neither agree/disagree), 4 (agree) to 5 (strongly agree):</p> <ul style="list-style-type: none"> a. I think it is important to evaluate the Carer Coaching Program b. Evaluating the Carer Coaching Program will be beneficial for the community I work with c. Evaluating the Carer Coaching Program will be beneficial for me (e.g., my work role, personally) d. Evaluating the Carer Coaching Program will be beneficial for EDV generally e. I feel motivated to integrate research and evaluation for the Carer Coaching Program 	<p>Practicality Integration Acceptability</p>
<p>Please share any additional comments or points that you might have, including things that might not have been covered in our meeting.</p>	

Appendix 6



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Stage 2 Meeting 1 Guide	Feasibility Construct
<p><i>Provide recap of previous meeting and key take-aways.</i> Today will be our first of two planning meetings and we will talk about why we're doing the evaluation, who it'll be for, what information we'll need to find out and where we'll get this from, as well as how we'll know whether we're achieving our goals. In developing an evaluation plan, we'll do something called a "program logic". Program logics are often done in program planning but can be really helpful at any stage and can help in planning an evaluation. I will send you a summary of discussion points via email.</p> <p><i>[Ask people to briefly share their reflections/after thoughts from Meeting 1]</i></p> <ol style="list-style-type: none"> 1. What would you like the evaluation of the Carer Coaching Program to ultimately do? What is the purpose? 2. Who will the evaluation findings be for? Who might this impact? <i>Thinking about yourself, your team, others at EDV, the sector, community members, policy makers, funders.</i> 3. What are the questions you/they would like to have answered? What will you/they want to know? These will represent our evaluation questions. <i>Prompt: process, outcome questions.</i> 4. What information/data is needed to answer the evaluation questions? What will be realistic and feasible? <i>We will discuss this further in our next meeting.</i> 5. So now we've talked about what questions people will need, let's now talk about how we'll organise our thoughts to prepare this case or argument. A program logic model is framework that describes how a program tries to address a problem. It looks at what the issue is, how we try to address it and what we need to support us in doing this. <i>[Researcher to provide service providers with Program Logic handout]</i> <ol style="list-style-type: none"> a) What problem does the Carer Coaching Program try to address? b) What does the program try to achieve or change (i.e., what are the outcomes)? <i>Prompt: for example, increasing knowledge of eating disorders in carers/increasing motivation so they are more inclined to engage in treatment and ultimately enhance care for young people with eating disorders.</i> 	<p>Acceptability Practicality</p>



<p>c) How does it try to change this? <i>Activities/outputs.</i></p> <p>d) What is needed to achieve the outcomes (e.g., resources)? <i>Inputs.</i></p> <p>6. What does program “success” look like? How will you know you have achieved it? What data that can tell you that?</p> <p>7. What do you want to see at the end of this process and why? <i>Prompt: for example, a report, publication? Ask about the long-term vision for evaluating the Carer Coaching Program.</i></p> <p>8. Is there anything you would like to add or share?</p>	
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Following the end of the meeting, Sumedha to circulate services providers summary of discussion topics.

Draft Evaluation Plan – EDV Carer Coaching Program
Why are we evaluating it?
Who are these findings for? How will they be used?
Key evaluation questions:
What information is important to collect?



<i>Meeting 3: How will we make sense of the findings?</i>
<i>Meeting 3: How will we share the findings?</i>
<i>Meeting 3: What are the challenges or risks and how might these be managed:</i>

PROGRAM LOGIC:

What is the problem the Carer Coaching Program tries to address?			
INPUTS What resources are needed to do the activities?	ACTIVITIES What activities need to be undertaken to deliver the outputs?	OUTPUTS What products and services need to be delivered to achieve the outcomes?	OUTCOMES What are the short/medium/long-term outcomes of the program?
What are our indicators of program success ? How do we know we're doing this well?			

Appendix 7



Stage 2 Meeting 2 Guide					Feasibility Construct														
<p><i>In our last meeting, we talked about why the Carer Coaching Program is important to evaluate, what it is trying to achieve, and identified key evaluation questions. Today, we will talk about how we can go about evaluating it, including the practicalities and who will be involved.</i></p>					Acceptability Implementation Practicality														
<p>1. Firstly, does anyone have any questions or comments from our last meeting? <i>[Researcher to show program logic and evaluation questions]</i></p> <p>2. In our last meeting, we identified key evaluation questions. We'll now think about how to answer these, including what information would be needed and from where.</p> <p>a) Shared decision-making around information/data type and source</p> <p>b) Who will be responsible? What existing processes or resources can be leveraged?</p> <p>c) Sense-making: How will you make sense of the findings?</p> <p>d) What resources might be needed?</p> <table border="1" data-bbox="331 1227 1193 1693"> <thead> <tr> <th>Evaluation Question</th> <th>Information type and source e.g., questionnaires, administrative data, interviews</th> <th>Responsibilities e.g., Carer Coaches, managers, research partner, CEO</th> <th>Who will analyse the data?</th> <th>Resources e.g., internal or external supports</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Evaluation Question	Information type and source e.g., questionnaires, administrative data, interviews	Responsibilities e.g., Carer Coaches, managers, research partner, CEO	Who will analyse the data?	Resources e.g., internal or external supports									
Evaluation Question	Information type and source e.g., questionnaires, administrative data, interviews	Responsibilities e.g., Carer Coaches, managers, research partner, CEO	Who will analyse the data?	Resources e.g., internal or external supports															
<p>3. How will you share findings?</p> <p>4. We will now talk about relevant research processes. <i>Note: refer to additional notes below.</i></p> <p>a. Gaining informed consent from participants. <i>Because this is part of a research project, it's important that participants read about the program and provide informed consent to participate in</i></p>																			

<p><i>research. Show draft explanatory statement and consent form. What would be a good way of gaining informed consent from participants?</i></p> <p><i>b. Changes to recruitment materials and registration. Would the registration form need to be adapted to include details of the project?</i></p> <p><i>c. Screening process. How could you go about discussing the research and evaluation of the program and what will be involved with participants?</i></p> <p><i>d. Documenting participant uptake and changes to delivery. Where will consumer data/information be stored and who will be responsible for managing this?</i></p> <p>5. How might these processes be sustained beyond this project? What might be needed or need to happen?</p> <p>6. Do you see any things getting in the way of this plan? How might these be addressed?</p> <p>7. Is there anything you would like to add on further?</p>	
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Following the end of the meeting, research partner to circulate to services providers for feedback/consensus:

- **Purpose of research and evaluation**
- **Audience:** stakeholders, beneficiaries
- **Who** will undertake evaluation
- **Intended outcomes** of Carer Coaching Program
- **Key evaluation questions**
- **Data/information** needed and sources
- **Resources** needed to undertake the evaluation
- **Processes** in undertaking evaluation – what needs to happen, who will be responsible?
- **Draft research materials** – explanatory statement, consent form, any questionnaires

Additional script for researcher use only:

Informed Consent Procedure

1. It's important people who are interested in the Carer Coaching Program are aware of what the research involves, and willingly give their consent to taking part. In research we use an "explanatory statement" which includes details of why the research is being done, what's involved in taking part and any risks. Then, people complete a written consent form in which they agree to a number of statements. What could be a good way for people to access the explanatory statement and sign the consent form (e.g., online form,

clarified in a phone call)? Currently, there is an online sign-up page on the EDV website. Should we amend this and if so, what would we need to change?

Screening and Documentation

2. How will you screen people who express interest in participating to confirm eligibility? Currently, there are brief screening questions on the online sign-up page. Who will be responsible for monitoring this?
3. What could be a good way to document outcomes of screening, and enrolments and withdrawals? Who could be responsible for this?

Questionnaires:

4. What do you think would be a suitable duration and timeframe for project participants to complete questionnaires (e.g., 20 minutes within one week of being sent)?
5. What might be a good way of monitoring when to send these out and following up on incomplete responses? Who would be best to manage this?

Documenting Changes/Adaptions:

6. Changes and adaptations may be made throughout the project. A “Change Log” can be used to document these from both of our ends. How could we collaborate on this?

Appendix 8



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Stage 2 Questionnaire [Questions 1-11 & 13: Free text response; Question 12: multiple choice].	Construct
<p>1. Overall, how have you found the co-design process of working with others in your team/at EDV and a researcher in developing a plan to integrate research and evaluation for the Carer Coaching Program?</p> <p><i>You might like to think about how you found the planning meetings and iterative reviews of relevant documents.</i></p>	Practicality
<p>2. Have there been any things that you think have been useful or gained through this co-design process?</p> <p><i>You might like to think about for yourself, your team, EDV, the sector or community.</i></p>	Practicality
<p>3. Have there been any internal/external factors or events that you believe have influenced the process of developing a research/evaluation plan?</p>	Context
<p>4. Have there been any challenges you/your team have experienced in developing a research and evaluation plan?</p>	Practicality
<p>5. Reflecting on the overall experience of developing a research and evaluation plan for the Carer Coaching Program, what might be helpful to consider in planning to integrate research and program evaluation in the future at EDV? Are there any additional resources (internal/external) that would be needed?</p>	Practicality

The following questions will ask you about the co-designed research and evaluation plan/processes for the Carer Coaching Program.	
6. Are there any factors (internal/external) that you think might impact you/your team undertaking research and evaluation as planned? <i>You might want to think about personal factors, organisational factors, contextual factors etc.</i>	Practicality Implementation
7. Do you predict any issues or challenges in rolling out research and evaluation as planned for the Carer Coaching Program? Please comment.	Practicality Integration
8. How sustainable do you think it'll be for you/your team/EDV to continue the developed plan/processes for the Carer Coaching Program beyond the current project (e.g., after March 2024)? What might impact this?	Practicality
9. Is there anything you would change about the developed research/evaluation plan or processes? If there is, please describe including why you would change this.	Adaptability
10. Please comment on to what extent you believe that you/your team have the capability (e.g., skills, knowledge, experience) and capacity (time, resources) to carry out the research and evaluation practices for the Carer Coaching Program as planned.	Practicality Self-efficacy
11. Have there been any costs of developing research and evaluation for the Carer Coaching Program (e.g., financial costs, time)? Please describe if so.	Practicality

<p>12. For the following questions, please rate either</p> <p>1 (strongly disagree), 2 (disagree), 3 (neither agree/disagree), 4 (agree), 5 (strongly agree), 6 (Not Applicable).</p>	
<p>a. I feel satisfied that the developed research/evaluation plan and processes for the Carer Coaching Program will meet its goals</p> <p>b. I think the developed research and program evaluation is practical and realistic for service providers</p> <p>c. I think it will be manageable to undertake the planned research and evaluation with my existing workload</p> <p>d. I think it will be feasible for consumers who undertake the Carer Coaching Program to engage in the research and program evaluation as planned</p> <p>e. I feel likely to undertake research and evaluation as planned</p> <p>f. I think my team is likely to undertake research and evaluation as planned</p> <p>g. I think my team is motivated to undertake the research and evaluation procedures as planned</p> <p>h. I feel motivated to undertake the research and evaluation steps/procedures as planned</p> <p>i. I have enough skills to undertake research and program evaluation</p> <p>j. I feel confident in undertaking research and program evaluation</p> <p>k. I have good knowledge about what research and program evaluation involves</p> <p>l. I believe EDV has the capacity to integrate research and program evaluation for its programs/services</p> <p>m. I believe that the culture at EDV values research and program evaluation</p> <p>n. I believe the benefits outweigh the costs of undertaking research and program evaluation practices at EDV</p> <p>o. I have felt engaged and involved in the process of co-designing research and evaluation for the Carer Coaching Program</p> <p>p. I think it has been beneficial for me to engage in co-designing a research and evaluation plan and processes</p> <p>q. I think it has been beneficial for my team to engage in co-designing a research and evaluation plan and processes</p> <p>r. Partnering with a researcher has built my skills and knowledge in research and program evaluation</p>	<p>Acceptability Practicality, Self-efficacy Context</p>
<p>13. Please provide any further comments or feedback you would like to share.</p>	

Appendix 9



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Stage 3 Progress Meeting Guide	Construct
<ol style="list-style-type: none"> 1. Overall, how have you found the experience of research and evaluation for the Carer Coaching Program? 2. Have there been any things you believe to be working well? 3. Have there been things that have impacted you/your team's ability to follow the processes that were originally planned? 4. Have there been any changes you've noticed since engaging in research and evaluation thinking about yourself, your team, program participants etc. 5. How have program participants been responding to research and evaluation? <i>Discuss uptake.</i> 6. Is there anything you/your team might need to help in engaging with the research and program evaluation as planned? 7. Is there anything else you'd like to add or share? 	<p>Practicality Implementation</p>

Appendix 10



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Stage 3 Questionnaire [Questions 1-8 & 10: free text response; Question 9: multiple-choice.]	Construct
1. How have you found the process of doing research and program evaluation for the Carer Coaching Program so far?	Implementation
2. Please describe any factors that you think may have influenced (positively or negatively) your or your team's engagement with research and evaluation of the Carer Coaching Program?	Implementation
3. If there have been any changes to processes as originally planned, please describe them and the reasons for change.	Implementation
4. If there have been any things that you/your team have learned or gained through this process of research and program evaluation, please describe them.	Practicality
5. Please describe any aspects of the research and program evaluation that have been challenging to undertake and why they have been challenging.	Implementation Practicality
6. Please describe any things you would change about the original processes as planned and why you would change these.	Implementation Acceptability Practicality
7. Please list any things you think you or your team may need to help in undertaking research and program evaluation processes, and describe how these might be helpful.	Implementation Practicality

8. How have you found the experience of partnering with a research partner throughout this process?	Implementation
<p>9. For the following questions, please rate either:</p> <p>1 (strongly disagree), 2 (disagree), 3 (neither agree/disagree), 4 (agree), 5 (strongly agree), 6 (Not Applicable).</p>	
<p>a. I have good <i>knowledge</i> of what research and program evaluation involves (e.g. the purpose, the steps involved)</p> <p>b. I have sufficient <i>skills</i> to undertake research and program evaluation (e.g. the ability to undertake what's involved)</p> <p>c. How <i>confident</i> you feel in undertaking research and evaluation for the Carer Coaching Program.</p> <p>d. I think it is <i>important</i> to research and evaluate the Carer Coaching Program.</p> <p>e. I feel <i>motivated</i> to integrate research and evaluation for the Carer Coaching Program</p> <p>f. I think that research and evaluation for the Carer Coaching Program is going as originally planned.</p> <p>g. I feel satisfied with how research and evaluation of the Carer Coaching Program is going.</p> <p>h. I have felt <i>supported</i> in undertaking research and evaluation practices.</p> <p>i. I think it has been worthwhile engaging in research for the Carer Coaching Program.</p> <p>j. It has been manageable to engage in research and evaluation with my workload</p> <p>k. I believe the benefits have outweighed the costs of engaging in research and evaluation</p> <p>l. I believe collaborating with a researcher has helped in my work role</p>	<p>Practicality Acceptability Demand Implementation</p>
10. Please provide any additional comments in the space below, including points that might not have been raised in the meeting:	

Appendix 11



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Stage 4 Meeting Guide	Feasibility Construct
<p><i>Thank you everyone for joining today. Today gives us the chance to talk about how the process of designing and doing research and evaluation for the Carer Coaching Program that we've been involved in over the past couple of months. We'll start by reflecting on the overall experience and any things that have been learned or gained through this process before talking about what could be enhanced for the future. We'll also get a chance to talk about how it's been working together.</i></p> <p>Reflecting on experiences</p> <ol style="list-style-type: none"> Overall, how have you found the process of undertaking research and evaluation for the Carer Coaching Program? Were there any things that you believed worked well? Has there been anything that's been gained from this process? You might like to think about you, your team, EDV, the community, the sector or broader society? <i>Prompt: Have you/your team used any response or data that's come from researching and evaluating the Carer Coaching Program? How helpful has this been?</i> What have been some key learning points throughout this process? Have the findings or outcomes of the research/program evaluation been used in any way? How helpful has this been? Were there any things that were challenging? 	<p>Implementation Practicality</p>
<p>Informing the future</p> <p><i>We will now shift our gaze to think about how this experience could inform the future.</i></p> <ol style="list-style-type: none"> Looking back, is there anything you would have changed about the research and program evaluation? Why do you say this? What might be needed to sustain these research and evaluation practices? 	<p>Integration Expansion</p>

<p>9. What might influence the likelihood of you/your team engaging in research and evaluation for the Carer Coaching Program beyond the grant deadline?</p> <p>10. Using the experiences of this project, how could research and evaluation become integrated into other programs or services at EDV?</p> <p>11. What is needed and needs to happen to share research and evaluation findings as you were hoping to?</p> <p>12. What do you see as being the next steps for research and program evaluation at EDV?</p> <p>13. How have you found the process of collaborating with a researcher? <i>Prompt: Is there anything that's been gained? Would you change anything about the process?</i></p>	
<p>Final comments</p> <p>14. Is there anything else you'd like to comment or share?</p>	

Appendix 12

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Stage 4 Questionnaire	Construct
Questions 1 & 3–10: open-ended text; Question 2: multiple choice. 1. If there have been any impacts (positive/negative) of engaging in research and evaluation of the Carer Coaching Program, please describe them?	Practicality
2. Thinking back over the process of developing and integrating research and evaluation, please rate them as: 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree), 5 (strongly agree), 6 (not applicable).	
a. I believe the developed research and evaluation processes were successful in achieving the goal of evaluating the Carer Coaching Program. b. I feel satisfied with how the research and evaluation was undertaken. c. I feel capable in engaging in research and evaluation of the Program. d. I felt supported in engaging in the research. e. I believe it was manageable balancing research engagement and my other workload. f. I have good knowledge of what research and program evaluation involves (e.g. the purpose and the steps involved). g. I have sufficient <i>skills</i> in undertaking research and program evaluation (i.e. the ability to undertake what is involved). h. I believe research and evaluation of the Carer Coaching Program can be sustained without involvement from a researcher(s). i. I believe research and evaluation of programs and services at EDV can be undertaken without involvement from a researcher(s) j. I feel <i>confident</i> in designing and undertaking research and evaluation. k. I believe continuing this research framework beyond the grant will be sustainable? l. I believe it was beneficial for EDV to research and evaluate the Carer Coaching Program. m. I believe that research and evaluation of the Carer Coaching Program is needed for the caregiving community. n. I believe that I and my team had the time and resources to integrate this research framework within the Carer Coaching Program.	Implementation Practicality Demand Integration Expansion

<p>o. I believe that funding is important in undertaking research and evaluation.</p> <p>p. I believe that EDV has the capacity to integrate this research framework within its services.</p> <p>q. I believe that research practices like this can be integrated into other areas of EDV.</p> <p>r. I believe the benefits outweighed the costs of undertaking this research and evaluation</p>	
<p>3. Please list the things that were gained (if any) through this process, with reference to yourself, your team, and the organisation, community, sector etc.</p>	Practicality
<p>4. If there were any costs of engaging in the research and evaluation (e.g. impacts on your workload, financial costs), please describe them.</p>	Integration Expansion
<p>5. Please describe any ways that learnings gained throughout the process of building and integrating research and evaluation could be used across EDV into the future?</p> <p>6. What resources might be needed to achieve this? What needs to happen?</p>	Adaptation Expansion Integration
<p>7. Please describe any advantages of integrating research and evaluation into EDV service delivery more broadly?</p>	Integration Expansion
<p>8. What was your experience of working with a research partner? You might like to comment on things that you learned and enjoyed, or did not enjoy.</p>	Acceptability Practicality
<p>9. Please detail if there was anything you would change about the process of co-designing and embedding research and evaluation in the Carer Coaching Program, and why you would change this.</p>	Practicality
<p>10. If you have any further comments or feedback, please provide them here.</p>	